

Priory Court Developments Limited

Broadway Care Home

Inspection report

26 Broadway
Blackpool
Lancashire
FY4 2HE

Tel: 01253401809

Date of inspection visit:
12 April 2016

Date of publication:
31 May 2016

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

At the last inspection we carried out an unannounced inspection of this service on the 24 and 28 October 2014. Breaches of legal requirements were found. We found three breaches of regulations. The registered person had not taken proper steps to ensure each person was protected against the risks of receiving unsafe or inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Care and welfare of people who use the service). Also People were not protected against the risks associated with poor record keeping because the registered person did not have appropriate and accurate information about the care and treatment of each person. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Records). The registered person did not operate effective infection control practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Cleanliness and Infection Control).

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We visited the service on 12 April 2016 to complete an unannounced comprehensive inspection. The inspection was comprehensive and included to check they had followed their plan and to confirm they now met legal requirements. We found the registered provider and registered manager addressed the breaches and taken action to comply with the requirements of those regulations.

Broadway Care Home provides nursing or residential care for up to 30 older people or people who live with dementia. Bedrooms are on the ground and first floor and there is a passenger lift available. A ramp is provided at the front of the building. The home is situated in the south of Blackpool in a residential area close to South shore shopping centre. At the time of the inspection there were 26 people living at the home.

During this inspection undertaken on 12 April 2016 we found no breaches of legal requirements.

There was a registered manager in place. 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.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found recruitment checks were carried out to ensure suitable people were employed to work at the home. We also found sufficient staff were on duty to meet people's needs. This was confirmed by our observations during the inspection visit and talking with staff and people who lived at the home.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The management team had developed individual training programmes for staff and had a programme of mandatory training courses. Staff told us access and management support for training events was very good.

People were happy with the variety and choice of meals available to them. During the day we observed drinks being served as and when people who lived at the home requested them. People who lived at the home were offered choices if they did not like what was on offer. The cook had information about people's dietary needs and these were being met. One person who lived at the home said about the quality of food, "I always enjoy it."

We found examples where the service had responded to changes in people's care needs. We found evidence in records where referrals had been made to external professionals. Records were up to date and reviewed providing information for staff to deliver quality care.

People who lived at the home were encouraged and supported to maintain relationships with their At the last inspection we carried out an unannounced inspection of this service on the 24 and 28 October 2014. Breaches of legal requirements were found. We found three breaches of regulations. The registered person had not taken proper steps to ensure each person was protected against the risks of receiving unsafe or inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Care and welfare of people who use the service). Also People were not protected against the risks associated with poor record keeping because the registered person did not have appropriate and accurate information about the care and treatment of each person. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Records). The registered person did not operate effective infection control practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Cleanliness and Infection Control).

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People who lived at the home were encouraged and supported to maintain relationships with their friends and family members.

We saw the management team and staff treated people with respect, patience and dignity. People we spoke with told us staff were caring and respectful. Comments from people who lived in the home were positive and included, "The nurses are brilliant very caring." Also, "I like them, there's one or two it would be easy to hug".

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's wishes. During the inspection we observed people were supported to carry out activities which they enjoyed.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys and regular auditing of the service to monitor the quality of care being provided. We found people were satisfied with the service they received.

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.

People could be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had a knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

Broadway Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 12 April 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience had experience of adult social care services.

Before our inspection on 12 April 2016 we reviewed information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service. They included the registered manager, five staff members, eight people who lived at the home and five relatives. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of two people who lived at the home, training, supervision records, arrangements for meal provision and records relating to the management of the home. We also looked at medicine records of three people. We looked at recruitment procedures and checked staffing levels. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home and relatives told us they felt safe with the numbers of staff on duty. Also the way care and support was provided by staff. We asked everyone we spoke with what made them feel safe or otherwise. Comments were positive in respect of how people felt. They included, "You are surrounded by people who talk sense. I think they do a good job here." Another person said, "I do feel safe."

We had a walk around the premises and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. People told us staff responded quickly when they summoned help. We found from our observations during the day staff answered call bells in a timely manner.

The registered manager had a policy on safeguarding adults and a procedure to follow. Staff we spoke with were knowledgeable about the process to follow should they witness abusive practices. Records we looked at confirmed the registered manager and staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience.

We spoke with the registered manager and found they knew about their safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that CQC would receive information about the service when necessary.

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and personal care. Records were personalised and covered what actions the registered manager would take to manage risk.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken following events that had happened. For example care plans had been updated following incidents that resulted in changes in individuals care plan.

Following the last inspection the registered manager had acted upon recommendations made at the inspection. For example infection control audits had been introduced and wooden commodes had been replaced for more hygienic alternatives to ensure the risk of infection was reduced.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were found. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. One staff member said, "We have taken on board infection control importance and introduced new

systems and provided infection control training for all staff."

We found the environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with people who lived with dementia. These included furniture in a contrasting colour to the carpet and warm tones used on walls which were easier to see.

We found equipment had been serviced and maintained as required. For example records we looked at confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required to ensure the safety of people who lived at the home.

We discussed staffing levels with the registered manager and looked at staffing rotas for the week. We confirmed staffing levels were suitable with an appropriate skill mix to meet the needs of people living with dementia. During our observations we saw people requesting help were attended to promptly.

Staffing levels had been assessed and were monitored as part of the registered managers audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended to meet the needs of the people. A relative said, "If [relative] wants anything, they take it to her within minutes." Also another relative said, "There are always two health care assistants, [relative] only buzzes if she needs the toilet but it's answered quickly".

We found recruitment checks were now thorough with all documentation in place prior to personnel starting work at the home. For example information about any criminal convictions were recorded, an application form that required a full employment history and references. We spoke with a staff member about the process for recruitment and their induction process. The person said, "Everything had to be done before I started at Broadway. My induction training definately helped me. It involved shadowing experienced staff and going through the policies and procedures of the home."

We found medicines were administered safely. We observed medicines being administered at breakfast and lunchtime by the registered nurse. Medicines were administered at the correct time they should be. One person who lived at the home said, "I get mine when I should do." We observed the staff member ensured medicines were taken, by waiting with the person until they had done this.

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only nursing staff were allowed to administer medication. This was confirmed by talking with staff.

There were controlled drugs being administered at the service. This medication was locked in a separated facility in the medication room. We checked the controlled drugs register and correct procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medication processes were undertaken safely.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received constant training and had a good understanding of people's needs. We found by talking with staff they had a settled staff team and that the majority had worked at the home for many years. One staff member said, "We have good continuity of staff which helps everybody."

A concern from the last inspection report in respect of the home being more 'dementia friendly' had been addressed by the management team. For example staff were more aware of caring for people living with dementia. Staff told us this was due to more instruction and formal training around dementia awareness. One staff member said, "The dementia training has been very good."

We looked at the training programme for all staff and spoke with them about their training needs and access to training courses. All staff we spoke with told us access to training courses was good and formal dementia awareness training was now mandatory for all care staff to attend. Comments from staff about training included, "Plenty of new training courses are available especially in learning about dementia."

Most staff members had achieved national care qualifications. This was confirmed by talking with staff and the management team. For example National Vocational Qualifications (NVQ) had been completed by all care staff from (NVQ) level 2 to (NVQ) level 4. Records we looked at confirmed this.

The management team had developed individual training programmes for staff and had a programme of mandatory training courses. These were constantly updated and included, safeguarding adults, dementia awareness and infection control. This demonstrated the commitment to ensure staff had the necessary skills to support people in their care.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the

associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one.

There had been applications made to deprive a person of their liberty. These had been completed in order to safeguard individuals from harm and were proportionate to their needs and human rights. We did not observe people being restricted or deprived of their liberty during our inspection. The management team and staff had a good understanding of the principals in relation to the MCA.

All people who lived at the home and relatives we spoke with said they had enough to eat and drink throughout the day. We arrived at breakfast time and found people had a variety of choice. For example some people had a cooked breakfast and others cereal and toast. We observed some people sat in the dining room whilst others had breakfast in their own room. One person who lived at the home said, "You can have what you want and sit where you want it is very relaxed here."

At lunch time we observed lunch being served in the dining room. There were staff around to support people if they required. Comments about the quality and choice of food were positive. For example they included, "I always enjoy it". Also, "I found out by accident I could have something else, they said of course you can so I'm having bacon sandwiches instead, but I'll still have the pudding".

We did witness people who did not eat in the dining room had their main course and pudding served on a tray at the same time. This meant the pudding could be cold by the time the person ate it. The registered manager told us they would ensure in future to serve the courses separately to make sure people received their food at the correct temperature.

We found the kitchen clean and hygienic. Various cleaning records were in place to ensure people were protected against the risks of poor food safety. These included cleaning schedules, food safety documents and appliance temperature checks. Broadway Care Home had been awarded the highest grade of five-star rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Nutritional risk assessments were completed and monitoring of people's weight. This was to ensure any issues or concerns would be highlighted and action taken to ensure people's health was maintained.

Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their ongoing needs. This was evident in care records we looked at. Records were updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

During the day we spoke with people who lived at the home and their relatives. They were pleased with the care and support they received. For example comments from people who lived at the home included, "The nurses are brilliant very caring." Also one person said about the staff, "I like them, there's one or two it would be easy to hug." A relative said, "Very caring, very understanding. Not only do they deal with the patient, they deal with the relatives as well."

We found staff maintained people's privacy and dignity throughout our visit. For example, we observed staff knocked on people's bedroom doors before entering. They also called people by their preferred name. One person who lived at the home said, "I like to be called [name] the staff respect that." People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them. Relatives we spoke with confirmed this.

All the people who lived at the home we spoke with said their privacy and dignity were respected. We asked how this was done. One person who lived at the home said, "By shutting the door when I'm getting undressed. They knock before they come in my room, this amuses me." Another person said, "They close the door, and the curtains when they are bathing me."

We observed staff spent time with people who lived at the home. During the day we witnessed examples of the caring attitude of staff. For example during our SOFI session one person was unsettled and looked distressed. A staff member who entered the lounge immediately took control of the situation. They sat with the person for a while comforting them. The staff member was at no time rushed and after calming the person down, gently led them away to their room.

Throughout the day we observed people who lived at the home were able to make decisions for themselves. For example when people chose to have a drink, or sit in different areas of the building. We also observed routines within the home were relaxed and arranged around people's individual and collective needs.

We looked at care records of two people. We found evidence they had been involved with and were at the centre of developing their care plans. Three people we spoke with told us they were encouraged to express their views about how their care and support was delivered. One person said, "Yes, we've discussed it." Care records contained information about people's current needs as well as their wishes and preferences. All relatives we spoke with said they were kept informed about their relative's conditions and any changes.

Daily records completed were up to date and maintained. These described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records of people's care plans reviewed with them. They had been updated on a regular basis. This ensured staff had up to date information about people's needs.

Relatives and friends visited the home during the day of our visit. They told us they were welcomed at any

time and had no restrictions for visiting. Comments from relatives included, "They haven't issued any strict visiting times." Also from a person who lived at the home, "Yes I'm very fortunate, I can have visitors any time."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about Broadway Care Home. They included the commissioning department at the local authority. We discussed the provision of care and they had no concerns at the time of our visit.

Is the service responsive?

Our findings

People who lived at the home told us they received an individual care service from staff who responded to their support and care needs. One person who lived at the home said, "Any time something changes with me the staff are wonderful. They are always looking out for me."

Our observations during the day was of a calm and relaxed atmosphere. We observed the registered manager and staff members doing their duties and responding to requests from people who lived at the home. We saw staff could spend time with people making sure their care needs were met.

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with the person and family, identifying what support they required and how it would be delivered. People who lived at the home confirmed they had been consulted about support that was provided for them. Care records we looked at were informative and enabled us to identify how staff supported people with their daily care needs.

Care plans of people were regularly reviewed and changed when required. Staff we spoke with told us care records were easy to follow and contained sufficient information for them to carry their caring duties responsively. One staff member said, "They are useful and we keep all care plans up to date so that people get the right support and care."

Care plans had been improved to be more person centred. For example the registered manager had developed a 'getting to know you' booklet'. This document contained past information about each person and their life history. This helped staff obtain more information about people and develop relationships between staff and people who lived at the home. One staff member said, "It helps build bridges and discuss things that were and are important to the individual resident."

The service had employed an 'activities co –coordinator' following the last inspection report which highlighted a lack of stimulation for people who lived at the home. The registered manager had now introduced a planned activity programme that was more 'dementia friendly'. For example more reminiscence activities for people took place. One person who lived at the home said, "I like the afternoons when we talk about the old days." Also entertainers such as singers were brought into the home more often. One person who lived at the home said, "We have somebody who comes in every month he plays music and sings songs, I like to join in."

We found people had choices to join in with events going on or freely sit in other areas of the home. One person who lived at the home said, "I generally do what I want to do you don't have to join in with what is going on."

The registered manager had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations

including social services and CQC had been provided should people wish to refer their concerns to those organisations.

At the time of the inspection we were informed no formal complaints had been made. The registered manager and staff told us they encouraged people who lived at the home and relatives to raise any concerns with them. This was so they could address the issues before it became a complaint. The registered manager informed us this helped ensure any problems were addressed quickly and action taken. A relative we spoke with said, "I would take it to [registered manager] who is in control here." Also a person who lived at the home we asked about complaints said, "Yes, I'd go to the boss."

Is the service well-led?

Our findings

Comments received from staff members, relatives and people who lived at the home were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the home was run. For example a relative we spoke with said, "I have no worries about the management of the home [registered manager] is available and always willing to chat about anything when we come here." We asked everyone what they liked best about the home, one person who lived at the home said, "It's all well worked out and I'm glad to partake of it."

The registered manager was part of the staff team on duty and supported people with their care and support needs. This was confirmed by our observations and discussions with people who lived at the home.

There was good visible leadership shown by the management team. They had a good knowledge of staff roles and responsibilities. We discussed the care of people who lived at the home with the registered manager and senior staff. They demonstrated an understanding and an awareness of people's needs and requirements. This was confirmed by talking with people who lived at the home. One person said, "They know all about me and that helps when I am not feeling well. They soon pick that up."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led. Two staff members we spoke with about team spirit and supporting each other told us they worked well and staff morale was good. For example we confirmed when staff were off sick or on leave there was never a shortage of volunteers to cover their shift. One staff member said, "We get along great as a staff team and support each other. That is what comes of a settled staff team." All staff we spoke with told us the registered manager was supportive and always helping out with caring duties and supporting the people who lived at the home.

The issues from the last inspection in relation to regular auditing of the service to ensure people received quality care quality care had been addressed. For example The provider carried out audits every two weeks. These included Infection control and the premises. We confirmed this by looking at documentation of completed audits. We found any issues had been addressed from these audits. For example an environment audit was carried out. The registered manager identified some old chairs that may have been an infection control risk had to be replaced. This was recorded and now being addressed as a result of the audit.

The registered manager carried out their own audits that included care plans, medication and the premises. We found these were carried out on a regular basis to ensure the service continued to be monitored and improvements made where required.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. One person who lived at the home said about the resident meetings, "There are, but I've not been to any." Another said, "Yes they do have them and I join in." A staff member we spoke with confirmed they had staff meetings to discuss the running of the home and any issues that had been raised.

The staff had daily handover meetings to discuss the day's events. These meetings discussed up to date peoples care and information was shared to staff coming on duty. The meetings kept people informed of any issues and enabled staff to discuss the running of Broadway Care Home. Staff told us these meetings were useful and kept staff up to date with information concerning people. This helped provide the best care for people.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.