

Flightcare Limited

Broadway Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 5 March 2018 and was unannounced.

Broadway Nursing is a 'care home'. 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.

Broadway Nursing provides accommodation, personal care and nursing care for up to 43 adults some of whom have complex needs. The service is situated in the Clubmoor area of Liverpool and is close to shops, pubs and other places of local interest. At the time of the inspection there were 42 people living in the home.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; safe, effective, caring, responsive and well-led to at least good.

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.

During our last inspection in January 2017, we found that the provider was in breach of regulation 12 because; the environment was not maintained to ensure people's safety. Chemicals were not stored securely, not all fire doors had been adequately maintained and water temperatures were not within safe ranges. On this inspection we found that improvements had not been made to a standard that kept people safe. This meant the provider remained in breach of regulation 12 (Safe care and treatment).

During our last inspection in January 2017, we found that the provider breached regulation 18 because supervisions and appraisals were not completed regularly and not all staff had completed safeguarding vulnerable adults or safe management, storage, recording and administration of medicine training. During this inspection we found improvement to the completion of staff training. However, the supervision matrix provided during the inspection showed that some staff had not received supervision or appraisal as scheduled. This meant that the provider remained in breach of regulation 18 (Staffing).

During the last inspection we found that the provider was in breach of regulation 17 because care files were not always stored securely in order to maintain people's confidentiality. We also found that care records were lacking in sufficient detail and audit processes had not been effective in identifying concerns and improving practice. As part of this inspection we checked to see if practice had improved.

On our initial tour of the building we were shown into the lounge and saw that two care records had been left unattended on the table and were accessible in the same manner as at the last inspection.

We looked at a total of eight care records. In seven records we found that the care plans held sufficient information to instruct staff and showed evidence that people and their relatives had been involved in the review of person-centred assessments and care plans. However, we also found that care plans for a person who had been admitted five days before our inspection started had not been completed. This meant that care and nursing staff did not have adequate guidance on how to meet this person's needs.

The registered manager and the care quality manager completed audits on a regular basis. Actions had been identified in relation to a range of subjects. However, some actions had not been completed as scheduled. This meant the provider remained in breach of regulation 17 (Good governance).

We asked people about the food at Broadway Nursing. The majority of people said they enjoyed the food and had a good choice. However, some people commented that the food was not always well-prepared or presented. Improvements to the dining experience had not been made following findings from the last inspection.

Staff were not always recruited in accordance with requirements of the regulations. We looked at four staff files and found that people's employment histories were not always complete and photographic identification was not on-file. We made a recommendation regarding this.

The environment had been partially adapted to meet the needs of people with mobility difficulties and those living with dementia. However, adaptations were limited to non-slip flooring and basic signage. We made a recommendation about assessing the suitability of the environment to meet people's needs.

We observed the administration of medicines and checked a range of records. We found that improvements had been made to the management of medicines and that safe systems were in place.

We asked people their views of how the home was managed and feedback was positive. Staff were equally positive about the management of the home and spoke enthusiastically about their job roles. They said that roles and responsibilities were clear and they knew who to speak to if they needed guidance or support.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The ratings from the previous inspection were on display in accordance with requirements.

People and their relatives told us that there were not enough activities to keep people occupied and stimulated. On the day of the inspection we did not observe any activities other than a clothes sale which was attended by a small number of people.

We looked at processes in place to gather feedback from people and listen to their views. The relatives we spoke with confirmed they received annual surveys to gather their feedback. We saw evidence of the most recent survey which contained mainly positive responses. It showed a significant improvement over the results of the previous survey.

The nurses that we spoke with had a good understanding of people's needs in relation to end-of-life care. This included people's needs in relation to their faith and pain management. Detailed end-of-life care plans were produced with people, their families and healthcare professionals as appropriate.

People living at the home told us staff were kind and caring and treated them with respect. The registered manager and nurses provided care and support throughout the inspection and used the opportunity to

observe the quality of care provided by other staff. Our own observations showed that staff knew people well and treated them with kindness.

Staff were clear about their responsibilities to protect people's rights to privacy and dignity in the provision of care. They explained how personal care was given in the privacy of people's bedrooms or in locked bathrooms. All the people that we spoke with confirmed that staff treated them with respect when providing personal care.

People told us their cultural and religious needs were respected by the service and were recorded in people's care records. We were told of examples where people's requirements in relation to their faith and food were supported by the home. Care records included plans which reflected people's end of life wishes.

The home was operating in accordance with the principles of the Mental Capacity Act 2005. Applications to deprive people of their liberty were submitted to the local authority only when required, in the best interests of the person and were always supported by a mental capacity assessment.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The majority of referrals to other health professionals were made in a timely way when people's needs changed. However, one referral had not been followed-up to ensure that it had been received and acted on.

Staff were deployed in sufficient numbers to keep people safe and meet their needs. Staff understood their responsibilities in relation to adult safeguarding and knew how to report any concerns. Records indicated that safeguarding referrals to the local authority had been made appropriately.

We looked at accident and incident reporting within the home and found that these were reported and recorded appropriately to help ensure people's safety. We saw evidence that accidents and incidents were analysed to look for patterns and trends.

You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

People were not adequately protected from risks within the building.

Not all care plans contained sufficient information for staff to provide safe, and effective care.

Records did not always demonstrate that staff were safely recruited in accordance with best-practice and legislation.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not been given regular supervision.

People were given a choice of nutritious food, but the dining experience was poor.

Staff were trained in a range of subjects to meet people's needs.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's right to privacy was not protected because confidential information was not always stored securely.

People spoke positively about the staff and their attitude to the provision of care.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People were not always provided with meaningful and stimulating activities.

Not all care records had been completed in a timely manner which meant that staff did not always have adequate

Requires Improvement ●

information about people's needs.

There had been one recent complaint that had been dealt with appropriately.

Is the service well-led?

The service was not always well-led.

Actions from the previous inspection had not been completed as required.

Audits had not been effective in identifying issues of concern.

Notifications had been submitted to the Care Quality Commission as required.

Requires Improvement ●

Broadway Nursing

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 5 March 2018 and was unannounced. The inspection team included an adult social care inspector and a specialist advisor in nursing care.

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 commissioners of the service.

The provider had 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 any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, care quality manager, the maintenance person, the cook, an activity coordinator, three members of the care staff, six people living in the home, three relatives and one other visitor.

We looked at the care files of eight people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Is the service safe?

Our findings

During our last inspection in January 2017, we found that the provider had breached regulation 12 because; the environment was not maintained to ensure people's safety, chemicals were not stored securely, not all fire doors had been adequately maintained and water temperatures were not within safe ranges. We also found that medicines were not always managed safely. Following these findings the provider submitted an action plan which detailed what they would do to comply with the regulations.

Improvements had been made to care records and we saw evidence of regular review. Risk was assessed and appropriate care plans produced to help reduce risk. The majority of people had a PEEPs (personal emergency evacuation plans) completed, to ensure their safe evacuation in the event of a fire. However, we found the requirements of some care plans in relation to monitoring and recording had not been followed as required. For example, we saw gaps in recording of weight and blood sugars. Records relating to referrals were incomplete. In one example a referral had been made to a dietician approximately six months previously, but there was no evidence that the referral had been followed-up. The failure to complete care plans and monitoring records meant that people were placed at risk of receiving unsafe care.

As part of the inspection we were escorted on a tour of the building by the registered manager. We identified that the majority of bedroom doors were not fitted with appropriate seals and would not be fully effective at reducing risk in the event of a fire. Other doors had seals in place that had been painted over meaning they would not function as intended to stop smoke from entering rooms. The majority of bedroom doors were fitted with electronic devices which kept the door open until a fire alarm sounded. However when we tested some of the doors they did not close fully meaning that they would not be effective in reducing risk in the event of a fire. When this concern was identified the registered manager spoke with the maintenance operative and instructed immediate repairs.

We also saw that a number of doors were clearly marked with an instruction that they should be kept locked. Three of the doors were not locked and provided access to potentially harmful chemicals and tools. We notified the registered manager of our concerns and the doors were locked to prevent unauthorised access.

Following the last inspection works had been completed to cover radiators within the home to reduce the risk of burns. Other work had been completed to ensure that hot water was not accessible at unsafe temperatures. During this inspection we found that the hot water outlet in one toilet was unregulated and allowed access to water at excessive temperatures. In the same toilet we found that the radiator was not covered. This meant that people were placed at risk of receiving burns if they fell against the radiator. The toilet was described as being for the use of staff, but was not marked as such and provided open access to people living at the home and visitors. We alerted the registered manager to the risk that this posed. They confirmed that work to reduce the risk would be completed as a priority. The failure to effectively monitor and manage hazards within the building placed people at significant, avoidable risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staff were not always recruited safely in accordance with regulation. Appropriate checks were completed when people were first employed at Broadway Nursing including Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if job applicants have a criminal record or are barred from working with vulnerable adults. The registered manager confirmed that all staff would be required to confirm their DBS status as part of their annual appraisal. However, not all records contained a full employment history and one record did not contain photographic identification. Following the inspection we were provided with evidence that the missing photographic identification was held by the provider, but stored elsewhere.

We recommend the provider reviews staff employment records to ensure that they are complete and comply with regulation.

We found that improvements had been made to the management of medicines and that safe systems were in place. We observed the administration of medicines and checked a range of records. We found that appropriate guidance was being followed in relation to; record-keeping, storage, covert medicines, PRN (as required) medicines, topical medicines (creams and lotions) and controlled drugs. Controlled drugs are medicines with additional control measures in place because of their potential for misuse. The medicines administration records (MAR) sheets that we saw had been completed accurately. The temperature of storage rooms and refrigerators had been monitored and recorded and regular audits of medicines' practice had been completed. The provider was no longer in breach of regulation in relation to medicines.

Staff were deployed in sufficient numbers to keep people safe and meet their needs. We asked people and their relatives if they felt care was delivered safely at Broadway Nursing. The majority of comments were positive and included; "There's plenty of staff", "I feel safe. There's no one here I'm frightened of. They normally come right away when you buzz." However one person said, "I feel safe, but they don't always come when you use the buzzer."

Staff understood their responsibilities in relation to adult safeguarding and knew how to report any concerns. Each of them said that they would report to a senior or the registered manager and would whistleblow (report to an independent, external organisation) if necessary. However, when we looked at the relevant policies we saw staff were only advised to report internally. We spoke with the registered manager and care quality manager about this and they agreed to review the policies to ensure that staff were supported to whistleblow in accordance with best-practice. An amended whistleblowing policy was provided following the inspection. Records indicated that safeguarding referrals to the local authority had been made appropriately.

External contracts were in place to monitor areas such as gas, electric, lifting equipment and legionella and these were in date. Internal checks were also completed, such as fire alarm testing, fire door checks, nurse call systems, window restrictors, bed rails and radiator checks.

The home had achieved a food hygiene rating of five out of five. Other areas of the home were acceptably clean although there was evidence of a strong odour in areas of the main lounge which appeared to be coming from the seating. Staff had access to personal protective equipment (PPE) and used it correctly to reduce the risk of infection when providing personal care or supporting people to eat and drink.

We looked at accident and incident reporting within the home and found that these were reported and recorded appropriately to help ensure people's safety. We saw evidence that accidents and incidents were

analysed to look for patterns and trends.

Is the service effective?

Our findings

During our last inspection in January 2017, we found that the provider had breached regulation 18 because supervisions and appraisals were not completed regularly and not all staff had completed safeguarding or medicine training. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The training matrix provided showed that the majority of staff had completed essential training and had their competency assessed where required. The provider's action plan produced following the last inspection gave assurances that staff would receive quarterly supervisions. Staff told us that they were well-supported by their managers. However, the supervision matrix showed that some staff had not received supervision or appraisal as scheduled. We spoke with the registered manager regarding these concerns. The registered manager acknowledged that formal supervision had not been provided as scheduled and confirmed that they would address the deficits. A revised schedule of supervisions was subsequently provided. The persistent failure to provide regular, formal supervision in accordance with the provider's action plan presented a risk that staff were not adequately supported to deliver safe, effective care.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the chef who was knowledgeable about people's dietary needs and preferences. They told us people had a choice of main meal and that each person was asked of a morning what they would like and that alternatives were always available. We asked people living at Broadway Nursing about the food. The majority of people said they enjoyed the food and had a good choice. However, some people commented that the food was not always well-prepared or presented. At the last inspection we observed lunch and found there were no placemats, condiments or menus available to people on the tables. We also found the dining experience was not used to engage people in conversation. Following the last inspection the registered manager told us they would look at ways of improving the dining experience. As part of this inspection we observed lunch and sampled the food. The food was nutritionally balanced, but poorly presented. For example, some people were given a choice of fishcakes with either beans or chopped tomatoes. Others chose soup and sandwiches, but received soup and bread. We found that there were still no placemats, condiments or menus available. We also saw that medicines were administered as people ate their lunch, and staff did not always communicate with people or offer them drinks with their meal.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment had been partially adapted to meet the needs of people with mobility difficulties and those living with dementia. However, adaptations were limited to appropriate non-slip flooring, bathing facilities and basic signage. We spoke with the registered manager about the needs of people living with dementia. They told us of their plans to introduce objects of interest such as rummage boxes.

We recommend the provider assesses the environment to ensure that it meets best-practice guidance for people living with dementia.

People at the home 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 when required from relevant health and social care professionals, such as the GP, optician and dietician. The majority of referrals to other health professionals were made in a timely way when people's needs changed, such as to the speech and language therapist or falls prevention service. However, one referral had not been followed-up to ensure that it had been received and acted on.

Staff we spoke with told us that they received training in a variety of areas, such as the Mental Capacity Act, moving and handling, dementia, fire safety, food hygiene and first aid. Clinical training was also available to nursing staff; and recent courses included wound care and diabetes. People we spoke with told us that staff were well trained and knew how to support them. Comments included, "They know what to do. They look after [relative] lovely", "I think they know what they're doing" and "The nursing staff are very good."

Staff that were new to care had completed an induction which was in line with the principles of the Care Certificate and records we viewed evidenced this. The Care Certificate is an identified set of standards that health and social care workers work towards and have their practice assessed and signed off by a senior member of staff.

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 registered manager told us that 23 DoLS applications had been made to the local authority but only three had been authorised at the time of the inspection. There was a system in place to monitor the application process. We found that DoLS applications had been made appropriately and copies of the applications were available.

Following the last inspection we made a recommendation to improve practice in relation to the MCA. When people were unable to provide consent, mental capacity assessments were completed using an on-line resource. People's capacity was considered in relation to a range of decisions including; consent to care, use of bed-rails and management of medicines. Those care files that had been reviewed contained assessments that followed the principles of the MCA.

Is the service caring?

Our findings

During the last inspection we found that the provider was in breach of regulation 17 because care files were not always stored securely in order to maintain people's confidentiality. Care records were left on a table in the lounge and could be easily accessed. As part of this inspection we checked to see if practice had improved.

On our initial tour of the building we were shown into the lounge and saw that two care records had been left unattended on the table and were accessible in the same manner as at the last inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the home told us staff were kind and caring and treated them with respect. Comments included; "The staff are very respectful, They seem to have plenty of time", "We're here all the time (to observe). Staff love [relative]. They're always nice", "A couple [of staff] are very thoughtful and considerate" and "There's nothing that concerns me."

The registered manager and nurses provided care and support throughout the inspection and used the opportunity to observe the quality of care provided by other staff. They told us that they would not hesitate to challenge any staff who failed to treat people with dignity and respect. Our own observations showed that staff knew people well and treated them with kindness. We saw examples where staff sat with people and provided comfort and re-assurance.

Staff spoke with people before providing care to ensure that they understood and consented. We heard from people who declined some aspects of care and staff were respectful of their decisions. Where people did not have the ability to communicate through speech, staff took time to explain what they were doing and offered choices.

Staff were clear about their responsibility to protect people's right to privacy and dignity in the provision of care. They explained how personal care was given in people's bedrooms or in locked bathrooms. Each of the people that we spoke with confirmed that staff treated people with respect in the provision of personal care.

People were encouraged to maintain their independence by staff and this was reflected in care plans where appropriate. Care plans we viewed included information regarding people's needs in relation to; physical health, personal care, mobility and nutrition amongst others. There was evidence that people and their families had been actively involved in the production of their care plans. They had been subject to regular review and where appropriate revised when people's needs changed. Staff were required to sign care plans to indicate that they had read and understood them.

People told us their cultural and religious needs were considered by the service and were recorded in

people's care records. We were told of examples where people's requirements in relation to their faith and food were supported by the home. Care records also included plans which reflected people's end of life wishes. The registered manager told us that staff were working with the community matron regarding advanced care planning.

We saw that relatives visited throughout the inspection. The relatives that we spoke with told us that they were made to feel welcome and free to visit at any time. People received their visitors in their own rooms or shared lounges depending on their preferences.

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access. Advocacy details were also provided within the service user guide which was available in each person's bedroom. One person was using the services of an independent advocate at the time of the inspection.

Is the service responsive?

Our findings

During our last inspection in January 2017 we identified a breach of regulation 17 because care plans did not always reflect current care needs, were not all detailed and lacked personalised information. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We looked at a total of eight care records. People's needs were assessed prior to their admission and reviewed by qualified staff. Assessments were used to establish risk and to develop care plans. In seven records we found that the care plans held sufficient information to instruct staff and showed evidence that people and their relatives had been involved in the review of person-centred information. We found no inaccurate or conflicting information in these records. However, we also found that care plans for a recent admission had not been completed at the time of the inspection. The person had been admitted to Broadway Nursing five days previously. This meant that staff did not have access to clear instruction regarding the person's care needs which placed them at risk of receiving unsafe or inappropriate care. The omissions were discussed with the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's likes, dislikes, hobbies and interests were recorded and used to define how care was delivered. Information was also recorded in relation to people's faith, culture and other protected characteristics. We saw evidence of preferences for certain foods, activities and interests in care records. Staff had used information to provide stimulation and to decorate their rooms. For example, one person had bed linen with the crest of their favourite football team. While others had photographs and objects of interest that reflected their home and work lives. Care files included a care plan profile which provided staff with a brief overview of people's main needs in relation to their care and support. This helped to ensure that all staff providing care to people were aware of their needs and preferences.

Broadway Nursing employed an activities coordinator and had a schedule of activities including; films, bingo and entertainment. However, people and their relatives told us that there were not enough activities to keep people occupied and stimulated. One person who was being cared for in bed said, "I'd like staff to come-in [to my bedroom] more. Maybe for a game of cards." Another person told us, "There's not a lot going on. There's not loads of activities." A third person commented, "There's no entertainment." Some people told us that they preferred to stay in their rooms and watch television or listen to the radio. On the day of the inspection we did not observe any activities other than a clothes sale which was attended by a small number of people.

We looked at processes in place to gather feedback from people and listen to their views. People living in the home that we spoke with were not aware of any meetings or questionnaires, but relatives we spoke with confirmed they received annual surveys to gather their feedback. We saw evidence of the most recent survey which contained mainly positive responses. It showed a significant improvement over the results of the previous survey. 100% of those surveyed said that staff were friendly. 69% of people said they had been

invited to a relative's meeting and that their views were listened to.

People had access to a complaints procedure and this was displayed within the home and available within the service user guide. People we spoke with told us they had not had reason to make a complaint, but knew how to raise an issue should they have to. People were aware there was also a complaints book that could be used. There was a complaints log maintained by the registered manager. We viewed the one complaint that had been made since the last inspection and records showed that this had been dealt with appropriately in line with the provider's policy.

The nurses that we spoke with had a good understanding of people's needs in relation to end-of-life care. This included people's needs in relation to their faith and pain management. Detailed end-of-life care plans were produced with people, their families and healthcare professionals as appropriate.

Is the service well-led?

Our findings

During our last inspection in January 2017, we found that the provider in breach of regulation 17 (Good governance) because the systems in place to monitor the quality and safety of the service had not always resulted in action when issues were identified. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

The registered manager and the care quality manager completed audits on a regular basis. Actions had been identified in relation to a range of subjects. However, some actions had not been completed as scheduled. For example, the audit dated 9 January 2018 found that some actions from the previous audit had not been completed. Audit processes had not been effective in identifying and rectifying the breaches of regulations; 10 (Dignity and respect), 12 (Safe care and treatment) and 18 (staffing).

We also found that the provider had not completed all of the actions detailed in the plan produced following the last inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager in post. The registered manager registered with the Care Quality Commission in November 2016. We asked people their views of how the home was managed and feedback was positive. Comments included; "They keep us informed" and "I've got a good relationship with [registered manager]." Staff were equally positive about the management of the home and spoke enthusiastically about their job roles. They said that roles and responsibilities were clear and they knew who to speak to if they needed guidance or support.

The provider had policies and procedures in place to guide and inform staff on all aspects of their role. These policies were reviewed in 2016 and updated. With the exception of the guidance on whistleblowing each policy was sufficiently detailed and included reference to legislation and standards as necessary.

Staff we spoke with told us they had regular team meetings and felt able to share their views during these meetings and that they were listened to. We viewed records from these meetings. We saw examples of important information being shared at these meetings and staff having the opportunity to have their say. In one record we saw that staff had been given access to a free meal when they worked a long shift. A member of staff told us that this had been done in response to an issue raised previously. This showed us that staff were listened to and their concerns were taken seriously. We also saw that staff had been instructed to change their use of language to promote respect within the home. Other meetings took place with the management team and the activities coordinator.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risk regarding Broadway Nursing.

The ratings from the previous inspection were on display in accordance with requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The mealtime experience was not used effectively to promote dignity and respect because people's needs and preferences were not considered.</p> |
| <p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had not been adequately protected from the risk of fire. Access to high-risk areas was not controlled. People were placed at risk of burns and scalds because access to water at high temperatures was not controlled.</p> |
| <p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Not all staff had received regular supervision as required.</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | Actions arising from the last inspection had not been completed. Audits had not identified issues of concern. Some records were not complete while others were not securely stored. |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

We issued warning notices against the provider and registered manager.