

Broomfield Court Care Home Service

751 Broomfield Road
Barmulloch
Glasgow
G21 3HQ

Telephone: 0141 558 2020

Type of inspection: Unannounced
Inspection completed on: 23 May 2018

Service provided by:
Larchwood Care Homes (North) Limited

Service provider number:
SP2011011695

Care service number:
CS2011301132

About the service

Broomfield Court is situated in Barmulloch, north Glasgow, and has been registered with the Care Inspectorate since 2011.

The service provides care and support to a maximum of 60 older people and has a specialised unit for people who have a diagnosis of dementia.

The home is purpose-built and is designed on one level which makes it easy for residents to access different parts of the home. The residents have toilet/sink en-suite facilities in their bedrooms, with sufficient communal bathrooms and toilets across the home for residents' use.

The service provider's stated aim is "to provide a friendly, caring, "home from home" environment where dignity, independence, safety and comfort are paramount".

At the point of inspection there were 37 permanent people using the service and one person on respite.

The home has several sitting rooms, conservatories, and dining areas. Residents and their families can see and access the garden area from the sitting rooms.

What people told us

We issued questionnaires for people who use the service and their carers and relatives in advance of carrying out the inspection. Unfortunately none of these were completed and returned in advance of the inspection - these can be a useful way of hearing what people have to say about their experiences of using the service.

During the inspection we spent time speaking with people who use the service to find out their views on the care and support provided and to hear what of their experiences are in living and when visiting the home.

We heard a number of positive comments in connection with this: -

"The food is okay, we get plenty of it."

"I am really happy with everything, staff are great."

"Mum has been here for a few months. Staff are great. She has been in hospital a couple of times and staff are always good at keeping us up to date."

"I am confident that he is well looked after."

We also heard of a number of areas where people thought there could be improvements: -

"I don't do much during the day, get out in the garden sometimes but not often."

"There have been a few changes of staff, particularly nursing staff."

"Managers changing all the time."

We spent time observing how staff supported and interacted with residents.

Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. We used the Short Observational Framework for Inspection (SOFI) to help gather information on the experience of people who were unable to tell us their views.

Self assessment

The service was not required to complete a self assessment on this occasion.

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 3 - Adequate |
| Quality of environment | 3 - Adequate |
| Quality of staffing | 3 - Adequate |
| Quality of management and leadership | 3 - Adequate |

Quality of care and support

Findings from the inspection

People using the service are supported to eat and drink well. Staff use standardised assessments to check if individuals are at risk of becoming malnourished or dehydrated. Measures are put in place by staff to help reduce any associated risk by getting advice from external professionals; ensuring people get the right foods to help maintain or increase their weight and encourage individuals to drink regularly. This helps keep individuals well.

The meal time we observed was overall well managed, staff ensured that people had the right level of support and food that met their dietary needs. Staff could improve practice by encouraging individuals to be more actively involved with making choices when offering food and drink.

There are very few people who have skin breaks. Those who have are being monitored and approaches used by staff are appropriate for helping people's skin to improve.

Care homes should support people to spend time doing things that they enjoy because of the positive effect that this has on their mental health and wellbeing. We could see that there were activities primarily delivered by activities organisers within the home and in the local community. Through our observations we found that there was very little meaningful engagement by staff with people who use the service or one to one time spent with people who may have difficulty in engaging in group activities. Recording of activities people had been involved in and how they responded to these was also very limited. We shall make a recommendation around this area. See recommendation 1.

People may lack mental capacity to make decisions about taking medications to keep them well. The service has had assessments carried out to establish individual's capacity and legal status which helps identify what medical interventions are covered. We looked at how consent has been obtained to use medication covertly to help keep individuals well. We were not confident that the correct process had been followed including obtaining consent from families, checking with the supplying pharmacist regarding the medications to be given and the method that this should be given.

Some people who use the service have also been prescribed medication on an "as required" basis for example medication which may help them when they have become very agitated. We checked and found that staff are not following best practice in terms of correctly recording how the person responded to this including reflecting if they benefitted from taking it.

Staff practice should improve when managing and administering medications in order to ensure that the rights of people using the service are upheld. We shall make a recommendation in connection with this area. See recommendation 2.

We looked at care plans relating to people who due to the nature of their condition may exhibit stress and distress reactions. The content of these were individualised and reflected the best methods that staff should use in terms of meeting individuals' needs taking account of advice from external professionals . We were confident that this would help create a consistent approach from staff for the benefit of individuals.

Care reviews are planned and carried out to check that the service is meeting the needs of people receiving care. The approach used by the service and associated records need to be developed to reflect what outcomes are being achieved as a result of the care and support offered. We shall make a recommendation in connection with this area. See recommendation 3.

People using the service are monitored when accident and incidents occur including identifying strategies and approaches to help reduce risk of recurrence.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should ensure that people using the service have greater opportunity to participate in meaningful activities with staff who provide support in a group or individual basis depending on need and preference. Records should reflect what people participated in and resulting outcomes. This ensures that support is consistent with Health and Social Care Standards: I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)
2. The service provider should ensure that staff practice improves in order to ensure that the rights of people who use the service are upheld and wellbeing maintained when they are supported with taking medication. This ensures that support is consistent with Health and Social Care Standards: My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and Any treatment or intervention that I experience is safe and effective (HSCS 1.24)
3. The service provider should ensure that care reviews reflect outcomes being achieved as a result of the support and care being provided. This ensures that support is consistent with Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12).

Grade: 3 - adequate

Quality of environment

Findings from the inspection

People who have restricted mobility benefit from the design of the building which is all on the one level meaning it is mainly accessible. The dementia unit offers space for people to purposefully walk and explore their environment with destination areas which offer opportunities for individuals to rest.

The staff within the service have used the Kings Fund environmental tool to help identify how "dementia friendly" the environment is. We identified some further improvements which had not been identified, for example, work needing to be carried out to replacing shatterproof film on windows and developing an action plan.

People are helped to orientate themselves through the use of signage which is aligned to good practice. This means that people are helped to be independent and make choices where they would like to spend time.

There are plans to make improvements to the enclosed outdoor areas throughout the home. We believe that people will benefit from being able to use the outside space more often and will create more opportunities to be involved in outdoor activities including gardening.

The service has made a number of improvements to the environment including replacing flooring, purchasing new furniture and carrying out redecoration which helps create a more pleasant environment for people who use the service.

The service uses a range of environmental checks in an attempt to identify areas that require attention or repair and help minimise risks to people who use the service and visitors. We identified a number of repairs that were needed throughout the home to keep people safe, examples include repairs to radiators, ensuring hot water outlets have effective anti scalding devices. Other improvements include purchasing and installing shower curtains and making the environment less utilitarian and help to promote the dignity of people who use the service. We shall make a recommendation in connection with this area. See recommendation 1.

Practice of staff needs to improve to help protect people from risk of infection. This includes storing bedding and pillows appropriately and ensuring standards of cleanliness are maintained, for example, within bedrooms and ensuring furniture and wheelchairs are kept clean. We shall make a recommendation in connection with this area. See recommendation 2.

The service has used a range of equipment to help protect people who use the service. We looked and found that consent may have been obtained initially for use, however, the process of on-going review was not being carried out aligned to best practice for protecting individuals' rights. A recommendation shall be made in connection with this area. See recommendation 3.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should ensure that further improvements are made to the home to help keep people safe by making necessary repairs to the environment and installing effective anti-scalding devices. The service should also promote the dignity of people who using the service by installing shower curtains within each shower room. This ensures that support is consistent with Health and Social Care Standards: My environment is secure and safe (HSCS 5.16)
2. The service provider should ensure that people who use the service are appropriately protected by staff adopting good infection control practices through appropriate storage and cleaning of equipment. This ensures that support is consistent with Health and Social Care Standards: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)
3. The service should ensure people's rights are respected when using equipment which could be regarded as being potentially restraining through using a process of on-going review. This ensures that support is consistent with Health and Social Care Standards: I am involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice. (HSCS 2.6)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We observed some warm and caring interactions between staff and people who use the service. However, staff miss opportunities to engage with people they support mainly due to being task orientated. Relatives that we spoke with were positive about the relationships they had developed with staff and found that there had been good communications between them which helped keep them informed of any changes to their loved one.

Staff have access to training which helps equip them with knowledge for providing support to people who use the service. The service uses a blended approach for staff training and development including using online training for staff which is supplemented with face to face training sessions. However, the service is not currently capturing how staff training is fully evaluated, used for staff to reflect on practice and how the training improves the care and support provided. We shall make a recommendation in connection with this area. See recommendation 1.

The service is not operating at full capacity and the service provider has reduced staffing to levels that they believe is sufficient for meeting people's needs. During the inspection we visited to look at how people are supported by staff who work on night shift. Based upon observations and examination of records relating to accident and incidents we believe the levels of staff on nights within the dementia unit is not sufficient to ensure people are adequately protected and care is responsive. We shall make a recommendation that the service provider re-visits the current staffing levels for nights in the dementia unit. See recommendation 2.

There has been a number of nursing staff who have moved on from the service in the previous weeks. The service has attempted to use the same staff from an agency as a measure of helping to maintain continuity of care.

The service is actively attempting to recruit new staff which have the requisite skills and knowledge to meet the needs of people who use the service.

People using the service could be reassured that the service adopts good practices to help protect them when they are recruiting new staff including carrying out checks that staff are registered with relevant professional bodies, up-taking written references and recording the content of interviews. This area could be further developed by involving people who use the service with recruitment and on-going staff development.

We identified improvements needed in relation to some staff practices including how they demonstrate respect and compassion when supporting people. We shared examples with the manager and external manager of the service with a view that there will be improved monitoring of this area.

We interviewed staff who indicated that there were limited opportunities to be involved with the on-going development of the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that they encourage staff to evaluate training, reflect on how this shapes their day to day practices and improves the outcomes for people who use the service. This ensures that support is consistent with Health and Social Care Standards: I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes. (HSCS 3.14)

2. The service should review staffing levels on night shift within the dementia unit to ensure people are adequately protected and care is responsive. This ensures that support is consistent with Health and Social Care Standards: My needs are met by the right number of people. (HSCS 3.15) and I am confident that people respond promptly, including when I ask for help (HSCS 3.17)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There have been a number of management changes since the previous inspection and that this has been challenging for building on progress. We looked at the suite of audits that the service uses to identify performance in key areas. These identified areas of improvement, however they did not always reflect the progress we would like to see for the benefit of people who use the service. A good example of this relates to medication audits carried out internally and externally over the previous three months.

We heard that the service arranged further training from the supplying pharmacist, planned to revisit staff training and assess competencies which should help take this area forward in the future.

We shall make a recommendation that the service adopts a more robust approach to monitoring and recording progress with the identified areas of improvement to help benefit people who use the service. See recommendation 1.

The home development plan is comprehensive and revealed progress with some areas within the home for example making improvements to the environment.

Whilst there are a range of audits we identified that these often had a focus on compliance and not always using a qualitative approach to look at outcomes being achieved with people who use the service, for example how the service carries out and records the content of six monthly care reviews.

The service is currently transferring data from one electronic system to another and this means that information to help the manager to have a clear overview is not always accurate. An example of this related to records of core training undertaken by staff.

People using the service should have greater opportunity to be involved in quality assuring the service, leading to greater opportunity with making decisions with the on-going development and improvement of the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should adopt a robust approach to the monitoring and recording of progress with areas that have been identified as requiring improvement. This ensures that support is consistent with Health and Social Care Standards: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should ensure that records are kept to document the assessment and consent for the use of equipment which may restrain. This should be completed in line with best practice guidance from the Mental Welfare Commission for Scotland – Rights, risks and limits to freedom.

National Care Standards for care homes for older people: Standard 5 – Management and staffing arrangements and Standard 9 – Feeling safe and secure.

This recommendation was made on 1 May 2017.

Action taken on previous recommendation

See recommendation 3 in quality of staffing. This recommendation replaces the above.

Recommendation 2

The provider should review the format of recording accidents and incidents to ensure that all information about the follow-up of events is evidenced.

There should be a review of the monthly audit of accidents and incidents within the home to ensure that an analysis of patterns and trends is carried out and follow-up actions are detailed.

National Care Standards for care homes for older people: Standard 5 – Management and staffing and Standard 9 – Feeling safe and secure.

This recommendation was made on 1 May 2017.

Action taken on previous recommendation

We looked at the systems and records relating to falls. We could see that the service has introduced a new system from February '18 and this revealed that there were occasions when individual people who use the service had been referred for input to the falls team which is an improvement. Whilst on balance the recommendation is met we believe that the system could be developed further by the management team to help them identify if different strategies or approaches are needed with specific areas of the home.

Recommendation 3

The provider should continue to introduce a system to formally evaluate the training staff had undertaken and the impact it has on staff practice.

National Care Standard for care homes for older people: Standard 5 – Management and staffing arrangements.

This recommendation was made on 1 May 2017.

Action taken on previous recommendation

There was some evidence that progress is being made with this area for example Promoting Excellence training with staff. However, through sampling supervisions sessions carried out with individual staff this is not always

being recorded as far as the impact and resulting outcomes this makes to people using the service. Based upon our findings the recommendation is not met. We have re-worded the recommendation to take account of the Health and Social Care Standards. See recommendation 1, in quality of staffing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 3 Jul 2017 | Re-grade | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 28 Jun 2017 | Unannounced | Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed |
| 11 Apr 2017 | Unannounced | Care and support 2 - Weak Environment 3 - Adequate Staffing 2 - Weak Management and leadership 2 - Weak |
| 27 Feb 2017 | Re-grade | Care and support 2 - Weak Environment Not assessed Staffing Not assessed Management and leadership 2 - Weak |

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|---------------|
| 21 Dec 2016 | Unannounced | Care and support | Not assessed |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 24 May 2016 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 1 Dec 2015 | Unannounced | Care and support | Not assessed |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 8 Jun 2015 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 30 Oct 2014 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 4 - Good |
| 30 Apr 2014 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 23 Oct 2013 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 23 May 2013 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | 3 - Adequate |

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|--------------------|
| 9 Jan 2013 | Unannounced | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 14 Sep 2012 | Re-grade | Care and support | 3 - Adequate |
| | | Environment | 3 - Adequate |
| | | Staffing | 3 - Adequate |
| | | Management and leadership | 3 - Adequate |
| 27 Apr 2012 | Unannounced | Care and support | 1 - Unsatisfactory |
| | | Environment | 1 - Unsatisfactory |
| | | Staffing | Not assessed |
| | | Management and leadership | 1 - Unsatisfactory |
| 23 Feb 2012 | Unannounced | Care and support | 2 - Weak |
| | | Environment | 2 - Weak |
| | | Staffing | 2 - Weak |
| | | Management and leadership | 2 - Weak |

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