

Longwood Lodge Care Limited

Broom Lane Care Home

Inspection report

Broom Lane
Rotherham
South Yorkshire
S60 3NW

Tel: 01709541333

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09 December 2021

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Broom Lane care home is a care home providing accommodation and personal and nursing care to up to 60 people. Accommodation is provided across two floors in one adapted building. At the time of our inspection 56 people were living at the home.

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

The service was not always well-led. Systems were not always effective in monitoring quality and driving improvements across the service. Audits had not always been effective in identifying issues. Where an audit had identified shortfalls action plans had not always been implemented in a timely way to deliver improvements.

Medicines were managed safely however; medicines records were not always accurately maintained.

People and their families told us they felt safe. Staff understood their role in recognising and reporting safeguarding or poor practice concerns. Risks to people were understood by the staff team and actions to keep people safe from harm were followed, monitored and reviewed. Staff had been trained in infection, prevention and control and practices were in line with government guidance. Recruitment practices included a variety of checks to ensure candidates were suitable.

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

Staff had an induction and on-going training and support which enabled them to carry out their roles effectively. People had their eating and drinking needs understood and met, including allergies and diets linked to health conditions. Effective working with other organisations meant that people received consistent care and had positive health outcomes. Building design, layout, adaptations and decoration maximised people's level of independence.

People were respected as individuals and received care that recognised their care needs, choices and lifestyles. Care staff temporarily provided activities that reflected people's skills, interests and hobbies whilst a dedicated activities co-ordinator was being recruited. People had an opportunity to be involved in end of life planning that included any cultural or spiritual needs. A complaints process was in place which people and relatives felt confident to use if needed.

People, families and staff spoke positively about the open and transparent culture of the service, visible leadership and teamwork. The management team understood their responsibility for sharing information with CQC and met the duty of candour requirements. This meant that they were open and honest and things that went wrong in the service. A range of meetings meant that people, relatives and staff had opportunities

to be involved in service development.

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 3 March 2020).

Why we inspected:

This was a planned inspection based on the previous rating.

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 until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Broom Lane Care Home

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type:

Broom Lane 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and was in the process of applying to be the registered manager. Throughout the report we refer to this person as the manager.

Notice of inspection:

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We used all of this information to plan our inspection.

During the inspection

Inspection activity commenced on 9 December.

We spoke with four people who used the service and two relatives about their experience of the care provided. We also spoke with a visiting GP.

We spoke with five members of staff including the manager, deputy manager, care staff and ancillary staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- The provider had systems in place to safeguard people. People who used the service told us they felt safe. One person said, "I feel very safe here." Another person said, "I'm safe here, no question." A relative told us "It is a safe place for my [relative]. I have confidence in that aspect of [relative] stay here."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to external agencies and the expectations of staff.
- Staff and management we spoke with had a good understanding of their responsibilities to safeguard people. One member of staff said, "I would immediately let the manager know and if I wasn't happy with the response, I would call the safeguarding team."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect. Records confirmed this.
- The manager was able to describe the actions they would take if incidents occurred, which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- The service had systems in place to manage and minimise the risk to people in relation to receiving care and support.
- Risk assessments for people described their current risks, including behaviours that challenge the service and physical risks. We saw plans to manage such risks for staff to follow.
- A system of monitoring was in place to ensure potential risks were identified and mitigated. Risks were re-assessed and updated every month, if a risk had changed, for example a person's mobility had improved, the risk assessment was updated to reflect this.
- Risk assessments contained clear details of the risk being assessed. For example, to initiate a programme of regular turning of people who were at risk of developing a pressure ulcer or needing assistance due to a risk of falling when moving around the home, the action was described, was taken and recorded.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were enough staff to support people. They said when staffing levels fell short they supported each other by doing additional shifts.
- The manager told us an extra member of staff had been temporarily put on the rota between 8am and 2pm to assist in any area of the home where they were needed. The manager said this post would be evaluated and the feedback of staff considered in determining if the post was to remain or the hours adjusted.

- People told us they felt there were enough staff. People told us, "Staff always come to see me when I want or need them," and "There always seems to someone around, I never have to wait too long."
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if an applicant had a criminal background or had been judged as unfit to work with vulnerable adults.

Using medicines safely

- Most medicines were managed safely. Medicines administration records (MAR charts) demonstrated that people received their medicines as prescribed.
- Medicines checks and audits were in place out to identify any discrepancies and/or gaps in recording on people's MARs. We identified some issues, which did not place people at significant risk but had not been identified by the audit process. For example, not all 'as required' (PRN) medicines had a protocol to inform staff on individual preferences and needs of the person to support them with their medicines. Some liquid and cream medicines did not have an opened date and body maps for topical medication were not consistently completed. We have addressed this in the well led section of the report.
- Staff supported people to maintain as much independence as possible with their medicine management. A number of people self-administered their own medicine while some people were able to self-administer some medicines but required support with some of the more complex medicines that they were prescribed. This enabled people to remain as independent as possible.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely. All people told us that staff wore PPE at all times.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date including records of all staff had vaccinated against Covid19.

Learning lessons when things go wrong

- Accidents and incidents were reported to the relevant authorities.
- The management team investigated, analysed and reviewed incidents. Trends and patterns were identified to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to make sure people remained safe.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. We found some corridors and bathrooms were cluttered with equipment and personal effects. The manager resolved these issues when it was brought to their attention. We have addressed this in the well led section of the report.
- Access to the building was suitable for people with reduced mobility and wheelchairs. The service was divided into various levels. There was access to the upper floor through a passenger lift.
- The service had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

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

- People's needs were assessed before the service began to provide support, people and their relatives confirmed this. One relative told us, "The transition from hospital to assessment to care being delivered was brilliant."
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to personal care and medication.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to perform their roles and have the skills they needed to support people. Training covered topics such as infection prevention and control, safeguarding adults, the Mental Capacity Act (2005) and moving and handling.
- New staff received training and an induction to help them understand the requirements of their role and the homes policies and procedures. They completed the Care Certificate Course or NVQ's, which are standards for health and social care staff to work towards.
- Staff were supported with supervision from the management team to discuss their work and any concerns. Yearly appraisals of staff were carried out to review their performance and set objectives for the following year.
- Staff told us they felt supported by the management team. A staff member told us, "The managers are easy to talk to and I have found them to be very supportive."

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

- People's needs in relation to eating and drinking had been assessed. Information available to staff included people's likes and dislikes. Where people were supported with meals, they felt staff did it well.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.
- The provider contracted with an external catering company for the majority of the meals. A member of kitchen staff told us, "There is real choice and variety in the food we have. All people are catered for, such as blended, diabetic, fortified and gluten free diets.
- One person told us, "I really enjoyed my lunch today, I always do."

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 worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way. A visiting GP told us, "The staff are pretty good liaising with the surgery."
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

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 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 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.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any care was provided. One person said, "The staff always ask me before doing anything, I like things done at my pace."
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives told us the staff and managers treated people well. One person said, "Yes, all the staff are nice." A relative told us, "They [staff] are very good towards [family member] and seem to treat everyone well and with respect."
- We observed staff to be patient and understanding of people. People were relaxed in staff's company and felt comfortable speaking with them.
- People's equality and diversity needs were assessed to ensure their protected characteristics were understood. This included religious, cultural and sexual needs. People's diversity and human rights were respected, and they were supported to lead a private life.
- Staff told us they refrained from forms of discrimination and told us they respected people's individuality.

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

- People were supported to be at the forefront of their care and support. People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One person told us, "I make my own decisions about what I want and what I don't want."
- People were involved in regular reviews of their care and shared feedback about things they would like to see changed.
- Records showed people and their relatives or representatives were consulted about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were fully aware of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We encourage people to do as much for themselves as possible. It's all about supporting people to be independent, to mobilise and to do as much for themselves as possible."
- Care and support plans reflected people's preferences and choices and encouraged people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care records covered areas such as personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. These were regularly updated, which meant staff could monitor people's weight, behaviours and skin condition.
- Care plans were person centred and detailed people's likes and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance was given to staff on how to meet these needs.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. Where people had difficulty communicating verbally, staff were aware of any alternative methods people used to communicate their thoughts and wishes such as signs, gestures and signals. Communication plans contained guidance on how to speak with people in a way that reflected their needs for example, ensuring people had their hearing aid in.
- Staff told us they had got to know people well and this helped them communicate with each other. We observed staff and people interacting throughout the day.
- Information such as COVID-19 guidance and how to make a complaint was made available to people in easy read formats, such as posters and notices, to help them understand the information. This helped to meet people's communication needs.

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

- Within the limits of the pandemic, people were supported to maintain social contact and activities important to them. Activities had predominantly been done by care staff. The manager told us they were in the process of recruiting a new activities co-ordinator.
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe

during the COVID-19 pandemic. A relative said, "The staff and manager were fantastic and made the visiting rules easy to understand."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- People and their relatives told us they would feel confident in raising complaints with the management team. They said staff were approachable and listened to them. One relative said, "We would have no issues in raising concerns."
- An up to date policy and procedure was in place for complaints. There had not been any formal complaints received in the previous 12 months.

End of life care and support

- The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family and GP.

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 the last inspection this key question was rated as good. At this inspection this key has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were completed consistently but were not always effective in identifying shortfalls at the service. For example, we identified a bathroom with a broken door lock and missing drain cover. Another bathroom had five wheelchairs in it, preventing full access and some corridors were cluttered with mattresses and people's personal effects. These shortfalls had not been identified through audits completed at the service.
- Where audits had identified a shortfall, we could not be assured action had always been taken to address these. For example, a previous monthly medication audit identified some people required PRN protocols. This had not been actioned.
- The manager was new in post and was supported by the deputy manager and the nominated individual who visited the home to monitor the progress of the service on behalf of the provider. Members of the management team told us they worked well with each other. One staff member said, "The managers are very supportive and helpful. I think we are a really good team. The staff are very dedicated to what they do."
- Staff were clear about their roles and responsibilities and told us they understood how to protect people from risks associated with their care.
- The manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required.

Continuous learning and improving care

- The manager had clear procedures in place which were followed in practice to monitor, review and ensure personalised care was provided.
- The manager regularly checked people were happy with the service they received so any concerns could be dealt with promptly. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.

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

- The provider promoted a positive and inclusive culture in the home. People told us they felt comfortable in their surroundings and enjoyed the company of other people and staff. One person said, "I like it here a lot." A relative said, "The staff are friendly and nice. [Family member] seems very happy here."
- Relatives and staff expressed confidence in the management team. One relative told us, "The manager has always been very approachable, in person or by telephone. They are always available to chat and discuss how things are going."

- People were treated as individuals and their personal choices and decisions were respected. Some people did not wish to spend time with others in the home and this was also understood and respected.

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 service was open and honest if things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

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

- People and their relatives were asked for their views of the service on a regular basis. Informal feedback was requested throughout the year, and a more detailed survey was carried out annually. The feedback we saw from people and their relatives was positive.
- The reception area displayed a, 'You said, we did' poster. This addressed issues such as, the essential visitor process during the pandemic.
- Staff were asked for their views, feedback and suggestions regularly. This included in surveys and team meetings, but staff also told us they were able to make comments or present ideas to the manager at any time.

Working in partnership with others

- The management and staff team worked in partnership with other professionals and agencies such as GP, district nurses and the local authority to ensure people received joined up care. A visiting GP said, "I always find staff are very responsive to the ward round."
- Where changes in care were made, we saw there were good communication systems in place to share information about people's needs.