

Mr & Mrs H Mohamudbaccus

Broadway Lodge Residential Home

Inspection report

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York
North Yorkshire
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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

The inspection took place on 12 April 2017 and was unannounced.

Broadway Lodge Residential Home is a care home providing accommodation and personal care for up to eighteen older people. At the time of our inspection there were 13 people using the service. The home is located in Fulford, on the outskirts of York. The home is owned by Mr & Mrs H Mohamudbaccus. Mrs Mohamudbaccus is also the registered manager of the service. 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.

People told us they felt safe. The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse, and staff we spoke with understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns.

Support provided with medicines was recorded on medication administration records. Staff responsible for supporting people with medicines had received training and the registered provider was in the process of implementing a new medicines management policy.

The registered provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers. There were mixed views about whether there were sufficient staff available, especially at night. We found there were sufficient staff available to keep people safe and meet their needs and the registered provider agreed to keep staffing levels under review.

Risk assessments were in place to minimise the risk of harm to people, but not all of these had been written and reviewed in a timely manner.

Staff were able to demonstrate an understanding of the importance of gaining consent before providing care to someone and we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and access healthcare services. We saw evidence in care files that people had accessed a range of healthcare support. People were supported with their nutritional needs.

Staff completed training and received on-going supervision to help them carry out their roles effectively. Staff meetings were also held regularly.

People told us that staff were caring and treated them with dignity and respect. We saw that interactions between people and staff were warm and friendly and staff knew people's needs and preferences. Relatives

told us staff kept them informed about any changes or concerns.

There was a quality assurance system in place, which included audits and satisfaction surveys, but we found the registered provider had not been proactive in driving improvement through the effective use of quality auditing systems. The registered manager had not met all legal requirements in relation to notifying the Commission of DoLS authorisations in place and displaying their most recent performance rating.

Feedback about the leadership of the service and the registered manager was positive and people were satisfied with the care 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.

Recruitment processes were robust and there were sufficient staff to meet people's needs.

Risks to people were assessed and managed, but risk assessments were not always written and reviewed in a timely manner.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Good ●

The service was responsive.

Staff completed training and received regular supervision to ensure they had the skills to meet people's needs.

Staff sought consent before providing care to people and we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People received support with their nutritional needs and had access to healthcare services in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People and visitors told us that staff were caring and attentive and we observed positive, warm interactions between people and staff.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were in place to

enable staff to provide personalised care. Some activities were available.

There was a system in place to manage and respond to any complaints, and people told us they would feel comfortable raising concerns if they had any.

Is the service well-led?

The service was not well-led in all aspects.

Feedback about the management of the service was positive and staff were provided with the support they needed to deliver the service effectively. However, the registered provider did not fulfil all legal requirements in relation to notifications and displaying performance ratings.

There was a quality assurance system in place, but the registered provider had not been proactive in making improvements to this.

Requires Improvement 

Broadway Lodge Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 12 April 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to this inspection we reviewed information we already held about the service, such as notifications we had received from the registered provider. We received a provider information return (PIR) from the registered provider. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also requested, and received, feedback from the local authority's contracts and commissioning team.

During the inspection we spoke with seven people who used the service, three relatives of people who used the service and a visiting healthcare professional. We also spoke with the registered manager, deputy manager, matron and a care worker.

We looked at two people's care records, medication records, two staff recruitment and training files and a selection of records used to monitor the quality of the service. We observed daily activities in the home including support with medicines and a mealtime.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Broadway Lodge Residential Home, and their responses included, "Yes I do," "Very safe," "I do very much so" and "I have never felt unsafe or seen anything that upset me." Visitors confirmed they felt their relative was safe and well cared for.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse and staff received training on this topic. Staff demonstrated an understanding of the different types of abuse that could occur and were able explain what they would do if they had any concerns. No safeguarding referrals had been made in the year prior to our inspection. We were aware that a safeguarding incident had occurred since our last inspection that had not been appropriately reported, and the registered manager and deputy told us that they had learned from this experience and were aware what needed to be reported and how to do this.

There were risk assessments in place that recorded how identified risks should be managed by staff. These included falls, manual handling and skin integrity. Risk assessments were usually updated monthly to ensure that the information available to staff was correct. However, at the time of our inspection one person's risk assessments were overdue and did not fully reflect the person's current needs in relation to their skin integrity. We discussed this with the deputy manager who agreed to ensure the risk assessment and care plan were reviewed and updated. The risk assessments for another person had not yet been completed, as they had only started using the service two weeks earlier. An initial needs assessment was in place and we were advised the care plan and risk assessment documentation would all be in place within six weeks of the person moving in, when staff had chance to get to know the person better. We discussed with the registered manager that risk assessments needed to be in place as soon as possible in order to give clear guidance for staff, and that these could be amended as they got to know the person better. This has been addressed in the Well-led section of this report.

We saw that there was a system for staff to record any accidents or incidents. Records were reviewed by the registered manager to make sure appropriate action had been taken in response to any incidents. The deputy manager also conducted a basic analysis of the number of accidents and incidents each month.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These records showed us that the registered provider ensured equipment was regularly serviced, including fire alarm systems, the lift and hoisting equipment. Portable appliance tests were conducted annually. We also looked at maintenance certificates for the premises, including the electrical wiring certificate and gas safety certificate and these were up to date. These environmental checks helped to ensure the safety of people who used the service.

We checked the recruitment records for three members of staff and these continued to evidence that only people considered suitable to work with people who may be vulnerable had been employed at Broadway Lodge.

The home had received a rating of three following their most recent food hygiene inspection undertaken by the local authority Environmental Health Department in October 2015. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available. The registered manager told us they had taken action since their food hygiene inspection, including organising an extractor fan deep clean and replacing drawers, and they were awaiting a re-inspection. They told us they had commissioned an independent audit in preparation for their re-inspection.

We spoke with people who used the service, visitors and staff about whether there were sufficient staff to meet people's needs safely. There were mixed views about this. Some people told us, "Oh yes, there are" and "Absolutely, we never have to wait for attention." However other people told us, "No. Especially at night. Although they do come quickly" and "There could be more." One visitor told us, "I think it would be better if there were more (staff) at night." Staff we spoke with felt there were sufficient staff to meet people's needs. One member of staff told us, "At the moment it is okay because there is less people using the service, but at busier times the owner will put an extra staff member on at busy times of the day."

We looked at staff rotas and these showed there were usually two care staff for each shift during the day. There was also a cook and domestic staff and the registered manager provided support where required, and we saw during our inspection that the registered manager was regularly in the communal areas chatting with people. On a night time there was one carer on duty, but two other staff lived in a flat adjoining the service, and could be called upon should they be required in an emergency. At the time of our inspection nobody who used the service required two members of staff to assist them with their care or mobilising. The registered manager told us they visited the service on an evening and night time to do spot checks, but they did not record these checks.

We concluded that there were sufficient staff available to keep people safe and meet their needs, but discussed with the registered provider the importance of keeping staffing levels under review on a continual basis, particularly on a night time and if they filled the remaining vacancies at the service.

We looked at the systems in place to ensure people received their medicines safely. Staff responsible for supporting people with their medicines had received training in medicines management. People we spoke with were happy with the arrangements for their medicines and told us they got them on time. We observed people receiving appropriate support with their medicines.

We looked at a sample of medication administration records (MARs). We found that these were appropriately completed to show that people had received their medicines as prescribed. There were some handwritten entries on MARs and we discussed with the deputy manager that it is good practice for handwritten changes to be countersigned by a second staff member. We checked the stock balance for a number of medicines and the stock held tallied with the stock level recorded on the MARs. There were also records retained in relation to homely remedies given to people. Homely remedies are medicines that can be purchased without a prescription, such as paracetamol, for occasional use. We found though, that the registered provider was not following their own policy in relation to homely remedies, as they had not ensured each person's GP had approved the use of these medicines. It was evident that staff did not yet have a good working knowledge of their new medicines management policy. We were advised this was because the registered provider was still in the process of changing to this policy.

Medicines were appropriately stored in a locked medication room and the temperature of the room and medication fridge were checked daily to ensure medicines were held at the correct temperature. The opening date had been appropriately recorded on medicines with a limited shelf life once opened, such as certain eye drops. We noted there were excessive amounts of spare stock for some people; for instance,

there were nine tubs of cavillon cream in stock for one person. These were still in date, but we discussed ensuring that where medicines were not required the registered provider ensured these were not ordered, to avoid the build up of stock and potential wastage of medicines.

Is the service effective?

Our findings

We asked people who used the service if staff had the right skills and experience to support them well. People confirmed they did and one person told us, "They are good staff and will help you," "I've never had any reason to doubt the staff's ability" and "If they don't know something they go to someone who does."

All care staff received an induction and training. Staff were observed to assess their competence to complete specific tasks as part of their induction. The registered manager told us the induction training had been revised to ensure it covered all aspects of the Care Certificate. The Care Certificate is a set of standards that social care and health workers work to. It is the minimum standards that should be covered as part of induction training of new care workers. Training included safeguarding vulnerable adults, food hygiene, record keeping and communication, infection control, equality and diversity and person centred care, health and safety, manual handling and conflict resolution. The registered provider also accessed training from the local authority. A training matrix was in place, which enabled the registered manager to track when training was due to be refreshed. Refresher training was being arranged for some staff that required it.

Staff received regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Records showed that staff supervision meetings included a review of staff performance, identification of any training needs and discussions around people's support requirements. Staff told us they felt supported and could request additional training if they needed it.

This showed us that staff received the training and support they needed to deliver an effective service.

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. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection one person had an authorisation in place due to there being a restriction on their liberty. We saw that an application had been submitted for another person but was awaiting assessment by the local authority. We were also shown completed DoLS applications forms for three people and were told that these had been discussed with the local authority and not submitted as they were not required. It was not clear why one of these application forms had been completed because information in the person's care file indicated the person had the capacity to make decisions and consent to their care and any restrictions on them. This conflicting information and discussions with the registered manager showed they did not have a

confident understanding in relation to the MCA and DoLS. However, the registered manager told us that they, and three other staff were booked to attend refresher training on the MCA and DoLS shortly after our inspection.

Other staff had completed MCA training more recently and were able to demonstrate a basic understanding of the principles of the MCA. Through our discussions with staff, and observations of their practice during our inspection, we found that they demonstrated an understanding of the importance of gaining consent before providing care to someone. People were offered choices and were encouraged to make decisions, such as decisions in relation to food and what they wanted to do. This showed us that staff sought consent to provide care in line with legislation and guidance.

People received support to maintain good health and access healthcare services. We saw evidence in care files that people had received support from healthcare professionals where required, such as GPs, district nurses and chiropodists. All the people we spoke with confirmed that if they needed to see the GP staff would organise this for them. A visiting healthcare professional told us, "I feel confident they (staff) would follow any instructions I gave them."

We looked at the support people received with eating and drinking. Care files contained a section about people's nutritional needs, including information about people's food preferences. People's risk of malnutrition was assessed and people were weighed regularly to monitor for any significant changes.

We asked people their views about the variety and quality of food available at the home. One person was not happy with quality of the food and two others described it as "Average" and "Okay. It's not always what you want. I just eat what is on the menu". However, others were more positive about the food and their comments included, "It's good (food), we have plenty of choice" and "It's very nice and they know, more or less, what I like." A relative told us, "It seems very nice and I know the chef asks what they'd like and if they want something different."

We observed a mealtime during our inspection and people received support and encouragement to eat, where required. People were offered an alternative from the main meal option and were offered a choice of drinks. We observed that throughout the inspection people were offered regular drinks and snacks.

This showed us that people were supported to receive sufficient to eat and drink and maintain a balanced diet.

The décor and layout of the home was not designed in line with dementia friendly design principles, but was suitable for the needs of the people accessing the service at the time of our inspection. Some furniture and décor was tired and required updating. The deputy manager said they decorated bedrooms as they became vacant and we saw that some rooms had been decorated recently. Visitors told us, "It's quite old fashioned (the environment) but that's what my [relative] was used to" and "I think it's okay for [my relative] because it's quite small and only two main living rooms, so quite easy to navigate."

Is the service caring?

Our findings

People who used the service, relatives and visiting professionals we spoke with all confirmed that staff were kind and caring. People's comments included, "Yes, they all care," "They are very very caring. I couldn't wish for any better" and "They will do anything for you. If you get stuck you can speak to any one of the staff."

Relatives and visitors we spoke with told us staff were, "Very caring," and "They are lovely. It's a lovely home, family run. They seem very nice." Another told us, "The staff are all very caring and respectful. Nothing is too much trouble. They are very patient and give [Name] time if they are getting anxious. I think they are respectful, caring and loving."

Relatives we spoke with confirmed they could visit when they wanted and were made to feel welcome. They told us, "They ask you to try and avoid mealtimes if possible but otherwise you can come any time and you're made to feel welcome, definitely."

Throughout the inspection we observed staff with people who used the service. We saw interactions were positive and friendly. For instance, the registered manager had just returned from holiday so spent time going round chatting to everybody who used the service to catch up and find out how they were. Other staff also engaged people in conversations about topics of interest to them and there was a pleasant atmosphere in the home.

Care files contained information about people's preferences and interests. They also contained some background information about people's personal history, which helped to give staff some insight into people's life experiences in order to provide personalised care. People confirmed to us they had choice and control over their daily routines. For instance, one person told us, "I get up early by choice" and another said, "If I don't feel well I stay in bed."

We asked people if staff respected their privacy and dignity, including when providing support with personal care. People confirmed they did and their comments included, "I need help with bathing and they look after me very well" and "They (staff) are there if you want them but I manage myself." Throughout our inspection we saw that staff knocked on people's bedroom doors before entering.

Some staff had received training of end of life care and we saw positive feedback in thank you cards received from family members of people who had used the service, in relation to the support people had received from staff during the end stages of their relative's life. One card recorded, '[Name] would regularly tell us how much she felt part of your family...She loved you all.'

We found there was information in people's care files about whether people wished to practice a faith. The registered provider had a detailed equality and diversity policy which included practical examples and descriptions of what constituted certain kinds of discrimination, along with information for staff about different religions and faiths. Staff received training in equality and diversity.

Is the service responsive?

Our findings

The registered provider completed a needs assessment prior to people moving into the home, in order to ensure the service could meet their needs. A care plan was then developed for each person when they moved into the home. The care plan was not yet developed for one person whose file we viewed, as they had only moved into the home two weeks earlier. Basic information about their needs was recorded in their initial needs assessment, which gave staff some information on which to provide the person's care. We were advised the full care plan would be completed within six weeks of the person moving into the home. People's care files included care plan sections in relation to individual needs, such as mobility, skin integrity and falls.

Most people and relatives we spoke with confirmed that they had been involved in the development and review of their care plans. Relatives felt involved and told us that staff communicated with them about any changes or concerns. One relative said, "They seem to be on the ball and they'd soon say if there were any problems. They take on board any suggestions and follow through on anything I've asked about."

Monitoring documentation, such as daily records and monthly weight records, were appropriately completed by staff. No-one needed their food and fluid intake to be monitored or staff to reposition them regularly, but there were monitoring sheets available should these records be required.

At our last inspection in November 2014 we received mixed feedback from people who used the service about the range of activities available at the home and we made a recommendation that the registered provider considered people's feedback. We spoke to the deputy manager about the action they had taken in response to this. They told us that they had discussed activities with people in resident's meetings and had provided them with a catalogue from which to choose some games and activities they would like. From this, they had ordered three pieces of equipment/games and we saw one of these (ball exercises) being used briefly on the day of our inspection. The registered manager also showed us photos of a day trip to a local garden centre and told us about other activities that people had been involved in, such as growing tomato plants, singing and having their nails painted. We were also advised that more day trips would be planned in the warmer weather.

During our inspection people were listening to music in the living room for much of the day, and sometimes chatting to each other and staff. We saw from the activities book that activities such as skittles and ball, sitting in the garden and nail painting recurred frequently. There were also recent entries showing there had been a quiz, singing and eye-spy games. However, some days there were no entries.

People's comments about activities at the home included, "You please yourself here. If it suits me I take part," "I like quizzes" and "I was a singer and I have carried on doing that here. I organised a concert here which went down well."

The service had a complaints procedure. We looked at records which showed that no formal complaints had been received by the service in the year prior to our inspection.

All people and relatives we spoke with confirmed they would feel able to raise any concerns and were confident these would be dealt with. People told us, "There's no problem (with raising a complaint). Just speak the truth, that's it. I have never had to make a complaint," "They listen to me" and "Yes I know (how to raise a complaint) and would have no problem. I don't think I've ever had to complain." One relative told us, "I would be able to talk to them if I was worried about anything. I haven't needed to raise a complaint but I think they would act on it if I did because they've followed through on anything I've asked them about before."

The registered provider held 'resident and relatives meetings' to give people opportunity to make suggestions and provide feedback. One person told us, "There are meetings. They do ask my opinions and I don't mince my words." The registered manager also requested feedback in an annual satisfaction survey.

This showed us that people's views and opinions were encouraged and that there was a system in place to respond to complaints.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration. The registered manager was supported by a deputy manager and a matron, who provided support to the care staff.

We received positive feedback about the leadership of the service and the registered manager. Visitors told us the management "Seems very good" and "[The owners] are very good." People told us, "They are fine," "[Registered manager] is very nice and we sit down with a cup of coffee to have a chat" and "They are lovely. So polite." The registered manager and deputy manager were visible in the home and chatted to people throughout the inspection.

Comments from staff included, "I am very open with them (management) and can discuss any concerns" and "[Name] is the matron and they give the practical support but [the registered manager] is also very helpful. They are approachable." One staff member told us, "I am very happy. There is really nice feedback from families. This is nice and it is really touching when residents show appreciation of the care you've given." Another told us the values of the service were "High quality, person centred care." Staff received support, supervision and attended team meetings. This showed that the registered provider promoted a positive and person centred culture.

In the Provider Information Return the registered provider told us they kept up to date with best practice and legislation by registering for email updates and newsletters from external organisations, such as the ICG (Independent Care Group) and the Caring Times. ICG is the representative body for independent care providers (private and voluntary) in York and North Yorkshire. They also attended training. However, the registered manager did not demonstrate a confident understanding of all current legislative requirements. For instance, a notification had not been submitted to CQC in relation to a DoLS authorisation that was in place, as they were not aware this was required. They had also failed to display the home's most recent inspection rating and report on their website and in the home. This is also a legal requirement. We will address this with the registered provider outside of this inspection process.

The registered provider conducted annual satisfaction surveys to seek feedback from people who used the service and families. We saw that seven people had responded to the most recent survey in March 2017 and the feedback was very positive. At our last inspection, in November 2014, we made a recommendation that the results of quality surveys were summarised as this would enable people using the service to know what actions have been taken in response to any issues they have raised. The deputy manager told us they had forgotten about this recommendation. The registered manager told us they would discuss the responses they had received in this year's survey in the next resident and relatives meeting.

As well as satisfaction surveys, audits were completed to monitor the quality of the service provided. These included monthly audits in relation to medication and care plans. Audits highlighted any areas for improvement or action. Audits were usually completed by the matron for the home, and this person was

also responsible for writing the care plans. This system did not help to provide an objective independent assessment of the quality of care plans. At our last inspection, we noted that we did not see audits of the environment and there were some aspects of the furniture and environment that required improvement. At this inspection there were still no audits of the environment. Consideration of this feedback and the implementation of an environmental audit could have helped to identify issues earlier, such as those identified in the home's last food hygiene inspection. They could have also helped to identify some minor infection control issues we noted, such as personal washing items left in communal bathrooms and the lack of foot operated pedal bins in bathrooms. Audits systems had not identified that some risk assessments were overdue their monthly review and that staff did not have a good understanding of the home's new medicines management policy.

This showed us that the registered provider could be more proactive in driving improvement through the effective use of quality auditing systems.

People and relatives were generally very satisfied with the quality of care provided at the home, and one person told us, "I made the decision to move into this home myself. It's the best decision I ever made."