



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Broughton Hall Care Home

**Gatewen Road
Rhyd Broughton
Wrexham
LL11 6YA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date of Publication

4 October 2017

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Description of the service

Broughton Hall Care Home is a residential care home located in Rhyd Broughton in the county of Wrexham. The home provides personal care for a maximum of 35 people aged 60 years and over.

Broughton Hall Care Home is owned by DRB Healthcare Ltd, who have appointed a responsible individual. The registered manager is Gary Dodd.

Summary of our findings

1. Overall assessment

People live in a comfortable, homely and clean environment. People are treated with warmth and affection by staff in the home. People's needs and preferences are understood, anticipated and well documented. Care workers are attentive to people and their personal care needs are met in a warm and respectful way. People are supported to stay as well as they can be, with support from the home and from community healthcare services. People's independence and personal preferences are respected and encouraged. People are able to exercise choice and have a say in what goes on in the home. There are many opportunities for people to socialise and take part in activities and they are involved in monitoring the quality of care provided. Staff are trained and receive support from the registered manager and deputy manager to carry out their role. People living at Broughton Hall told us they were content and well supported by kind staff. One relative told us *"The home is like one big family. My only worry would be if (my relative) would have to leave"*.

2. Improvements

Since registration, the following improvements have been made:

- New chairs and furniture have been purchased and communal lounges have been redecorated to improve the environment for people living in the home.
- Basins have been installed in the sluice rooms, as identified as required at the registration visit by CSSIW.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include:

- ensuring all significant incidents are reported to CSSIW and

- producing a maintenance plan.

1. Well-being

Summary

People at the home are content and supported to make choices. People are treated with dignity and respect. There are lots of opportunities for people to be as active as possible. People are able to express their views and opinions about the service. Comments from people living in the home included *"I am well cared for and love being here"*. A visiting professional told us people *"always seem so well looked after and happy at the home"*.

Our findings

People are encouraged to make choices as part of their daily life. A staff member told us people are asked when they would like to get up and go to bed and when they would like to have a shower. This was confirmed when we looked in people's care files and spoke with people, although one person told us they would like more showers. We saw that people were offered a choice of where they wanted to sit and how they spent their time during the day. A choice of hot or cold drinks was offered throughout the day. Evidence shows that people are encouraged to make their own choices as far as possible.

Residents meetings are held so people can express their views and thoughts about the services they receive. This is considered good practice as it provides an opportunity for people to be involved in shaping and developing the service. We saw minutes recording that people had a say in what goes on at Broughton Hall and could put forward suggestions for activities, changes and improvements. Questionnaire feedback from people using the service noted that staff listen to their comments and concerns. People and relatives told us they were able to discuss any issues they might have with the manager and it would be sorted out. This demonstrates that people are able to express their views and opinions; staff and the manager will take action if needed.

People can expect to be treated with dignity and respect. People chose to sit in various lounges during the day. We saw people moving between the lounges. We saw people being offered reassurance and being treated with kindness, for example checking that people weren't too warm and complimenting people on their appearance. People chatted with each other and with staff. Where people chose to remain in their own room; their decision was respected. The atmosphere was friendly and calm. People and relatives we spoke with told us staff are kind and friendly. One relative told us their family member was *"treated with utmost respect"*, another relative told us their family member was *"loved and looked after I love that there is laughter and that all the staff from the manager, care team, cleaners and cooks all know the residents by name and will stop to speak when they pass by"*. People feel they belong and have positive relationships with staff.

People are supported and encouraged to be active. We saw that an activities co-ordinator is employed to support people with activities. There was an activities programme that included regular sessions such as quizzes, bingo, "knit and natter", reminiscence sessions and entertainment such as singers or theme nights. A colourful large print monthly newsletter was given to residents and displayed in the reception area for relatives and visitors to see. People were encouraged to contribute items or their suggestions to the newsletter. Regular trips out were scheduled, such as shopping trips into Wrexham or further afield to Llangollen or Llandudno. Two trips out had been scheduled during the week in which the inspection visit took place. A summer fete was planned, with donated raffle prizes on display in the reception area. During our visit, some people were having their hair done by a visiting hairdresser; we heard staff complimenting people on their hair style, others were watching the television, reading newspapers or magazines and chatting with each other and with staff. People, relatives and staff told us they liked the activities and there was lots going on at the home. People do things that matter to them and are as active as they can and want to be.

The service has the means to offer some services through the medium of Welsh if this is what people want. The manager told us that one person living at Broughton Hall speaks Welsh; they also speak English but revert to Welsh if they are upset. Two Welsh speaking staff were employed at the home and the registered persons had worked with the Welsh Language Board to produce a Welsh language policy which set out what services were available in Welsh; this was on display in the reception area of the home. There were also details in the Statement of Purpose giving information about the home's Welsh language policy. People are able to receive some care in the language of their choice and the registered persons are working towards improving this provision.

2. Care and Support

Summary

People's individual needs are assessed before they come to live at Broughton Hall; these needs are known to staff and well documented. People are supported and cared for in a timely and respectful way. People are supported by the home and community healthcare services to ensure they stay as healthy and active as they can be.

Our findings

Care workers know people's individual care needs and how to provide the support they require. Pre-admission assessments had been carried out before people came to live at Broughton Hall to ensure that the home could meet people's needs. We saw that comprehensive care plans were in place with person-centred information for each person, including preferences such as getting up time, where people liked to eat their meals and what sort of clothes they liked to wear. Information included details of hobbies, interests, goals and aspirations as well as photographs of the person with family members which gave a real sense of the person as an individual. A life history section of the care plan gave background information about the person, where they were born and brought up, which schools they attended, relationships and information about family. When we spoke with people using the service, relatives, staff and professionals, it was evident that everyone's care and support needs were well known and provided for. Assessments had been undertaken to identify any risks, for example mobility and falls; reviews of these assessments had been carried out regularly and within the last month. We observed people getting the support they needed when they needed it. People said they received very good, timely care and relatives agreed. One person told us *"I am happy living here - staff are quick to help"*. People receive the right care at the right time in the way they want.

People are encouraged to keep fit and well. People were being supported to attend healthcare appointments. For example, we saw records of referrals and appointments with general practitioners (GP), district nursing service, speech and language therapy and occupational therapy. Our discussions with people, relatives, staff and professionals and records confirmed that people's health was being reviewed and monitored along with their other care and support needs. For example, as part of their nutritional assessment, people were weighed on admission to the home and then regularly according to their assessed need. We saw that information in the "activities of daily living needs care plan – dietary needs" reflected the information in the nutritional risk assessment and saw that instructions were carried out in practice. For example the information for one person stated "likes a small meal and to be moist" – we saw this happening at lunchtime. We saw staff using specialist equipment to help people move around the home where needed; this reflected

information in the care files; positive encouragement was offered by staff as they helped people. We saw that a North Wales Falls Multifactorial Risk Assessment (MRA) was in place for people; this had been reviewed and action taken as a result of any falls sustained. We looked at incident and accident forms for people and identified that notifications of significant events such as falls had not always been submitted to us for monitoring purposes as required. As this was a historical lapse and appropriate action had been taken by the manager following the events, we pointed it out for improvement. The manager confirmed that he would notify CSSIW of all such events in future. We completed a medication assessment and saw that people were having their medication as prescribed. Staff had received training in medicine administration. Regular audits of the medication systems were carried out, including audits by a pharmacy to promote good practice. This shows that people are encouraged and supported to be as healthy as they can be.

People are offered a choice of meals and drinks. We saw that sweets and snacks were provided in the reception area for people to help themselves. People chose their own breakfast according to their preference; a full breakfast, cereal, porridge, toast or fruit were all available. A menu was displayed outside the dining room in the home and during lunchtime people were offered a choice of food. People could eat in the dining room, lounge or their own room if they preferred. Tables in the dining room were laid with cutlery and napkins; one of the people living in the home had helped to prepare the dining room for lunch. The atmosphere was calm and relaxed, with good natured banter between people and staff, making it a sociable occasion. People were offered the help and encouragement they needed to eat their meal. People and their relatives told us the quality and choice of food was "good" or "very good" and there was plenty of choice. A relative told us "*People are always offered drinks and snacks, e.g. choc ices. Every resident gets to their needs*". Another relative told us they had stayed for a meal with their family member on occasion. Evidence suggests that people are happy with the choice of meals and drinks; people's individual needs are catered for.

3. Environment

Summary

People live in a very homely and welcoming environment. The home is clean, tidy and accessible with plenty of private and communal areas for people to choose where they want to spend their time. There is a garden available for people to use with benches so people can sit outside when the weather is warm.

Our findings

People live in very homely, comfortable accommodation with some evidence of on-going maintenance. All areas we viewed were clean, tidy and comfortably furnished. People told us they liked the accommodation, describing it as homely. One relative told us it was a *“Home from home, very clean and friendly”*. Another relative told us the best things about the home were the *“Very friendly staff, welcoming, happy, pleasant atmosphere”*. Although the home had capacity for five shared rooms, only two were being used as shared rooms at the time of the inspection visit. People had personalised their rooms with their own furniture, pictures, ornaments and memorabilia; one person had their own fridge. We saw that people were comfortable with their own things around them. There were several lounges and seating areas in the home for communal use and we saw people moving around, spending time where they chose during the day. One area had been decorated and furnished as a “bar” area from where we were told drinks were served during themed nights such as “curry night”. There was also an outside seating area in the garden with hanging baskets, planters and garden ornaments which people could use during nice weather. The reception area was decorated in a homely way with bowls of sweets and crisps available for people to help themselves and to help make them feel at home.

Domestic staff are employed to ensure the home is clean and tidy. A cat and a budgie lived in the home, as well as the manager’s two dogs who “visited” on a daily basis. People told us they liked the animals, and the home was clean. People rated cleanliness at the home as “excellent” or “good”. The areas we viewed were clean and tidy, with no unpleasant odours. People told us they were happy with the laundry service; people’s clothes looked clean during our visit. We saw that a window in the laundry needed replacing due to a rotten window frame. We discussed this with the manager, who told us it was scheduled to be replaced within the next two weeks. The home had been awarded a food hygiene rating of four (good). Issues which needed attention to raise the rating to five were a new fridge, grouting around the sink and a new insect mesh for the window. Issues had been addressed, except the mesh for the window. We discussed this with the manager who told us he would arrange to have it replaced.

A maintenance officer is employed at the home to carry out minor repairs to ensure that any works needed are undertaken in a timely way. The home was generally well maintained and decorated. However, we identified some outstanding maintenance issues which needed attention such as cracked tiles in one communal area toilet and vinyl flooring in one person's bedroom was torn – this could start to lift and become a trip hazard. These issues were brought to the attention of the manager who said he would arrange for repairs. We also discussed with the manager the need for a general maintenance plan to ensure any outstanding maintenance is addressed in a timely way. The manager agreed to put a maintenance plan in place and forward it to CSSIW.

People are cared for in a safe and secure environment. Records demonstrated that audits were in place in terms of infection control. Fire safety checks had been undertaken including weekly fire tests and monthly fire drills, as well as a fire risk assessment. Equipment used within the home such as hoisting equipment had been serviced on a regular basis. People were protected from strangers entering the premises. We were only able to gain entry into the building by ringing the bell, which was answered by staff. We were asked for proof of identity and requested to sign our name and our time of arrival and departure in the visitor's book. This helps to ensure people are safe and secure in the home.

Evidence demonstrates that, overall, people live in homely, welcoming accommodation which meets their needs and helps them achieve a sense of well-being.

4. Leadership and Management

Summary

People know what they can expect from the service. There are systems in place to monitor and improve the quality of care provided at Broughton Hall to identify what the service does well and what could be improved. The registered persons take action to make any improvements needed. There is a programme of staff training and supervision in place to support care workers do their job.

Our findings

The recruitment process follows good practice guidelines and appropriate safety checks are undertaken to safeguard people using the service. We looked at four staff files and saw that the necessary information had been obtained and was kept on file.

Staff receive regular supervision and an annual appraisal which provides them with an opportunity to discuss their work, any concerns they may have and identify any training needs. We spoke with staff who told us they felt supported by the manager and were happy working in the home. One staff member told us *"I feel very supported"*. Another staff member told us the manager and deputy manager were very approachable, telling us *"they're very good with people"*.

Staff meetings are held on a regular basis which provides staff with an opportunity to put forward their views and ideas about the care and services provided in the home. We looked at minutes from staff meetings which showed that the registered manager had shared information and discussed issues to improve practices, for example in relation to people's well-being. People told us that staff were caring and always treated them well. One relative told us what they like best about the home was *"the homely atmosphere, there's always music playing, you hear staff laughing which is a good sign"*. One relative told us in their feedback questionnaire *"Gary and his staff go far beyond their job descriptions, providing truly outstanding care"*.

People living here can expect the training needed by staff will be identified and provided. We looked at training records and saw that staff attended a range of training in mandatory topics, such as health and safety, moving and handling, first aid and fire training. We saw that some training needed refreshing; the manager provided information to show that training had been booked following the inspection visit. Records showed that 12 out of 19 care staff (63% of all care staff) including the manager had gained a recognised qualification in care, which is above the recommended level of 50%. Staff we spoke with confirmed the information we saw. One person told us *"Staff are very good to me, I can't*

complain, they're very lovely". People benefit from a service where staff are recruited safely, the well-being of staff is given priority and staff are well led, supported and trained.

A Statement of Purpose and Service User Guide are both available. These are documents which contain information about the care and services people can expect to receive at Broughton Hall. This helps people to make an informed decision about whether the service can meet their individual needs. The documents also serve as a reference resource once people use the service. A complaints procedure is included with the documents, which are provided to everyone who lives at Broughton Hall and which we saw were displayed in the reception area. People told us they had no complaints about the care and services they received and that they were very happy and content. We spoke with a visiting professional who told us their instructions were always followed and that they had a good relationship with the home. Records showed that assessments took place before accepting someone new and people and/or their representatives were able to visit the home to find out if the service was right for them. The findings indicate that people know and understand the care, support and opportunities available to them in the home.

As part of quality assurance, reporting auditing and monitoring systems are in place, which help the registered manager to identify any actions needed to improve care and services. People were involved in shaping the service. Questionnaires were issued as part of quality assurance reporting; we saw the questionnaire feedback and responses from the service with any actions the registered persons had taken to address issues raised. The findings and actions taken were fed back to people using the service, staff and management. A relative told us in their feedback questionnaire *"If there had been anything that has bothered me, I have always been able to say"*. Another relative told us *"The manager is very approachable – they always sort things out"*. Monitoring visits had been carried out on behalf of the responsible individual every three months; reports were produced which were shared with the manager. The purpose of the visits was to ensure the service was meeting people's needs and was being managed well. The reports highlighted specific aspects of the service such as staffing, training, accidents and incidents, care documentation, feedback from people, staff and visitors, health and safety and quality assurance. The findings indicated that actions from previous visits had been completed. Evidence shows that people receive high quality care from a service which sets high standards for itself, is committed to quality assurance and constant improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None – this was the first inspection following registration.

5.2 Areas of non compliance identified at this inspection

None identified.

5.3 Recommendations for improvement

We recommend the following:

- The manager should ensure that all significant incidents are reported to CSSIW, as required by regulation 38.
- The registered persons should consider developing a maintenance plan to capture all outstanding and on-going maintenance so that any works required is planned, monitored and carried out in a timely way.

6. How we undertook this inspection

This was a post-registration full inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the home on 27 July 2017 between the hours of 08:30 and 16:45.

The following methods were used:

- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with two people living in the home, three relatives, two members of staff, the deputy manager, the registered manager and a visiting professional.
- We received ten feedback questionnaires from people living in the home, six from relatives / representatives, four from staff members and two from visiting professionals.
- We looked at a range of records. We focused on four care plans and associated risk assessments, four staff records, training records, medication records, the quality assurance review and some policies and procedures.
- We looked at the communal area of the home and three bedrooms.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	DRB Healthcare Ltd
Registered Manager(s)	Gary Dodd
Registered maximum number of places	35
Date of previous CSSIW inspection	Not applicable - first inspection since registration.
Dates of this Inspection visit(s)	27 July 2017
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	The service is working towards providing the 'active offer' in relation to the Welsh language.
Additional Information:	