Flightcare Limited

Broadway Residential

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 April 2018 and was unannounced.

Broadway Residential is a residential care home situated in the middle of a housing estate in a suburb of Liverpool, providing support for up to 17 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, there were 16 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2017 we identified a breach of regulation 12 of the Health and Social Care Act 2008 because; care plans were not in place for all identified health needs to guide staff how to support people with these needs, and risk assessments were not all up to date to enable risk to be monitored and mitigated. Following the inspection the provider submitted an action plan which detailed how they would become compliant with regulation. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The four care records that we saw had been extensively re-written following the last inspection and in accordance with the timescales submitted in the action plan. Each of them was well-detailed and reflected the full range of people's care needs including any risk to their health, safety or wellbeing. The provider was no longer in breach of regulation in this regard.

Each of the people we spoke with told us they felt safe living in Broadway Residential. Staff were safely recruited and deployed in sufficient numbers to meet people's needs and keep them safe.

The staff we spoke with understood their responsibilities in relation to safeguarding people from abuse and neglect. They were able to explain different types of abuse, potential signs of abuse and how they would report any concerns.

Medicines were stored and administered safely in accordance with best-practice. Staff had completed training in relation to safe medicine administration and had their competency assessed to ensure they were sufficiently skilled to manage medicines safely.

The home was clean and free from obvious odours. The risk of infection was reduced because staff had easy access to personal protective equipment (PPE) including gloves and aprons and acted in accordance with the provider's policy.

We looked at accident and incident reporting within the home and found that they were reported and recorded appropriately. The registered manager maintained a monthly log of all accidents and incidents within the home and reviewed them each month to look for any potential themes or trends.

During the last inspection we identified that records relating to the Mental Capacity Act 2005 (MCA), and in particular capacity assessments were not always completed in accordance with best-practice guidance. We made a recommendation regarding this. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The records that we saw provided evidence that people's capacity to consent was assessed appropriately and in relation to a range of decisions.

Staff we spoke with told us they were well-trained and felt well-supported through supervision. They also said they could raise any concerns they had with the registered manager at any time.

People told us they enjoyed the food at Broadway Residential. As part of the inspection we joined people living at Broadway Residential for lunch. The menu offered a good choice of nutritionally balanced meals, and people could request an alternative if they wished.

People living in Broadway Residential were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, neurologist, dentist, optician and district nurses.

We saw that the provider and registered manager had considered the needs of people living with dementia in the building. Each bedroom door was individually named and painted in a bright colour. Photographs and familiar objects were used to help people identify their rooms. Signage was used throughout the building to help people find toilets and bathrooms.

People spoke positively about the staff and their approach to the provision of care. It was clear from our observations and discussions with staff that they knew people well and were able to respond to their needs in a timely manner.

People told us that friends and relatives were free to visit at any time. Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy. We saw that some people held a key to their bedroom door and kept it locked when they were using the communal areas.

People's needs in relation to equality and diversity were considered as part of the assessment and care planning process. All of the people had needs relating to their age. At the time of the inspection none of the people living at the home had specific requirements relating to their culture, sexuality or other protected characteristics. However, a minister came into the home regularly to attend to people's spiritual needs.

Care files contained a pre admission assessment which helped to ensure that people's needs were known and could be met effectively from the day they moved into the home. People and their relatives were involved in assessments and care planning.

Broadway Residential employed an activities coordinator to develop and facilitate a range of group and individual activities. Most people spoke positively about the activities available and we saw examples of people taking part.

People had access to a complaints procedure and this was displayed within the home and within the service user guide provided to people when they moved into the home. The registered manager maintained a log of all complaints received as well as any actions taken and the outcome from them.

During the last inspection we identified that audit process had not always been effective in identifying issues of concern. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We saw completed audits in areas such as; accidents/incidents, care plans, medicines and infection control. The audits that we saw were detailed and identified actions to be completed to improve safety. For example, the most recent kitchen audit identified that new shelves were required and fridges needed cleaning. These actions had been completed.

We asked people their views of how the home was managed and feedback was positive from people receiving care, their relatives and staff. The registered manager understood their responsibilities in relation to registration with the Commission.

Ratings from the last inspection were on display within the home as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements to the management of risk had been made and sustained since the last inspection.

Staff were safely recruited and deployed in sufficient numbers to keep people safe.

Medicines were safely managed in accordance with best-practice guidance.

Is the service effective?

Good

The service was effective.

Staff were well-trained and supported through supervision and appraisal.

The service operated in accordance with the principles of the Mental capacity Act 2005.

The building was adapted to meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People receiving care and their relatives spoke positively about the caring nature of staff.

People's rights to dignity and privacy were understood and respected by staff.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning of care.

The service had a clear complaints policy and had not received

any formal complaints since the last inspection.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the management of the service.

The registered manager had responded positively to issues raised at the previous inspection and improved practice.

Broadway Residential

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 April 2018 and was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority and Healthwatch to ask for their views.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the care quality manager, the activity coordinator, three members of the care staff and eleven people living in the home. We also spoke with three relatives who visited the home during the inspection.

We looked at the care files of four people receiving care, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We completed a Short Observational Framework for Inspections (SOFI) which provided information on the frequency and nature of contact experienced by people living with dementia. We also ate lunch with people and observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we identified a breach of regulation 12 of the Health and Social Care Act 2008 because; care plans were not in place for all identified health needs to guide staff how to support people with these needs, and risk assessments were not all up to date to enable risk to be monitored and mitigated. Following the inspection the provider submitted an action plan which detailed how they would become compliant with regulation. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The four care records that we saw had been extensively re-written following the last inspection and in accordance with the timescales submitted in the action plan. Each of them was well-detailed and reflected the full range of people's care needs. We saw care plans in areas such as; mobility, personal care, diet and fluids, continence and medicines. Where necessary risk was clearly identified and supported by a plan of care to reduce ongoing risk. We saw that care records and risk assessments had been regularly reviewed and updated as people's needs changed and following incidents. The provider was no longer in breach of regulation in this regard.

Environmental risk was well-managed and subject to regular monitoring. Fire-fighting equipment was checked and maintained in accordance with the required schedules and people had a personal emergency evacuation plan (PEEP) on record. PEEPs were made available at the entrance to the building for use in the event of an emergency. We saw that checks were completed in relation to; gas safety, electrical safety, moving and handling equipment, water temperatures and legionella. Qualified, external contractors were used appropriately and additional checks and audits were completed by a maintenance team. We saw evidence that these checks had identified issues and areas for improvement. For example, a failed water temperature control valve was scheduled for replacement and radiator covers had been requested to reduce risk.

All of the people we spoke with told us they felt safe living in Broadway Residential. Their comments included; "I feel safe. There's always someone to talk to", "Yes (I feel safe) because there's always someone around" and "Of course (I feel safe), I like it." Relatives we spoke with agreed; one relative told us, "I have peace of mind."

The staff we spoke with understood their responsibilities in relation to safeguarding people from abuse and neglect. They were able to explain different types of abuse, potential signs of abuse and how they would report any concerns. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were also available and on display within the home. There had been no safeguarding referrals made since the last inspection. The record of accidents and incidents confirmed that there had been no safeguarding incidents recorded.

We looked at how the home was staffed. Broadway Residential made use of a dependency tool which assessed people's level of need and indicated the appropriate staffing levels. On the day of inspection there were three carers, the deputy manager, the registered manager, a chef, activity coordinator and domestic on

duty to support 16 people living in the home. This reduced to three carers overnight. People living in the home and their relatives all told us that there were enough staff on duty to meet their needs. We saw that there were sufficient staff available to meet people's needs in a timely manner. Staff had time to stop and speak with people as they completed other duties and responded quickly when people requested assistance.

We looked at how staff were recruited within the home. We looked at four staff personnel files and evidence of application forms, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks are used by employers to establish if people have a criminal record or are barred from working with vulnerable adults. We identified some minor gaps in employment records for long-standing staff. This was discussed with the registered manager who took immediate action.

Medicines were stored and administered safely in accordance with best-practice. A medicine policy was available for staff and included guidance on areas such as actions to take in the event of a medicine error, self-administration, controlled drugs and safe administration of medicines. Nationally recognised best practice medicine management guidance was also available for staff to refer to.

Staff had completed training in relation to safe medicine administration and had their competency assessed to ensure they were sufficiently skilled to manage medicines safely. Medicines administration record (MAR) charts included information regarding people's allergies and were fully completed without any gaps in the recording.

Medicines were stored safely in a locked clinic room and the temperature of the room and medicine fridge were monitored and recorded daily and were within safe ranges. If medicines are not stored at the correct temperature it may affect how they work. We looked to see how controlled medicines were managed. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We found that they were stored appropriately and regular checks were made to help ensure the stock balance remained accurate.

We saw that PRN (as required) protocols were in place for some medicines to help ensure people received their medicines when they needed them. PRN medications are those which are only administered when needed, for example for pain relief. The use of topical medicines (creams and lotions) was recorded and body charts used to indicate where they had been applied.

The home was clean and free from obvious odours. The risk of infection was reduced because staff had easy access to personal protective equipment (PPE) including gloves and aprons and acted in accordance with the provider's policy. Regular audits of infection control measures were completed. Issues of concern had been identified and actioned. For example, a food supplier had been challenged over their practice of leaving deliveries on the floor and a piece of kitchen equipment had been raised from the floor to reduce risk and allow for easier cleaning.

We looked at accident and incident reporting within the home and found that they were reported and recorded appropriately. The registered manager maintained a monthly log of all accidents and incidents within the home and reviewed them each month to look for any potential themes or trends. We saw that relevant actions were taken following accidents, such as referrals to other health professionals and to the local safeguarding team when necessary.

Good

Is the service effective?

Our findings

During the last inspection we identified that records relating to the Mental Capacity Act 2005, and in particular capacity assessments were not always completed in accordance with best-practice guidance. We made a recommendation regarding this. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw provided evidence that people's capacity to consent was assessed appropriately and in relation to a range of decisions. For example, provision of care and management of medicines. They also demonstrated that they had been reviewed following the last inspection and were considered as part of the care plan review process. Records showed who had been involved in the assessment and decision-making process.

The registered manager told us that DoLS applications had been made to the local authority, but no authorisations were in place at the time of the inspection. The registered manager maintained a log of all applications made, with space to record the dates authorised and when they would require a review. The registered manager and staff had a clear understanding of their responsibility in relation to DoLS and effective systems were in place.

New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires new staff to complete a programme of learning and have their competency assessed within 12 weeks of starting. All staff were required to complete and regularly update a programme of training considered mandatory by the provider. Training was facilitated by a trainer and supported by on-line materials and videos. Some courses required the completion of an assessment of competency or proof of learning before completion. Topics included; safeguarding, moving and handling, understanding dementia and equality and diversity. The training matrix provided showed 100% compliance with all mandatory courses. The staff that we spoke with said that they enjoyed the training and felt well-quipped for their job roles.

Staff we spoke with told us they felt well supported through supervision and that they could raise any concerns they had with the registered manager at any time. Records showed that staff received supervision every two to three months and had an annual appraisal. A relative commented, "They all seem to know what they're doing."

People told us they enjoyed the food at Broadway Residential. Comments included; "The food's alright. You get a nice meal here", "The food's nice. You get a good choice", "Good chef", "Good plain food" and "If we don't want it we would be offered something else." As part of the inspection we joined people living at Broadway Residential for lunch. Lunch was served in a large, open-plan room which also had a lounge area. Tables were laid with table-cloths, napkins, matching cutlery and condiments. People were able to choose from a menu which changed on a four-weekly cycle. The menu offered a good choice of nutritionally-balanced meals, and people could request an alternative if they wished. None of the people living at the home at the time of the inspection required any special diet in relation to their culture, faith or health needs. However, staff were able to explain how they had supported people with softened and diabetic diets in the past. People were offered a choice of drinks with their meal and throughout the day. We saw that staff were attentive to people's needs throughout lunch and encouraged them to eat well. For example, we saw one member of staff get sugar for someone's cup of tea after they overheard the person saying there wasn't any on the table. In another example a member of staff offered a person alternative desserts after they declined what was on the menu.

People living in Broadway Residential were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, neurologist, dentist, optician and district nurses. People we spoke with told us they could see a doctor whenever they needed to and that staff would arrange this for them. Relatives agreed that people received appropriate treatment when they needed it. We were provided with an example of someone who was admitted to the home with three pressure sores. Following a joint approach between healthcare professionals, managers and staff, the person had improved their mobility and the pressure sores had healed.

The home was based in a former school building with wide hallways and large rooms. We saw that the provider and registered manager had considered the needs of people living with dementia in the building. Each bedroom door was individually named and painted in a bright colour. Photographs and familiar objects were used to help people identify their rooms. Signage was used throughout the building to help people find toilets and bathrooms. Toilet and bathroom doors were painted bright red and high-contrast colours were used in bathroom fittings. People were provided with objects to stimulate them. For example, a clothes' maiden was placed in a corner of the lounge and covered with clothes for people who liked to fold them. Objects like electric plugs and door bolts were displayed in the hallway for people to interact with. An orientation board was also on display in the lounge, informing people of the day, date and other information.

Good

Is the service caring?

Our findings

People spoke positively about the staff and their approach to the provision of care. Comments from people living at the home included; "Yes, think they do (care). Sometimes they come in and are just talking. I think [relative] has already adopted three of them", "Something nice about them all. All nice, very helpful" and "(Caring) I think so. They have a good idea of what we like."

In the most recent survey of advocates and relatives 100% of respondents described the general mood and atmosphere as pleasant and positive. Comments recorded in the survey included; "Lovely staff. Very helpful", "Very friendly staff. You should be proud" and "Appreciate staff. They do a wonderful job."

It was clear from our observations and discussions with staff that they knew people well and were able to respond to their needs in a timely manner. Staff were able to tell us about people's individual traits and preferences. For example, staff explained about people's personal histories and favourite football teams without referring to records. Interactions were warm and friendly and it was clear that people living at Broadway Residential were relaxed in the company of staff. At lunchtime we saw that one person was showing signs of confusion and anxiety. Staff told us that the person had only recently moved to the home. They offered support and re-assurance in a particularly kind manner and the person became more settled.

We saw examples of staff discussing options and alternatives with people and respecting their wishes. For example, one member of staff tried to encourage a person to join in an activity. When the person declined, they sat with them and had a discussion about what they would prefer to do. The person told the staff member they were happy to watch the activity and listen to the music.

People living at the home were encouraged and supported to be as independent as possible. We saw people moving around the home independently with the use of walking aids. Others were discretely and gently encouraged to eat their lunch without staff support. Staff told us that it would sometimes be quicker and easier to do things for people, but they were clear that their role was to maintain and improve people's independence where possible.

People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care. One staff member commented, "We always ask them what their needs are. We always close curtains, blinds and doors and cover them up."

People told us that friends and relatives were free to visit at any time. Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy. We saw that some people held a key to their bedroom door and kept it locked when they were using the communal areas.

The home displayed information about independent advocacy services. We were told that none of the people living at the home at the time of the inspection were using advocacy services. Staff were able to

explain the circumstances where independent advocacy would be appropriate.

Good

Is the service responsive?

Our findings

We looked at four care records and saw that person-centred information and care plans had been re-written and regularly reviewed since the last inspection. The records that we saw were extensive and provided a good level of detail. For example, one record stated; "Needs prompts regarding personal care. [Name] prefers to have a bath. [Name] requires prompting to brush teeth by staff putting toothpaste on the brush and leading [name] to the sink." This meant that staff were given enough detail to provide safe, consistent care.

Other requirements for care and support were sufficiently detailed to instruct staff in their duties. Care plans contained information regarding people's preferences in relation to their care and treatment. For example, [Name] prefers a female carer at all times and this must be respected. Other care plans explained in detail their specific requirements in relation to medication and a range of health conditions. This meant that staff could provide support to people based on their needs and preferences.

People's needs in relation to equality and diversity were considered as part of the process. All of the people had needs relating to their age. At the time of the inspection none of the people living at the home had specific requirements relating to their culture, sexuality or other protected characteristics. However, a minister came into the home regularly to attend to people's spiritual needs.

Care files contained a pre admission assessment which helped to ensure that people's needs were known and could be met effectively from the day they moved into the home. People and their relatives were involved in assessments and care planning. However, not all of the people that we spoke with could remember being involved because of their health conditions. Some records were signed by people to indicate their involvement.

It was clear that the information recorded was used to personalise the delivery of care and the environment. We saw that people's rooms contained personal items, photographs and objects of reference that were linked to their personal histories and families. Staff were familiar with people's personal histories and made reference to family members, employment and personal preferences in conversations with people. For example, we heard one member of staff discussing family members by name and previous jobs with one person.

Broadway Residential employed an activities coordinator to develop and facilitate a range of group and individual activities. Most people spoke positively about the activities available and we saw examples of people taking part. In one example, people were engaged in a game of indoor bowls. It was clear that they were enjoying the activity which provided physical exercise and social stimulation. Other activities included; karaoke, entertainers and bingo. We spoke with the activities coordinator about their role and people's preferences. They highlighted that the activities' plan was fluid and they sometimes changed activities to suit the group or people's preferences on the day. They also said that they encouraged community activities such as trips out. The bingo that people attended was held in a local club which meant that people had the opportunity to socialise as well as participate.

Staff at the home considered how to share information and communicate most effectively. For the majority of people this meant staff discussing things with them face to face. However, we also saw that images were sometimes used to help people understand information. For example, some signs had images as well as writing.

The use of technology was limited to the use of calls bells and sensors. Each bedroom had a least one call bell point so that people could call for assistance if they required it. We heard the call bell being used throughout the inspection. Staff responded to the bell quickly. Sensors were used to enable staff to monitor people's movements to reduce the risk of falls.

People had access to a complaints procedure and this was displayed within the home and within the service user guide provided to people when they moved into the home. The registered manager maintained a log of all complaints received as well as any actions taken and the outcome from them. No complaints had been received since the last inspection. However, the registered manager maintained a record of low-level concerns and the actions taken to resolve them. People living in the home told us they had not had cause to make a complaint. Relatives told us they knew how to raise any concerns they had.

There was nobody receiving end of life care at the time of the inspection, but we noted that people's end of life wishes were not specifically considered in their care files. We spoke with the registered manager about this who confirmed that the majority of people and their relatives were not comfortable to discuss their end of life wishes. They said that they would re-visit people's wishes and record where people declined to discuss them.

Good

Is the service well-led?

Our findings

The home had a registered manager in post.

During the last inspection we identified that audit processes had not always been effective in identifying issues of concern. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The registered manager and provider ensured the quality and safety of the service provided. This was monitored through the completion of regular audits. A care quality manager was employed by the provider and they visited regularly and supported the registered manager with the completion of these audits. We saw completed audits in areas such as; accidents/incidents, care plans, medicines and infection control. The audits that we saw were detailed and identified actions to be completed to improve safety.

We asked people their views of how the home was managed and feedback was positive. People living at the home and their relatives said, "Seems well managed", "My sister was asked a couple of months ago (for feedback)". "The manager come and says (asks if) everything (is) alright" and "Manager tries their best to make everything OK." Comments from staff included, "We're kept informed of important things. I'm proud of the staff" and "I have a good relationship and communication with managers." Staff told us the registered manager was always there to support them and that they could raise any issues with them. The registered manager said that they maintained an open-door policy and a regular presence working along-side care staff to help with communication and monitoring of care quality.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to raise any issue they had. One member of staff told us, "If there's something we want to say we report it." Staff told us they were encouraged to share their views regarding the service at supervisions and team meetings. The home also had other policies and procedures in place to guide staff in their roles. The staff we spoke with knew how to access policies if required. Important policies were displayed in the training room.

Records showed that feedback was gathered from staff regarding the service through staff meetings. One staff member told us, "We have our say. We discuss the safest and easiest way to do things." Records showed that the registered manager held meetings when there was information to convey to staff or to remind them of priorities. For example, recent minutes made reference to the review of care plans and cleaning schedules for people's rooms.

The registered manager understood their responsibilities in relation to registration with the Commission. We checked records and found that the registered manager had notified the Care Quality Commission (CQC) of events and incidents that had occurred in the home in accordance with our statutory notifications.

The governance structure of the home was clear and understood by staff and managers. The provider had sufficient resources in place to manage the home on a daily basis and provide effective support and oversight to the registered manager.

Broadway Residential had developed effective links to the local community. People living at the home made use of local facilities for activities and shopping, and local schools had come in to the home for events and performances.

Ratings from the last inspection were on display within the home as required.