

Broadoak Group of Care Homes

Broadoak Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broadoak Lodge is a residential care home providing personal care to up to 27 people in one adapted building. The service provides support to older people including those living with dementia. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

People and their relatives told us there were enough staff to meet their daily needs in a timely way.

Some staff raised concerns over the number of staff deployed for one shift. The number of staff deployed on this shift was increased.

We have made a recommendation about staffing.

Staff received regular training and supervision. Safe recruitment processes were in place and appropriate pre-employment checks were completed prior to staff starting employment.

People and relatives told us the service was safe. People were protected from the risk of abuse, and staff understood safeguarding procedures and how to raise a concern.

People and relatives told us staff were kind and caring. Staff knew people well and held positive relationships with them. Personalised care plans included details of people's wishes and preferences. People's care needs were assessed, and risk assessments were in place for staff to support people safely.

The service was welcoming. Everyone we spoke with told us managers and staff were approachable and friendly. The manager was a visible presence in the service offering guidance and support where needed.

The service worked in partnership with other agencies and health professionals to ensure people received joined up care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines as prescribed. Infection prevention and control procedures were in place and the environment safely managed.

Quality assurance systems were in place to monitor the quality of the service. Regular audits were carried out to ensure prompt action was taken following any shortfall identified.

The provider and manager were open and transparent and responded promptly to feedback during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadoak Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Broadoak Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector 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.

Service and service type

Broadoak Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broadoak Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for six months and had applied to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from partner agencies and professionals, and information gathered as part of monitoring activity that took place on 17 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 5 relatives and 3 people who used the service. We spoke with 9 staff members, including the provider, who was also nominated individual, the manager, deputy manager, 3 care workers, and a housekeeper and administrator. We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff deployment was sufficient to meet people's needs in a timely way. People were not left waiting for their care needs to be met when they summoned help from staff.
- However, some staff we spoke with told us on occasions they felt rushed and did not have enough time to spend with people. Their feedback related specifically to the early shift between 7am and 2pm.
- We discussed this with the provider and manager during the inspection. They told us they were not aware of this concern, nor received any similar concern from people and relatives in relation to staffing. However, they took immediate action and increased the number of care staff deployed for this shift. Following the inspection, they provided evidence to corroborate this increase had, and was, to be maintained.

We recommend the provider and manager consult with care staff to ensure their feedback and experience is considered when calculating the number of staff to be deployed.

- People and relatives, we spoke with raised no specific concerns with staffing levels. One relative said, "I have no concerns with staffing." Another said, "On occasion they may be a little light, but they have good quality staff that all 'sing from the same hymn sheet'."
- Staff were recruited safely, and appropriate pre-employment checks and a Disclosure Barring Service (DBS) were completed prior to staff starting employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they received safe care. One person told us, "I have been here 5 months and feel very safe." A relative said, "I have no concerns about the care at all."
- Systems were in place to protect people from the risk of abuse. Staff demonstrated an understanding and awareness of safeguarding and how to respond if they had concerns. One staff member told us, "If I was concerned about anything I would report it to the manager and if they didn't do anything about it I would report it you [CQC]."
- Staff received training in safeguarding and understood how to recognise signs of abuse.

Assessing risk, safety monitoring and management

- People's needs were assessed and risk assessments were in place for people's specific health needs, for example, choking, skin integrity and urinary infections. provide staff information on how to support people safely. This meant people's risks were managed and monitored safely.

- People's care records contained personal emergency evacuation plans (PEEPS). This ensured information could be shared in the event of a hospital admission or emergency evacuation of the building.
- Regular checks and maintenance to ensure the environment was safe for people were completed. Checks included fire and electrical and gas safety, equipment and water temperatures.

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 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were administered safely. Medicines required at specific intervals, such as weekly pain patches, were applied and removed as directed. One person told us, "Yes. They [staff] give me my medicines at the time it is prescribed to be."
- We observed a medicine round noting how staff administered medicines to people, how they communicated with people and, allowed them time to take their medicines. Medicine administration records (MARs) were completed when medicines were administered.
- Protocols were in place for people who were prescribed "as and when required" medicines. These included how people expressed pain and guidance for staff on how to support individuals prior to administering medication.
- Staff received training administer medicines and had their competency checked. Two staff members told us they had received training and their competency was routinely assessed. During the inspection we observed a trainee medicines administrator being shadowed by a trained member of staff. Our findings assured us medicines systems and processes were robust.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions to visiting at the time of inspection. Visiting procedures were in line with government guidance.

Learning lessons when things go wrong

- The manager told us they analysed accidents and incidents to identify any themes which could enable them to minimise the risk of recurrence. Records we reviewed confirmed this, for example, following a recent safeguarding relating to night-time staffing they increased the number of out of hours spot checks they undertook.
- Staff followed correct procedures to report and record accidents and incidents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's individual needs and treated them with kind and compassionate care. One person told us, "They [Staff] are very caring and have such patience".
- Relatives told us staff were kind and caring. One told us, "The staff are very friendly, caring and never too busy to stop and talk to [Name]. They are always cheerful; I think they enjoy the job and have the residents' best intentions at heart, I can't speak badly of them".
- The service was warm and welcoming, and we observed multiple positive interactions between people and staff. Staff acted promptly to people who showed signs of distress. One person who became frequently distressed during the inspection was continually reassured by staff which helped reduce their anxieties.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff seeking consent before supporting with people with their care needs.
- People and relatives told us staff promoted people's dignity. One person told us, "Yes, yes, it is. They shut the door when I use the commode, and they are very respectful and private." A relative said, "When they help [Name] to the toilet, they will shut the door."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions and express their views. For example, care plans included people's individual communication needs and emotional and psychological needs. One relative told us, "[Name] has dementia. They [Staff] communicate with them well. They are not condescending and always listen and try to help even if what is being said to them doesn't make sense."
- People's equality and diversity characteristics were considered, for example, we saw emotional wellbeing care plans included details of people's personal preferences and diverse needs.
- Care records evidenced people's relatives were involved with making decisions about people's care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had been deployed to Broadoak Lodge on a temporary basis from another of the provider's locations. Whilst the manager had retained their registered manager registration at that location, we were satisfied with the managerial arrangements in place at Broadoak Lodge which allowed for sufficient oversight to monitor and manage the service effectively.
- Systems were in place to monitor quality and performance. The manager undertook routine audits of the service including, but not limited to, infection control, medicines, the environment, and care delivery.
- Actions were taken when shortfalls were identified during the audit process. For example, an environmental audit identified 2 people's bedrooms required additional cleaning. A carer also had their donning and doffing of personal protective equipment (PPE) competency reassessed following an infection prevention and control (IPC) audit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the service. One person told us, "Very good, they [staff] are always happy and cheerful and that makes me feel happy; I think the manager cares". A relative told us, "Yes, I do. The care [Name] needs they always get. They have a small appetite, and they [staff] are aware of this. They are happy here."
- The manager was a visible presence in the service. During the inspection we observed them interacting with people, relatives and staff providing them with support, advice and reassurance. For example, we observed them talking to 1 person's relative following their family member being unexpectedly admitted to the service 4 days prior to our inspection. The relative told us, "I have met the manager a few times and they communicate well with me. They are lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to complete statutory notifications, as required to by law, in relation to significant events that occurred at the service.
- The manager was open and transparent about challenges they had faced when they were first deployed to the service.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with several other agencies and professionals to help meet people's outcomes. One health professional told us, "Managers attend our monthly multi-disciplinary meeting (MDT), and we don't have any concerns with the service."
- Actions were taken to learn and improve care. For example, appointments from the chiropodist had been shortened to ensure people's nails were monitored and treated in a timelier way. An activities co-ordinator had recently been recruited following feedback received on the number and variety of activities available. An activities programme was on display in communal areas.
- The provider worked in partnership with several other agencies and professionals to help meet people's needs. One health professional told us, "Managers attend our monthly multi-disciplinary meeting (MDT), and we don't have any concerns with the service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended regular supervisions and team meetings to allow for discussion and feedback.
- The manager sought feedback from people and relatives in a variety of ways including formal questionnaires and informal consultation with people on a regular basis.
- Some relatives told us they had not received questionnaires. The manager explained this was due to people being admitted to the service between questionnaires being sent out, and added opportunity for feedback at care reviews and visits was sought.
- However, we reviewed the responses received to questionnaires and found many of them to be positive and complimentary of the service.
- We spoke with the chef who told us they sought feedback from people about the variety and quality of meals provided. They told us, "This feedback helps me make changes to menus, and we can meet people's requests for alternatives to the menu. People and relatives spoke positively about choice and quality of meals provided."