

Broadoak Group of Care Homes

Broadoak Lodge

Inspection report

Sandy Lane
Melton Mowbray
Leicestershire
LE13 0AW

Tel: 01664481120

Date of inspection visit:
13 April 2017

Date of publication:
13 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected the service on 13 April 2017 and the inspection was unannounced. Broadoak Lodge is a care home without nursing and provides care and support for up to 27 older people including people living with dementia. At the time of the inspection there were 20 people using the service.

There was a registered manager in post. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff understood their responsibilities about protecting people from abuse and avoidable harm. Risk was assessed and management plans were put in place.

Some people said they had to wait a long time for staff to attend to them. Other people said that staff responded promptly when they called for assistance. We have made a recommendation about the deployment of staff.

Pre employment checks were carried out so that so far as possible only staff with suitable character and skills were employed.

People's medicines were managed, stored and administered in line with current professional guidance. Staff were not following the protocol for an 'as required' medicine for one person. Action was taken to address this during our visit.

Staff had received training and support to carry out their roles, and knew how to meet people's individual needs. Consent was sought in line with legislation and guidance.

People were supported to eat and drink a varied and nutritious diet. They had access to the healthcare services they required.

Staff were caring and had developed positive relationships with people. People had their privacy and dignity respected.

Care and support was delivered in the ways that people preferred. People felt comfortable making a complaint and confident they would be listened to.

The culture of the service was open and inclusive. There was a clear organisational structure and staff understood their responsibilities. The quality of the service was monitored and changes were made to

continually improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People sometimes had to wait for their needs to be met and felt that staff were very busy.

People received their regular prescribed medicines safely, however, staff did not always follow the protocols for administering 'as required' medication.

Risks were assessed and staff followed risk management plans to reduce the assessed risks to people.

Staff understood their responsibilities to safeguard people from abuse and avoidable harm.

The service followed safe recruitment practices when employing new staff.

Checks on the building and equipment had taken place.

Is the service effective?

Good ●

The service was effective.

Staff asked for consent before they carried out any care or support and followed the Mental Capacity Act requirements.

Staff received the training and support they required to meet people's needs.

People enjoyed a varied and nutritious diet.

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate.

Staff knew people very well and showed concern for their wellbeing.

People and their families were involved in making decisions

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Care and support was delivered in the way people preferred.

People knew how to raise concerns or make a complaint. These were listened to and appropriate action was taken.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the registered manager and said they were supported.

People, relatives and staff views and feedback were taken into account to improve the service.

The quality of the service was monitored and safety checks were carried out.

Broadoak Lodge

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. The inspection visit took place on the 13th of April 2017 and was unannounced.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in caring for someone living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with six people who used the service and six relatives. We spoke with the registered manager and three care staff. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines; health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and supported staff members.

Is the service safe?

Our findings

At our previous inspection on 9 August 2016 the service did not have a registered manager, people were not always protected from risk and staff were not always following guidance for the administration of prescribed creams. At this inspection we found that improvements had been made.

The majority of people we spoke with said there were not enough staff on duty. Three people said they often had to wait a long time to go to the toilet because there were not enough staff around to assist them. One person said "I often have to wait for the toilet; it can be for up to half an hour. Before and after meals is the worst." Other people told us that staff were very busy. A relative told us that at times their relative's room had not been cleaned because there were not enough staff on that day. We spoke with the registered manager about how they calculated the numbers and skill mix of staff required. They told us they planned the staffing roster based on the needs of people who used the service.

Staff told us there were enough staff on duty. During our inspection we saw that there was always a member of staff in the communal lounge and staff attended to people's requests and to call bells promptly. However, the registered manager did not have a tool to assist them in identifying staffing levels at the service.

We recommend that the service reviews arrangements for assessing and monitoring staffing levels to make sure they are flexible and sufficient to meet people's individual needs.

We received a mixed response when we asked people if they felt safe or had any concerns. Two people expressed concern about the attitude of some staff members. We discussed this with the registered manager who took immediate action. The registered manager alerted the local authority safeguarding team and commenced an investigation. Shortly after our visit we were informed that the registered manager and a manager from a different service had spoken with the people concerned. The outcome of the investigation was inconclusive and both people said they were happy with the way staff supported them. Three people told us they felt safe. One person said "It's a good place and I can lock my room." Another person said it's a lovely home, it's so safe and the gates lock."

Staff understood their responsibilities to protect people from abuse and avoidable harm. They had received training and knew what action to take if they suspected abuse. A staff member told us they would report any concerns to their manager or to the provider. They felt sure that action would be taken to protect people.

The registered manager also understood their responsibilities to protect people from abuse and avoidable harm. Records showed that concerns had been acted upon and reported.

There was an incident plan in place for emergencies and untoward events such as loss of power, flood or fire. This provided staff with a plan to follow should an incident occur. People had emergency evacuation plans in place so that staff knew the safest and most efficient way to evacuate each person should they need to. Staff were able to describe what action they would take in the event of an accident. Staff knew when to seek medical advice and records showed that they had taken appropriate action in response to an accident.

Risks were assessed and these were reviewed at least once a month. For example people had their risk of developing pressure sores assessed and their risk of falling. Where risk was identified then a management plan was put in place. For example, a pressure mat was used to alert staff when a person stood up because they were at risk of falling.

Daily health and safety audits were carried out to check that the environment was safe and free of hazards. Checks were also carried out on fire alarms and emergency lights and hot water temperatures were checked to see if the water was delivered within safe limits.

Staff recruitment procedures minimised risk. Checks were carried out before people were offered employment so that so far as possible only people with the right skills and character were employed.

People received their medicines in a safe way. A relative said "It seems well managed; I am never worried they don't get their tablets." We saw that staff administering medicines at lunch time did so in an appropriate way. The staff member stayed with the person and assisted them to take their medicines where this was required. We saw that medicines were stored safely and securely.

Records were maintained about medicines received into the service and medicines returned to pharmacy when they were no longer required. This meant there was a clear audit trail and staff were able to check that people had received the medicines they had been prescribed. Administration records were up to date and accurate and the recorded stock levels of medicine we checked were accurate.

One person was prescribed a medicine to be given 'when required'. There was a protocol in place which instructed staff about when and in what circumstances this medicine should be given. However, we found that staff were not following the protocol and were routinely administering the medicine each day. The registered manager took immediate action and asked the prescribing doctor to review the use of this medicine and changes were made to the prescription.

Is the service effective?

Our findings

At our last inspection on 9 August 2016 we found that staff had not received all the training they required to meet people's needs. At this inspection we found that improvements had been made.

People received effective care that was based on best practice. People told us they liked the staff employed. One person said about the staff "They are tip top and well trained, the hoisting is good." Another person said "They are a good lot really."

We saw that on the whole staff communicated with people effectively and knew people well. During lunchtime we saw there were a few occasions where staff did not explain what they were doing or seek consent before fitting clothes protectors and wiping people's mouths. We discussed this with the registered manager who agreed to remind staff about effective communication. We also saw some good examples of staff carefully explaining what they were doing.

Staff told us they received the training they required and also received supervision from their line manager. A staff member was able to describe how they applied their training to meet the needs of people they were supporting. For example they had learned at a recent training session the best way to approach a person with visual impairment. They told us they had tried on spectacles that simulated visual impairment and how this had helped them understand people's needs.

There was an on-going programme of staff training and all new staff received induction training when they were first employed. Staff were also able to undertake nationally recognised training in care. Records showed that the majority of staff training was up to date.

People said that staff usually asked for their consent before carrying out care and support. One person said "They do ask me and let me decide first, like helping me to bed or the shower." Another person said "They definitely do ask me [for my consent] beforehand." Records showed that people had been involved in planning their care and were able to make their own decisions.

Staff assessed people's capacity to make specific decisions. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that care plans included mental capacity assessments and where the person lacked capacity a best interest decision was made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met and found that they were. Care plans set out how staff should meet people's needs and apply any deprivation of liberty in the least restrictive way. Staff were able to describe their understanding of the MCA and knew why DoLS authorisations were in place and how to apply them.

People were complimentary about the meals provided and said they liked the food. Comments included "It's quite good food, I get a choice and you can ask for anything else if you want it." "It suits me; it's tasty and feeds me up. We have a choice and at breakfast you can have three courses if you want. I had porridge and scrambled egg today."

We observed the lunch time meal and the food looked appetising and well presented. Special diets were catered for and staff offered support in a friendly and appropriate way. The meal time was not hurried. We saw that one person only ate a small amount of their meal, we spoke with the registered manager and were told that they would be offered a meal or snack later. In the afternoon we saw that this person was offered a snack. One person said "I can ask for some fruit if I want a snack." Interaction with care staff and with kitchen staff was positive and friendly. Staff knew people and had developed good relationships.

People had access to hot and cold drinks throughout the day and night. People told us they had drinks in their room and in the communal areas. They told us they could have the drinks they preferred such as lemonade, squash or hot drinks. People were referred to a speech and language therapist when they had swallowing difficulties. One person told us they had been assessed as requiring thickened drinks and staff were following this requirement.

People had their risk of malnutrition assessed and action was taken when risk was identified. One person had lost a significant amount of weight. Their doctor had been informed and a referral to a dietician had been made. Staff were fortifying the person's meals with additional calories and had increased the amount of support offered with meals. Staff were aware of people's dietary needs and had taken action when risk of malnutrition and dehydration had been identified.

People had access to healthcare services such as doctors, community nurses and chiropodists. A visitor told us how staff had called an emergency doctor for their relative and had discussed all the options with them. They felt sure that staff contacted healthcare professionals as soon as this was required.

Staff we spoke with were able to describe how they would recognise a deterioration in people's health and knew the correct action to take. They told us how they supported people's healthcare needs and followed guidance from healthcare professionals. Records confirmed that this was the case. For example, one person had their blood sugar checked and monitored every day.

Is the service caring?

Our findings

At our last inspection on 9 August 2016 we found that people did not always have their privacy and dignity respected. At this inspection we found that improvements had been made.

People said that staff were kind and compassionate. People said "They [staff] are very kind to me." "They [staff] are jolly and helpful. They've got plenty to say and are jokey." We observed an example of good care at lunchtime when a person became distressed while waiting for their meal. A member of the care staff immediately came to them, put an arm round their shoulder and rubbed their back, talking reassuringly until they became calm.

Staff knew people well and knew the things that were important to them. Staff had received training about equity and diversity and understood people's diverse needs.

People were involved in making decisions about their care and support and day to day lives. People said they could choose when they got up and went to bed and where to spend their time during the day. One person said "They know me well enough now and we have a bit of banter." Another person said "I feel very comfortable with them. The night staff give me an extra cup of tea and biscuits."

People who used the service or their relatives were given the opportunity to be involved in developing their plan of care. One person said "My daughter comes in for care meetings. I recently got my funeral sorted." Other people told us that their relatives acted on their behalf and staff communicated any changes with them and consulted them where required. Relatives we spoke with confirmed that this was the case. A relative said "I read and signed the care plan the other week. They keep me up to date."

People's relatives said they were made to feel welcome and could visit at any time.

People had their privacy and dignity respected. One person said "I get my privacy when I want it and go to my room for the TV. The staff always knock and wait for me to say ok." 11 members of staff and two relatives had undertaken training to become dignity champions. Staff were able to describe the ways they maintained people's privacy and dignity while providing intimate care and knew how to make people feel comfortable.

People told us they were able to stay as independent as possible. One person said "I can decide most things for myself really". Another said "I do what I want in the day. I tell them when I am ready to go to bed." People told us they did as much as they could, for example, when washing and shaving and using a walking frame.

Staff were also able to explain how they encouraged and promoted independence. They told us how they encouraged one person to walk half of the way the dining room and use a wheelchair when they became tired. This promoted the person's independence and mobility.

Staff we spoke with were proud to work at the service they would recommend it to someone they cared

about. A member of staff said "The care here is brilliant and the staff also care about and support each other." Another staff member said it was important to treat everyone like a member of your family and with respect."

Is the service responsive?

Our findings

At our last inspection on 9 August 2017 we found that staff were not always meeting people's individual needs and there were limited opportunities for people to engage in social activities. At this inspection we found that improvements had been made.

People received care and support that was responsive to their needs. People said they were satisfied with the care and support they received. One person said "It couldn't get much better; they help us a lot with our equipment. I said I'd like to do some walking exercise so they get me to use my frame to go for meals and the toilet." Another person said "On the whole I get the care I want and in my time."

Staff knew people well and knew about their social histories and cultural and religious needs. People were able to follow their chosen religion and staff respected this. People were asked if they had a preferred gender of staff and this was respected.

Staff knew people well and knew about their unique social and life histories. A member of staff explained how one person was a farmer and how much they enjoyed talking about farming with them. Another person responded well to singing and staff used this to comfort and reassure them. Staff gave us examples of how they provided care and support that focused on the person. A member of staff told us how important it was to give people a choice and to be flexible to meet their needs, they knew how to provide care and support in the way people preferred.

We saw examples of staff providing care and support which was focused on the person. For example, we observed a staff member assisting a person to walk from the lounge to the dining room. The staff member chatted to the person in a friendly and reassuring way. They did not hurry and allowed the person to go at their own pace. Once at the table they offered a cushion and made sure the person was comfortable.

We received a mixed response when we asked people about following their interests and social activities. Some people said there was not enough going on and they were sometimes bored. Other people told us about the things they did and enjoyed. One person said "Most days someone plays a game like skittles or dominoes. We have a singer or the church sometimes too. I've got a library book my daughter brings in so I read if I'm bored"

During our inspection a volunteer came in to chat to people. The volunteer was an ex member of staff and people enjoyed chatting with them. In the morning we observed staff running a game of skittles with small groups of people around the room. One of the catering staff spent time chatting with people in the lounge. In the afternoon, a carer played a bean bag throwing game. There was music playing in the lounge which people appeared to enjoy.

Some people were living with dementia and opportunities for sensory or reminiscence type activities were limited. We spoke with the registered manager who agreed to develop these activities within the service. The garden and outside area was in need of maintenance and development. The registered provider told us they

had arranged for the outside areas to be tidied up and new plants and artificial grass to be fitted.

There were pictorial signs for the dining room and for bathrooms to assist people to identify these areas. Each person's door to their room was personalised to assist people living with dementia to orientate themselves.

People said they knew how to make a complaint but said they hadn't needed to. They felt sure they would be listened to and action would be taken. A relative told us "Staff will act on it if you bring something up." They told us of a recent complaint they had made and said the registered manager had taken appropriate action and responded to their concern.

Written information was available about making a complaint and contacting other authorities. Staff knew how to support people to make a complaint. Minutes of the last 'residents' meeting showed that the registered manager had reminded people about how to make a complaint should they need to and encouraged people to share any worries they may have.

Is the service well-led?

Our findings

At our previous inspection carried out on 9 August 2016 we found that there was a failure to assess, monitor and improve the quality and safety of the service provided in carrying on of the regulated activity.

These matters were a breach of Regulation 17 HSCA RA Regulations 2014 Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People said they knew the registered manager and they were approachable. One person said "She is always around, I can talk to the manager or to a senior carer if I needed to." A relative said "The registered manager is friendly and helpful to me."

Staff also said the manager was approachable and supportive. Staff meetings were held and staff said they were able to make suggestions in order to improve and develop the service and they were listened to. For example, a staff member asked for linen trolleys to be provided for night staff to use so that they had everything to hand and easily accessible and these were provided. Another staff member suggested a vintage style afternoon tea, this had been implemented and the registered manager told us that people had really enjoyed this.

Staff also told us they received supervision with their line manager and this provided opportunity to discuss learning and development needs or any concerns they may have. The registered manager told us they intended to introduce the 'care certificate' for all new staff. This would provide nationally recognised and sector specific staff induction training.

Meetings were held for people who used the service and people were encouraged to share their experience and give their feedback. Meeting minutes showed that day to day issues had been discussed such as menus, outings and key worker arrangements. The registered manager held a surgery once a month where people and their relatives could drop in and speak with the registered manager.

There was a range of quality monitoring systems in place. People's care plans were reviewed and updated monthly or sooner if people's needs changed. Checks and audits were carried out on the premises and equipment. For example, electrical equipment, hoists and fire alarms were checked to ensure they were safe and in good working order.

People who used the service and staff were asked for their views about the quality of the service. A daily audit was carried out by the registered manager or senior care staff. This was to check that the environment and equipment was safe and to get feedback for people who used the service. The registered manager told us they had employed a member of staff in the laundry in response to issues with missing clothes and this had improved the service. Satisfaction surveys had been sent out earlier in the year. These invited people to give their feedback about the service. Only six had been returned and these were mostly positive. The registered manager said they would carry out an analyses and action plan once more of the surveys had

been returned.

We asked staff about the vision and values of the service. A staff member said "We want a nice happy home and to make people smile, we do care and give people 100%. The registered manager carried out 'spot checks' and competency assessments to ensure that staff were working in the right way and meeting people's needs. Staff understood their responsibilities and there was a clear organisational structure. The registered manager notified the CQC and other appropriate organisations of events and incidents as they were required to.