

Broomfield Court Care Home Service

751 Broomfield Road
Barmulloch
Glasgow
G21 3HQ

Telephone: 0141 558 2020

Type of inspection:
Unannounced

Completed on:
11 September 2020

Service provided by:
Larchwood Care Homes (North)
Limited

Service provider number:
SP2011011695

Service no:
CS2011301132

About the service

Broomfield Court is registered to provide care and support to a maximum of 60 older people and has a specialised unit for people who are living with dementia. The provider is Larchwood Care Homes (North) Limited. This service registered with the Care Inspectorate on 31 October 2011.

The home is situated in Barmulloch, north Glasgow. It 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 enough communal bathrooms and toilets across the home for residents' use. 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.

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

At the time of the inspection the care home was caring for 42 people who experience care.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Health Improvement Scotland.

What people told us

The majority of comments we received indicated that people experiencing care were generally satisfied with the service. Some comments we received included:

"I can't fault the staff in their approach and how they care for my relative."

"The staff have kept in touch and I've been kept up to date with how my relative is."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing were being supported during the COVID-19 pandemic. We found some strengths in this area, but these were outweighed or compromised by significant weaknesses.

We observed some warm and caring interactions between staff and people experiencing care. This reflected that they had understanding and knowledge of people's care needs and preferences.

People were supported to maintain contact with their loved ones through the arrangement of telephone and video calls. The service had recently introduced planned visits to the garden for relatives to see their loved ones, with infection control measures put in place. This had been extremely well received by family members, had promoted people's wellbeing, and helped reduce feelings of isolation.

To ensure that people receive the right care for them, they should have a personal plan that reflects their current needs and directs staff how to meet those needs. Personal plans contained information to support people with COVID-19, including detailed protective measures to keep people safe and anticipatory care plans to address their wishes should their health decline.

Although the information recorded about people's care needs was beneficial and staff were able to tell us about support provided, we found that the detail could be more outcome focused and describe what the person could do. Personal plans should also focus on the person's main area of care and support whether that be mobility, distressed behaviours, or palliative care. (See Area for Improvement 1).

The way people spend their day should promote feelings of purposefulness and wellbeing. We saw staff promoted people's independence and enabled them to move freely around the home, whilst socially distancing. We did not see meaningful activities taking place and this needs to be progressed to help people remain physically and mentally stimulated and enhance their feelings of wellbeing. (See Area for Improvement 2).

We observed the practice of staff and found there were inconsistencies in their application of best practice guidance around COVID-19 and infection prevention and control. We found that greater importance required to be given to the cleanliness of the environment and equipment in use. This raised concern for us about the standard of care and the potential risks posed and had a significant impact on the health and wellbeing of people experiencing care. (See Requirement 1).

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. We found some strengths in this area, but these were outweighed or compromised by significant weaknesses.

During our first visit on 8 September 2020 we identified that immediate action was required to ensure that people experiencing care were protected from harm and the risk of infection. There was a need for action to ensure that equipment used by people, particularly mattresses, bed fittings and shower chairs, and the general environment, including sluice rooms and assisted bathrooms, were cleaned to an acceptable standard to reduce the spread of infection.

To ensure that immediate action was taken to resolve this we issued the provider with a letter of serious concern on 8 September 2020. We made requirements that enhanced deep cleaning be undertaken throughout the home with specific focus on the areas mentioned above. Due to the severity of the concerns we required that action be taken immediately and completed within 48 hours.

During our subsequent visit to the service on 11 September 2020 we found significant improvement in these areas of concern and the requirements were met.

People experiencing care have the right to experience an environment that is clean and tidy. During our first visit on 8 September we found that the cleanliness in some areas of the home, and of some care equipment was not at an acceptable standard. We found some items of care equipment to be contaminated with food debris, grime, and body fluids. These included communal chairs, chair cushions in individual rooms and some pressure-relieving cushions. We saw that other care equipment was not capable of being adequately cleaned and disinfected due to damage to the integrity of the coverings. This included bed frames, bed rail covers and some chairs. This meant that the risk of infection for people was increased. By our return on 11 September a range of actions had been completed, however a reliable system must be put in place to provide assurance that hygiene and cleanliness is maintained. Further work is required to ensure that quality assurance systems effectively identify and mitigate the risk of the transmission of infection. (See Requirement 1).

During our first visit on 8 September we found that current guidance around the safe management of linen was not being followed. Thermal disinfection was not being achieved for any contaminated or infected linen as it was being washed at 60°C wash cycles. This meant that the risk of infection for people was increased. (See Requirement 2).

We saw good supplies of personal protective equipment (PPE) throughout the home, PPE stations were well signposted, and it was stored to prevent contamination from splashes and dust. However, at most of the PPE stations only vinyl gloves were available. The manager advised that there had been difficulties in sourcing nitrile gloves and a small stock was being retained for use with people with suspected or confirmed cases of COVID 19. We explained that nitrile gloves should be used where there is a risk of blood and body fluid contact to protect people from the risk of infection.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to establish if the staff team had the right competence and development, knowledge, and skills to support people in relation to COVID-19. We found some strengths in this area, but these were outweighed or compromised by significant weaknesses.

We saw that there were sufficient staff on duty to meet the needs of people experiencing care. The service had an appropriate contingency plan if staff were absent due to COVID-19.

Staff felt they had sufficient breaks during their time on shift. They described awareness of when not to come to work. Staff maintained social distancing as much as was practicable and they told us that they do not move between the units of the home during their shift.

People experiencing care should have confidence in the staff caring for them because staff feel supported. Staff training had occurred around COVID-19, infection prevention and control, and the use of PPE. The staff we spoke with shared that they had received specific training and the manager confirmed that there had been organisational mandatory training. Regular supervision and direct observations of staff practice had been implemented and included discussions that enabled staff to reflect on their practice.

However, it was clear from our observations and findings during our first visit on 8 September that some staff were not using the instruction and direction from training to inform their practice. There was a lack of application of knowledge around decontamination and general cleaning from some of the staff team. This had led to a general decline of the cleanliness and hygiene standards people were experiencing within the home. We were concerned that poor infection prevention and control practices would not safeguard people experiencing care from the risk of infection.

To ensure that appropriate standards are maintained we directed the manager to progress the systems of direct observation and supervision of staff practice. These systems should assess staff competency and promote a change in culture at the service, through an understanding of the principles and values of the Health and Social Care Standards. This would ensure that all staff were aware of their collective responsibility in promoting and maintaining standards, including upholding human rights. (See Area for Improvement 3).

Requirements

1. By 12 October 2020, the provider must ensure that acceptable standards of infection prevention and control, and the cleanliness of the home and equipment used by people experiencing care are maintained. To do this the provider must:
 - a. Ensure there is a schedule for cleaning and effective systems of working in this area.
 - b. Make sure there is a schedule of planned and preventative maintenance of the environment to ensure effective decontamination and minimise the risk of infection.
 - c. Ensure that the decontamination of equipment used by people experiencing care is undertaken between each use, after blood and/or body fluid contamination and at regular pre-defined intervals as part of schedule of cleaning.
 - d. Ensure there are sufficient supplies of appropriate cleaning materials and solutions, diluted to the correct concentration of chlorine-releasing disinfectant, readily available and their use and is clearly understood. This is to ensure isolation rooms and sanitary fittings can be cleaned in line with the latest available Scottish Government guidance and best practice guidelines.
 - e. Implement and use quality assurance processes for infection prevention and control, including regular environmental cleanliness audits, cleanliness audits for equipment used by people experiencing care and regular observations of staff practice. This is to ensure that all care equipment and the environment are clean, safe, and intact. The quality assurance process must follow the latest available Scottish Government guidance and best practice guidelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. By 12 October 2020, the provider must ensure that acceptable standards of infection prevention and control are in place for the safe management of linen. To do this the provider must:

- a. Consult the National Infection Prevention and Control Manual (NHS Scotland, 2012) for guidance on the required temperatures to reach thermal disinfection for all used and contaminated linen.
- b. Ascertain which washing machine programmes should be used to ensure that a thermal disinfection cycle is achieved.
- c. Implement and use quality assurance processes for infection prevention and control and the safe management of linen. The quality assurance process must follow the latest available Scottish Government guidance and best practice guidelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. To ensure that people receive care and support which is personal to them, the manager should ensure that planned care is focused on people's main area of care and support.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15); and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23).

2. The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

3. The manager should progress the service's systems of direct observation and supervision of staff practice and promote a change in culture. This would ensure that all staff were aware of their collective responsibility in promoting and maintaining standards, including upholding human rights.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

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

Requirements

Requirement 1

To ensure that people live in an environment which is clean, safe and free from avoidable smells. The provider must make sure that cleaning and maintenance is reviewed and improved by 20 December 2019.

To achieve this the provider must ensure that:

- a) systems are in place to undertake and record routine maintenance of the environment and equipment.
- b) There is a review of the current cleaning and maintenance arrangements
- c) Robust audits are implemented.
- d) there are regular reviews by the management team and identified key people are in place to ensure that standards are being maintained.
- e) to ensure that service users can access a bath or shower at any time, all bathrooms and shower rooms need to be fully operational, welcoming and easily accessible.

This is to ensure that care and support is consistent with The Health and Social Care Standards which state that "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (5.22) and in order to comply with Regulation 10 (2) (a) (b) (c) (d) Fitness of Premises of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 31 October 2019.

Action taken on previous requirement

This requirement had not been met and is now incorporated into further requirements made during this inspection.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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 the 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).

This area for improvement was made on 14 June 2018.

Action taken since then

See comments under How Well Is Our Care Planned. Based upon our findings, we concluded that the AFI is not met. This will be explored at the next inspection.

This was a focused inspection and this area for improvement was not assessed at this inspection.

Previous area for improvement 2

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 the 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).

This area for improvement was made on 14 June 2018.

Action taken since then

The service continues to use a suite of audits to check performance in key areas. However, we could not be confident that these always appropriately identify improvement or consistently reflect progress made. Examples of this relate to the environment and medication audits. Based upon our findings we concluded that the recommendation is not met and shall be reflected as an area for improvement.

This was a focused inspection and this area for improvement was not assessed at this inspection.

Detailed evaluations

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| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
| 7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic | 2 - Weak |
| 7.2 Infection control practices support a safe environment for people experiencing care and staff | 2 - Weak |
| 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care | 2 - Weak |

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