

Action for Care Limited

Broom Lodge

Inspection report

Cleveland View
Ferryhill
DL17 0SW

Tel: 01740650323
Website: www.action4care.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broom Lodge is a residential care home providing personal care for up to 6 people with learning disabilities or autistic people. At the time of our inspection 5 people were living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The provider had developed the service to support and improve the lives of people living or staying at the service. The values of the service underpinned the support people received. People were empowered to lead fulfilling lives and make choices about how to spend their lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their systems and processes for embedding the principles of 'right support, right care, right culture'. At this inspection we found the principles of 'right support, right care, right culture' had been embedded within the service.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Broom 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.

Inspection team

One inspector carried out the inspection. An Expert by Experience made telephone calls to relatives. 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

Broom 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. Broom 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 a registered manager in post. The registered manager was not present during the inspection and we liaised with the deputy manager and area manager throughout.

Notice of inspection

This inspection was announced. We gave short notice of the Inspection. This was because the service is small, people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 November 2022 and ended on 8 December 2022. We visited the service on 28 November and 05 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the area manager, deputy manager, a senior care assistant and 4 care assistants.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to establish robust systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and reduced. Support plans contained clear guidance for staff about how to recognise and manage risks. For example, there was guidance on how to manage specific epilepsy syndromes.
- Oxygen was safely managed. There were risk assessments and guidance for staff in place.
- Health and safety certifications were up to date including water checks, electrical, gas and fire safety procedures. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. If restraint was used, it was recorded as an incident and lessons learnt from each restraint incident were recorded.
- Accident and incidents were managed safely. The service had oversight of accidents and incidents and used this information to drive improvements. Analysis of incidents was used to assess whether preventive measures were missed, and lessons were learnt to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well and understood how to protect them from abuse.
- People and those who matter to them had safeguarding information in a form they could understand, and they knew how and when to raise a safeguarding concern.
- Relatives told us they were confident their family members were safe and well cared for. One relative told us, "[Person] is definitely safe, [person] get lots of care and attention." Another relative said, "[Person] is very safe there, the staff go above and beyond."

Staffing and recruitment

- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring services), obtaining references and checking employment histories.

- People were actively involved in staff recruitment. One person told us, "I recently took part in interviewing staff, I got to ask them questions."
- There were enough staff to meet people's needs. Staff were able to offer 1 to 1 support for people to take part in activities when they wanted.
- Relatives spoke positively about how the team supported people. One relative told us, "Whenever I am there, there is always loads of staff." Another relative told us, "I've never seen [person] so happy, he's interacting much more as well."

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) were up to date and accurate. Stocks were monitored to ensure people had their medicines available when needed and were stored securely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Where people lacked capacity to make decisions about their medicines, best interest decisions were in place and people's medication care plans were agreed by a team of care professionals.

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

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Support plans provided staff with a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. For example, one person's support plan went into detail about when that person was feeling unwell or unhappy, they would only communicate via PECS (picture exchange communication) or Makaton.

Staff support: induction, training, skills and experience

- Staff had necessary skills and experience to support people safely.
- Staff received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support. One relative told us, "I would say the staff are very well trained, they also do training to meet each person's individual needs."
- Staff received supervisions and appraisals. Competencies were undertaken to ensure staff understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported at mealtimes to enjoy food and drink of their choice. Every week, people sat down together, and each picked an evening meal for that week. The menu was displayed within the kitchen with their initials next to each meal so they could see which one they had picked.
- Staff involved people, wherever possible and in a way which met their personal preferences, around choosing food, shopping, planning meals, preparing food and cooking. One staff member told us, "I always ask them what they would like for lunch and also when it comes to cooking their meals, I encourage them to help."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One person told us, "[staff member] is going to support me with a healthy eating and exercise plan, we are going to do this together."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to live healthier lives. Staff were knowledgeable about people's needs and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and senior management team, as well as keeping families informed.
- Hospital passports were in place for people. These documents were person-centred and helped ensure people's needs could quickly be known. This helped reduce any distress when accessing a different healthcare setting.

Adapting service, design, decoration to meet people's needs

- People's rooms were adapted to their needs and preferences. For example, one person loved Newcastle United and their room was painted black and white with Newcastle United pictures on the walls.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. There were pictures displayed throughout the home on cupboards to make people aware of what items were stored in them.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, one person had a camera in their room which monitored them overnight for seizures. This person lacked capacity to consent to this. An MCA assessment and best interest decision were completed and in place.
- The service had a record of all DoLS applications that had been made, the outcome of the application where that was known, and a record of any conditions on the DoLS authorisations. Records demonstrated the conditions in place were being met.

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.

At our last inspection we recommended the provider reviewed their systems and processes for embedding the principles of right support, right care, right culture. The provider had made improvements.

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

- People and relatives were supported to express their views. For example, people were consulted by staff about who moved into the home.
- Kind and caring interactions were observed during the inspection. Staff engaged with people, were attentive and gave people choice.
- People were supported to make choices by staff using alternative communication methods such as Makaton, PECS, or their own sign language. Staff observed body language as a means of communication.

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

- People were treated with dignity, respect and kindness. This was reflected in the language used in daily notes and records, and by how staff supported people. For example, the service had created a memorial garden for one of the people who had lost a relative. Staff regularly supported them to buy flowers and place them in the garden.
- Care plans contained information about people's choices and the support staff were to provide, to ensure people's individual needs were met.
- People appeared well presented and cared for. People told us how happy they were and felt well looked after. One person said, "I love living here, they help me a lot."
- Relatives' commented on how well their loved ones were treated. One relative told us, "They all love [person], they spoil [person]."

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well. People were supported to lead active and fulfilling lives, doing activities they enjoyed. For example, staff had arranged for one person to go to a Westlife concert as this was their favourite band.
- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in line with their needs, wishes and preferences. Care records supported the delivery of care and fully outlined people's equality characteristics. People and their relatives were complimentary about their care. One relative told us, "[Person] is so happy there, to the point sometimes when I call, [person] says get off the phone, I'm busy having fun."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. There was an activities folder in pictorial form that staff could show people what could be achieved.
- Staff were able to discuss people's needs and preferences. Handovers took place at the start of each shift to ensure incoming staff knew about any changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Documents could be provided in alternative formats if required, such as large font or easy read.
- Staff had recently organised a fund raiser at the local community centre to raise money for a sensory room within the home.
- We saw examples of pictures being used to enable people to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had enjoyed various outings. Staff and people across the service worked together to come up with activities for people to do and ways for people to build friendships. Staff planned events and days out and people could choose if they wanted to join in. We saw pictures of them at disco's, the Polar Express train, the sea lions and the pantomime.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One staff member told us, "I take [person] out for lunch to meet with their friend all the time." Another staff

member told us "[Person] likes to DJ so in the summer we take their decks outside and we've had a few Broom festivals."

- Staff were planning an activity called 'around the world in 8 weeks'. Each week people would pick a different country, try different food and learn fun facts from that country.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. The provider had policies and procedures in place to handle complaints which detailed the timeframes within which they would be acknowledged and investigated. Policies and procedure were being followed.
- People, and those important to them, could raise concerns easily and staff supported them to do so. The complaints procedure was available in an easy read format.
- People and their relatives felt able to raise any concerns. One relative told us, "I've never had any complaints, but if I did, I know who to complain to."

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. Policies and systems were in place to provide this should it be needed.

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 requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At the last inspection the provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 17.

- Governance processes were effective. Where the provider identified issues, they put action plans in place to make improvements and these were regularly reviewed. These processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care. For example, the management team undertook regular audits looking at medications, care plans and daily records.
- Staff understood their responsibilities and what was expected of them. Staff participated in team meetings and received supervisions. This gave staff the opportunity for learning and development.

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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback of people, relatives and staff. One person told us, "I would say if I was unhappy."
- Staff told us how supported and happy they were. One staff member told us, "It's a very happy place to work, I honestly think we are an amazing team, I love everything about my job."
- The staff were passionate about the service, people and relatives. Feedback from relatives included, "The good thing at Broom Lodge is the managers are on the floor too, they don't just sit in the office. They know what everyone needs, they know what everyone wants. They are happy to get their hands dirty and are on the ball, so when you call you know they know everything."

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 management team understood their regulatory requirements and responsibilities. Relatives were kept informed of any events or incidents that occurred with their family member. One relative told us, "They are always in touch, they call to tell me how [person] is doing and what they've been up to, it just gives me peace of mind."
- Staff gave honest information and suitable support if something went wrong, and applied duty of candour

where appropriate.

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

- The provider engaged people who used the service and their relatives well. People were supported to feedback their thoughts and views, and suggestions were acted upon.
- People were actively encouraged to express their choices. The specific communication needs of people were fully taken into account by staff. One staff member told us, "[Person] likes to communicate with an iPad."
- Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. This included the local authority who commissioned the service and healthcare professionals.