Broadway Halls Care Services Limited

# Broadway Halls Care Home

**Inspection report**

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| 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? | Requires Improvement |

## Overall summary

The inspection took place over two days on 16 and 17 June 2015 and was unannounced. Broadway Halls is a care home that provides personal and nursing care for up to 83 people. The home was purpose built and there were four separate units. Care and support was provided to people with dementia, nursing needs, and personal care needs. At the time of our inspection 80 people lived at Broadway Halls.

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 the last inspection on 22 April 2014 the provider was meeting all of the regulations that we assessed.

We observed and heard caring and compassionate interactions between staff and people throughout our inspection. People, their relatives and visiting professionals consistently praised the approach and attitude of the management and staff team.

# Summary of findings

People and their relatives told us that they felt safe. We saw staff had been trained in safeguarding people and knew how to report any concerns to protect people from the risk of harm or abuse.

Staff knew how to help reduce risks to people's health such as falling or developing pressure sores. People had the equipment that was necessary to reduce risk factors and keep them safe and well.

Arrangements in place to determine safe staffing levels had not been effective as there was not always enough staff on duty on the ground floor residential unit. We observed that the dependency level of some people in this unit meant staff could not always respond to their needs in a timely way.

Staff were able to demonstrate they had the skills and knowledge to communicate effectively with the people who used the service and they expressed a good knowledge of people's individual needs and preferences. Staff were supported with their personal development via an induction period so that they knew people well before they cared for them. Staff had access to regular group supervision to support them in their caring role and a structured training programme and yearly appraisals of their work. The area of mental health was identified as a gap in their knowledge.

People had their medicines from trained staff. Supporting written information was needed to guide staff where medicines were given for specific reasons or under specific circumstances to ensure people did not have their medicines unnecessarily. The service had encountered some difficulty in obtaining medicine supplies.

Staff were aware of the Mental Capacity Act 2005 and we saw they sought people's consent before they undertook any care tasks. Staff had received training in Deprivation of Liberty Safeguards (DoLS). We saw that where people lacked capacity and their decisions affected their safety the registered manager had followed the correct procedures to restrict their liberty.

People were being supported to maintain and improve their health. Strong links had been developed with health care professionals to ensure people were assessed and treated to help them maintain good health. People told us they enjoyed the food and we saw they had been involved in developing the menus.

People were able to make decisions about how they wanted their care provided. People told us that they were very happy at the home and were happy with the care provided. Relatives told us the staff team always demonstrated consideration for people's needs. There was an emphasis on respecting people, promoting their appearance and protecting their dignity.

People told us they loved the variety of activities. We saw the home had good links with the community which enabled them to invite community groups in such as the local schools to engage with people.

Systems were in place for people and their relatives to raise their concerns or complaints. People we spoke with told us they were happy with the home, staff and routines. They said they would not hesitate to complain and were confident they would be listened to.

People consistently described the service as well managed. The provider had a quality assurance system and regularly audited the service. However this was not fully effective in identifying where improvements were needed.

# Summary of findings

## 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 were supported by staff who knew how to protect them from the risk of abuse.

There were not always enough staff on duty to meet people's changing needs. Risks to people's safety had not been reviewed and therefore there was a risk of inconsistent care.

People's medicines were not always managed appropriately because the home ran out of supplies. Supporting information was needed to guide staff so that people received medication in line with their care needs.

**Is the service effective?**

Good

The service was effective.

Staff were well trained, effectively supported and well-motivated. They understood and met people's needs and delivered personalised care.

People's consent was always sought and their choices were respected. Where people lacked capacity and their decisions affected their safety the registered manager had followed the correct procedures to ensure peoples rights were maintained.

People's nutritional needs had been assessed and planned for so that they had the support they needed to eat and drink enough. There were strong links with health care services to promote people's health.

**Is the service caring?**

Good

The service was caring.

People were supported to maintain relationships.

People and their relatives spoke consistently about the caring attitude of staff and their commitment to supporting people's happiness.

**Is the service responsive?**

Good

The service was responsive.

People had contributed to the planning of their care on a daily basis. Staff had an excellent understanding of people's needs and their personal preferences.

People enjoyed a range of activities and interests and there were good links with community resources.

There were well established systems in place for people and their relatives to express their views about the service. People told us they had no complaints but knew how to make a complaint and were confident it would be addressed.

# Summary of findings

**Is the service well-led?**

The service was not always well led.

People told us the care they received was excellent. The staff team were caring, professional and dedicated.

People felt involved in the running of the home and felt their opinion mattered. The provider had invested in improvements to benefit people.

There was an established quality assurance system but this was not fully effective in identifying where improvements were needed.

**Requires Improvement**

# Broadway Halls Care Home

**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 took place over two days on 16 and 17 June 2015 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. The expert by experience had experience of caring for people who uses this type of service. We looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These are called notifications and help us to plan our inspection. We also reviewed information shared with us in the form of complaints, whistle blower alerts and information from the local authority.

We spoke with 24 people who lived at the home, nine relatives, the registered manager, deputy manager, two nurses, 13 staff, the chef and maintenance person. We also spoke with a visiting health care professional. We looked at the care records of eight people, 11 medicine records, staffing rotas, and staff training records, complaint records, the provider's audits of the quality of the service, accident / incident records, staff recruitment processes and minutes of meetings. We also carried out observations of people's care on each of the four units.

# Is the service safe?

## Our findings

People told us that they felt that staff kept them safe. A relative said, "The staff are vigilant, [name of person] was falling a lot at home but staff know and make sure they support them". Another relative told us, "I'd have no concerns and every confidence staff would report any abuse, they always keep me updated and reassured about the care they provide". A person said, "I feel very safe; I can talk to staff if I'm worried, no one comes in my room and the staff ask me if everything is okay". Staff received training in action to take to keep people safe from abuse. The staff we spoke with had an understanding of the types and signs of abuse and how to report this. We saw that incidents were reported appropriately for investigation. The registered manager had a system for reviewing the outcome of incidents and safeguarding investigations to try and reduce the risk of reoccurrence.

People told us that they were confident in the staff's ability to support and manage any risks to their care. One person told us, "I can fall but staff know this, I have my walking frame and they help me to move as well". A relative said, "My family member has had less falls here because the staff support them every time they walk". We saw staff tried to minimised risks to people on a daily basis, such as losing weight, choking or falling, and risk assessments were in place to guide them.

We saw a person with a head injury but staff could offer no explanation as to what caused this. There was no body map or accident record which showed an inconsistent approach to managing incidents. Another person known to be at risk of leaving the building had no strategy in place such as clothes identification so that staff were able to provide an accurate description in the event they went missing. We found the oversight of risk management needed to improve to ensure that the risk reduction processes were effective.

All the staff that we spoke with confirmed that the required employment checks had been undertaken before they started working. Records sampled confirmed that the provider had carried out a number of checks on staff before they were employed to include a Disclosure and Barring Service (DBS) check, references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People who used the service and their relatives told us that they felt that there was enough staff to meet people's care needs. Staff we spoke with on three of the four units told us there was not always enough staff. We also received information prior to the inspection that there was not enough staff available on each floor to meet people's needs.

We saw there was movement of staff between units during the day to fill gaps. A staff member said, "We do have to cover on other units if they are short and it has a knock on affect". On the residential unit we observed that three people had significant needs that meant they required both staff to meet their needs. During these periods we saw other people were left without any supervision. We observed one person who had a significant health issue had required both staff to assist them multiple times throughout the day, this impacted on other people who told us they did at times experience delays because they staff were not always immediately available to provide personal care. Staff told us staffing levels decreased in the afternoon on the dementia unit. They told us people could become quite agitated during the evening and that it was difficult for staff to supervise people. Staff on the nursing unit told us staffing levels could sometimes be 'an issue' because they 'lost' staff to other units. There was a high staff sickness level which the registered manager was endeavouring to cover with agency staff. Vacancies were being recruiting to. We found the staffing levels had not been effective in terms of consistently meeting people's needs.

People we spoke with said staff supported them with their medicines. One person told us, "I do get my tablets regularly". A relative told us, "As far as I know [name of person] has regular medication". All staff spoken with told us that they felt they had the training and skills they needed to administer medication safely. We checked the systems in place for the management of medicines in two of the four units and saw the receipt, disposal and storage of medicines was safe. However where people had medicines 'as required' there was no written guidance in place to ensure staff had the information needed to support people safely. The nurse and senior staff were able

# Is the service safe?

to tell us how they supported people to take these medicines. However the absence of supporting information meant the circumstances under which medicines were being given might not be consistent. We identified one person had run out of medicine. The registered manager advised us post inspection the issue was being taken up with the supplying pharmacist, however there was not a clear 're order' system to ensure people had sufficient supplies. We found some discrepancies with the medicine supplies because for one person there was too much medicine left over which indicated that they may not have had their medicine as they should have.

Good

# Is the service effective?

## Our findings

People we spoke with told us staff knew how to meet their needs. One person told us, “The staff are excellent; they really look after me and know how to help me”. A relative told us, “The staff are fabulous, they really understand [name of person] and they have been so much better since living here”.

Staff told us they had a thorough induction which enabled them to shadow other staff and develop their skills and confidence to carry out their role effectively. People told us that staff understood their needs and we saw this was the case. Staff used their training to support people’s needs appropriately, for example when providing assistance and walking frames to people at risk of falling. We saw staff used their training to safely transfer people with the hoist. A health care professional who visited the service told us that staff were well informed about the risk of people developing pressure sores and that staff carried out their recommendations and communicated progress and concerns in a timely manner. Staff we spoke with were able to tell us about the individual needs of the people who had dementia and how this affected their care delivery. For example providing clear instructions to people, reassurance and being able to interpret people’s body language to communicate effectively. The service had a proactive approach to staff members’ learning and development. We saw there was a structured programme of training for all staff from a contracted trainer who provided training tailored to staff needs on a regular basis. The registered manager told us this allowed her to inform the trainers about specific areas staff would benefit from. Staff we spoke with were positive about their training opportunities. One member of staff said, “We have a variety of training and I have done all the key areas as well as specifics such as dementia care, fluids, infections and so on”. Staff told us they received group supervision in which they discussed their practice and looked at specific themes such as managing Urinary Tract Infections [UTI’s]. This helped them to recognise symptoms and take the correct action to meet people’s needs.

We observed and heard staff seeking people’s consent before they assisted them with their care needs. A person told us, “They always ask before they do anything”. We saw staff took the time to explain to people what they were going to do and waited for them to agree. Staff were aware of people who needed support to understand their choices and we saw they respected this and explained things in a manner they understood. We saw from people’s care records that people’s mental capacity had been assessed, considered and action taken when they lacked capacity to make decisions that might affect their safety or wellbeing. For example we saw decisions had been made in people's best interests with regard to the use of bed rails or medicines administered covertly. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person’s care records so that staff knew what action to take or who to contact about decisions.

The registered manager and staff had received training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), and we saw they had made applications to the supervisory body where they considered restrictions on people’s liberty were necessary to keep them safe. We saw that the restrictions in place were well documented and that staff were aware of these and how to protect people’s safety.

People we spoke with were very complimentary about the choices of meals and had been actively involved in planning the menus. One person said, “The meals are pretty good”. A group of people on a different unit told us the meals were ‘lovely’, and they had ‘lots of favourites’. We saw that meal choices were regularly discussed in meetings held for people and their opinions sought and acted upon with regard to the meals they wanted and choices were evident on the menus we saw. One person told us, “I have had a lovely breakfast of egg and toast”. A relative told us, “Mum loves the food here and they are very good. She gets peckish in the night and they always get her something to eat toast or even pizza. They also make sure she drinks these high calorie drinks which she loves”. We observed on all of the units that staff actively promoted people’s fluid intake by giving out a milk shake drink which everyone really enjoyed. Care had been taken to offer people who had dementia choices of plated meals which demonstrated staff were aware of people’s memory problems. People’s nutritional needs had been assessed and risks referred to the dietician for guidance and advice. Plans were in place to guide staff in supporting people to eat and drink enough; more specific detail of the type of snacks offered to people between meals would enhance this further.

Good

# Is the service effective?

People were referred to health professionals where their health indicated this. A relative told us, “Moms very happy here, the staff are great, they have just organised new teeth for mum which are being re-adjusted at the moment – we are pleased and relieved Mom is here”. We saw outcomes of consultations were recorded and recommendations included in people’s care plan to guide staff. We spoke with health care professionals who visited the home on the day who told us staff were alert to people’s health needs and followed instructions to keep them well. People living at the home confirmed they had access to a range of health care professionals when they needed them. A relative told us, “The district nurse comes in every day to dress the wound on mum’s leg – and it is being very well looked after.” Another relative said, “Mum has had a hearing aid organised and what a difference that has made to her”.

Good

# Is the service caring?

## Our findings

We observed positive interactions between the staff and the people who lived at the home. We saw people were relaxed with staff and confident to approach them for support. People told us that staff were caring. One person told us, "It's nice here, they are all very nice." Another person told us, "The staff are lovely." A relative visiting the home told us, "Top marks could not wish for better. The staff are lovely." A relative said, "We can visit when we like and we think they do a great job"

It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes, dislikes and preferences. They were able to tell us what people were able to do for themselves and what they needed assistance with. A relative told us, "Everybody is very nice to dad even the maintenance man. We are impressed with how nice the cleaners are and all the staff. They make the effort to call him by his name and they treat him with dignity and respect. We knew about this place before he came here and the care reputation was good. Dad has been on two units and the care has been adjusted to suit him and his needs".

We observed that people were asked discreetly about their personal care. When people needed assistance with personal care we observed that staff ensured they closed doors in bedrooms and bathrooms. People's privacy and confidentiality was maintained. Their care records were stored in specified secure areas on the units. Staff were aware of the need for confidentiality and we saw they were discrete when talking to professionals on the telephone.

We observed staff took their time and encouraged people when supporting them. One person said, "They don't rush me, they are patient and take their time to walk me". People felt that staff knew them well and respected their personal preferences, one person said, "I have a choice with everything the staff know my routine and will ask me if I want help". A relative told us, "Staff are very attentive, very caring and have bundles of patience; it's a really good home". We saw people exercised choices with regard to the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. A person told us, "The girls are great and keep an eye on me and they take care of me if I am ill". We observed people's personal appearance had been well supported; one person was wearing make up. Staff told us that this person's appearance was of particular importance to them and explained how they supported the person with this. We heard a lovely example of caring from a relative who told us how the registered manager had organised transport and an escort for one of the people to attend a family wedding. The relative told us, "Things like that make all the difference it made mums day seeing her grand-daughter married and it made the families day. That's care for you".

People were supported to express their views about the service. We saw regular meetings had taken place to discuss menus and a variety of things people might wish to do. People had access to a monthly colour newsletter with photographs of past and forthcoming events. We saw people were supported to comment about the quality of care they received and how they wanted their care to be delivered. There was a good level of communication with families, representatives and other professionals which was well recorded and identified how people needed their care to be delivered. Where people needed an independent person to discuss care decisions we saw the services of an advocate had been sought. This ensured people were supported with expressing their choices when making decisions.

People told us their religious beliefs were respected. We saw care records identified people's religious needs and how they wished these to be met. There were regular religious leaders providing services within the home so that people could continue to follow their beliefs. Records showed that people had contact with families and friends. A relative we spoke with told us the staff at the home kept in touch with them about their family member when necessary. Relatives told us the home was welcoming and we saw they had access to a small kitchenette on each unit to make drinks independently. One relative said, "It's very nice I can make dad a drink and sit privately with him". We saw that staff were friendly and respectful and people appeared relaxed with them. We saw staff engaged people in conversation and people responded to this. Some staff said there were times when they did not have as much time as they would like to spend with people because of staffing levels.

Good

# Is the service responsive?

## Our findings

People told us that they were happy at the home and that the staff knew them well and cared for them in the ways they wanted. One person told us, "I can discuss with staff what I want and they do try". We saw people had contributed to the information recorded about them because there was detailed information about their life history such as their family, work, education and social interests. People told us their choices and preferences were known by staff which enabled them to have their care as they wished it to be delivered. Staff told us they were aware of people's history and that it helped them to engage with people who may have memory loss or difficulties expressing themselves.

Relatives we spoke with told us they were kept informed about any changes in their relations needs and or if they became unwell. A relative told us, "They know [name of person] very well and although he can't tell them they know when he is in pain and get the doctor when needed". Another relative told us, "We are involved in decisions about dads care and could be more involved but we have to draw the line somewhere. We are particularly pleased with this floor (Nursing) and the home overall across the board – we are happy".

People told us staff were responsive to their wishes, one person said, "I have a shower every morning and another one sometimes at night. I like to put clean pyjamas on and watch telly in bed after a shower. You can have a bath when you want one – it is a special bath. The water never goes cold." A relative told us, "Mum is as happy as we can expect her to be". We saw people were supported appropriately at mealtimes; staff were on hand to assist them and additional 'hostess' staff complemented this so that people had the support they needed.

Staff told us that they read people's care plans and had handovers at each shift so that they were able to respond to people's changing needs. We saw staff had consulted health professionals so that people's needs could be reviewed when people's needs changed. Health professional's advice was incorporated into people's plans so that for instance information about how to provide suitable food and fluids to people at risk of choking, was known.

People told us there was a wide range of social activities available to them. We saw these were displayed in the home and published in the monthly newsletter so people knew what events were coming up. One person told us, "We celebrate everything here; we've had Easter parades and parties, a Burns Night, we have visiting entertainers and we even had an animal man come in with animals to hold". We saw some people enjoyed reading certain newspapers and follow certain sporting events on the television. The provider employed activity coordinators to plan and deliver activities of interest to people. There was a 'gentlemen's club' which was led by a male member of the activities team. We saw community based activities had enabled people to go out to the local park, visit places of interest and enable members of the community to come into the home. Local schools had shared in a VE Day event where food tasting and music from the era was recreated. Air raid shelters, sirens and gas masks enabled people to recall these important memories. The registered manager told us they were recruiting to vacant hours in the activities team and this had impacted on the availability of activities. However feedback from people and their relatives about how the service responded to people's needs was positive. One relative said, "The service is responsive to people's needs in many ways and wherever possible individual preference is catered for". Another relative told us, "Mum loves the activities, she loves singing. There is no problem for mum with bathing and showering you only have to ask. Mum always has nice fresh clothes on".

People were able raise issues or concerns they had; the complaints procedure was displayed and available to each person in the homes statement of purpose. All the people we spoke with knew how to complain about the service and were confident that concerns would be listened to. Complaints had been investigated and responded to appropriately. One person told us, "The staff are all very approachable I could tell them anything". There was a clear audit trail describing the action taken by the provider to resolve any complaints.

Requires Improvement

# Is the service well-led?

## Our findings

People who lived at the home, their relatives and visiting professionals told us that the service was well run and that the standard of care was consistently good. A person said, "The home is run very efficiently and I feel safe". A relative told us, "We chose this home because of its good reputation and we haven't been disappointed".

This was a large service where the registered manager was very reliant on good channels of communication to keep them up to date with what was happening in the home. There was a leadership structure that staff understood. There was a registered manager in post and a deputy manager who was a registered nurse and the clinical lead for the home. We saw that the registered manager was visible on each of the floors and staff told us they could approach her with any difficulties. There were good systems amongst the staff team on each unit for sharing information and delegating tasks. We saw staff had handover information between each shift to discuss people's needs and ensure staff understood their care tasks for the day. Staff were aware of their responsibilities and we saw they worked as a team. It was clear staff were very caring and knowledgeable about the needs of the people they were caring for. There were platforms in which staff discussed their practice and refreshed their skills; staff meetings and group supervisions enabled staff to develop their care practice. We received positive comments from staff on all units about working at the home, one staff member said, "It's a lovely job with lovely people".

The registered manager ensured she met the conditions of registration by keeping us informed of events and incidents that they are required to notify us of. The registered manager had systems in place to ensure she had a daily overview of events on each unit. The daily report information sheet provided her with information and there was a daily meeting for the management and nursing staff to share information and delegate tasks. All staff we spoke with told us that they felt supported in their job. We saw that a written policy was available to staff regarding whistle blowing and what staff should do if they were concerned about poor practice. One staff member said, "I would use the policy to make sure improvements were made".

There was a system for monitoring care and standards but this had was not fully effective identifying and planning for risks to people's care. Staff told us that risk management plans were available to tell them how to care for people safely. However we found these were all out of date; several examples were evident where people no longer required specific protective equipment such as inflatable foot cushions, foot protectors or body braces. Although staff understood people's current needs, plans were not up to date to ensure people were cared for in the correct way.

Care plans did not provide guidance as to how to support people with behaviours that were aggressive and challenging. Incidents of this nature were recorded on daily notes but not always detailed or transferred to incident report records. This would provide a better overview for the registered manager to track the frequency of incidents and any trends. The monitoring records for people at risk of losing weight needed further improvement. Staff had recorded 'ate half' but it was not clear what was consumed to ensure the person was continuing to receive adequate amounts of the correct foods.

The staffing levels did not fully take into account the higher dependency of some people and how this impacted on other people. The audits of people's medicines had not identified the need for written protocols to ensure people only had their medicines when they needed them. We also saw that monitoring and recording of injures and use of body maps was not consistent. Care plans could be further developed to ensure people's preferences and routines were captured so that people received consistent personalised care and that they were more actively involved in stating their wishes as well as their needs. These omissions could pose a risk that people would not receive consistent care.

Although the frequency and range of appropriate activities varied throughout the units due to staff vacancies, we saw people were generally pleased and that the provider was taking action to recruit to vacant posts.

People and their relatives were regularly involved and consulted about the service. We saw that there were regular meetings for both which had enabled people to share their views on the home. Feedback from the minutes of these meetings had been positive and we saw there was an inclusive ethos in the way people were consulted and involved about aspects of the home. There was also a colourful photographic newsletter which kept people up to date with new events and improvements within the service such as the balcony garden. People's feedback about the way the service is led describes it as consistently good. We

Requires Improvement

# Is the service well-led?

found that the provider had invested money into the home to improve the environment and facilities for people who lived there. A top floor balcony garden had been created. One person said, “It’s beautiful I really get pleasure out of it”. We saw the provider was utilising new initiatives to support people with their needs. For example we saw they were trialling eye care, hearing aids and physiotherapy products. This enabled people to book free tests and obtain products at a reduced price; these initiatives had been shared with people in resident meetings so that they were aware of upcoming schemes that could benefit them.