Lancashire County Council

Broadfield House Home for Older People

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Broadfield House is operated by Lancashire County Council Older Peoples Services, which is part of Lancashire County Council. Broadfield House is a purpose built two storey building situated in Leyland and close to local amenities. The home has 17 beds for people with dementia, 13 beds for people with physical conditions and 16 community beds or step up, step down beds. These 16 beds from part of Lancashire county Council's Intermediate Care Provision, and are used by people who are not ready to return home following a hospital stay, or by people who require some short term care and support rather than permanent residential care or hospital admission.

The hope is that people who use the "step up, step down" beds would return to their own homes following a stay at Broadfield House. If following an assessment of people's needs, more intensive care and support was found to be required, then appropriate placements would be found for individuals. The accommodation within the home is divided into four separate areas. Each area is self -contained and provides comfortable lounge and dining areas along with bedrooms and bathrooms.

At the last inspection on 29 October 2014 (final report published 31 March 2015), the service was rated Good. At this inspection we found the service remained Good.

At the last inspection, we recommended that separate assessments are always conducted where risks are identified, which outline the strategies implemented to help to protect those who live at the home. We found that risk assessments were undertaken, and the findings built into people's care plans, so as to ensure that their safety was promoted and protected.

We also recommended that a formal audit of staff files be conducted, so that an organised system be operated, with information being accurately recorded and therefore making details easily accessible. We found that these records were now in an organised format. Recruitment processes included checks so that only suitable staff were employed, and information held by the service was accurate and up to date.

We found that staff knew how to recognise any potential abuse to keep people safe. Potential risks to people were identified and measures were in place to minimise them. People received their medicines as prescribed, however, we recommended that all staff who administer were briefed on and reminded of the home's medicines policy and procedure. There were sufficient numbers of staff to care for people in a safe way. The service was clean and working practices were in place to minimise the spread of any infection.

Where people needed to be deprived of their liberty to live in the home, applications for Deprivation of Liberty Safeguards (DoLS) had been made. Staff were supporting people in line with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's ability to make decisions about specific aspects of their life were regularly assessed and kept under review. When people could not make decisions for themselves this was done in line with the principles of the MCA.

We found that people's health care needs were assessed and monitored and advice was sought from healthcare professionals when required. People's dietary needs were met and they had access to food options that promoted their health and wellbeing. People were supported by staff, who had been appropriately trained to understand their needs, and the needs of people living with dementia had been taken into consideration in the design of the environment. We saw that staff communicated effectively with people and treated them with kindness, compassion and respect. People's privacy and dignity was respected by staff. Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

We found that people and their relatives knew how to raise concerns and complaints. People's care plans had been developed to include people's life history and what was important to them. We saw people were encouraged to participate in meaningful activities, which were person centred.

We found documentary evidence to show that the quality of the service was monitored through regular audits that were effective in highlighting areas requiring further improvement. The management team were clear and about the vision and values of the service and led by example.

People's and relatives views about the service were sought and acted on. We recommended that discussions between the management team at Broadfield House and their health service colleagues continued, so that movement between services was well managed in order to prevent potentially inappropriate admissions.

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.

Staff knew how to recognise any potential abuse to keep people safe.

Potential risks to people were identified and measures were in place to minimise them.

People received their medicines as prescribed. We recommend that all staff who administer are briefed on and reminded of the home's medicines policy and procedure.

There were sufficient numbers of staff to care for people in a safe way. Recruitment processes included checks so that only suitable staff were employed.

The service was clean and working practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

People's health care needs were assessed and monitored and advice was sought from healthcare professionals when required.

People's dietary needs were met. They had access to food options that promoted their health and wellbeing.

People were supported by staff, who had been appropriately trained to understand their needs .

The needs of people living with dementia had been taken into consideration in the design of the environment.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs

Is the service responsive?

Good

The service was responsive.

People's care plans had been developed to include people's life history and what was important to them.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

People and their relatives knew how to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The quality of the service was monitored through regular audits were effective in highlighting areas requiring further improvement.

The management team were clear and about the vision and values of the service and led by example.

People's and relatives views about the service were sought and acted on.

Broadfield House Home for Older People

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 30 October 2017 and was unannounced. The inspection team consisted of one inspector, a specialist professional advisor (SPA) and an expert by experience. SPA's offer particular professional knowledge and expertise to inspections when this is needed. They are health and social care professionals and clinicians drawn from a range of disciplines, and in this case the SPA was a registered nurse and auditor. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

The inspection was prompted in part by notification of an incident following which a service user died. This incident may be subject to a coroner's inquest and as a result this inspection did not examine the circumstances of the incident. However the information shared with CQC about the incident indicated potential concerns about the management of risk of pressure ulcers (sores). Therefore this inspection examined those risks.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned a PIR, within the set time scale. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection 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

nine people who lived at the service and four visitors. We spoke with the registered manager, the area manager and nine care staff. Positive feedback was obtained from a district nurse.

We looked at records held by the provider and care records held in the service. This included six care plans daily notes; safeguarding, medicines and complaints policies; the recruitment records of the five most recent staff employed at the service; the staff training programme; medicines management; complaints and compliments; meetings minutes; and health, safety and quality audits.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Broadfield House. One person we spoke with said, "I'm safe because I'm fully confident to use all the facilities. Everybody enjoys themselves. There's always people knocking about, you never feel on your own". Another person said, "Everything's well thought out. They've got all the equipment I need."

At the last inspection, we recommended that separate assessments are always conducted where risks are identified, which outline the strategies implemented to help to protect those who live at the home. We found that risk assessments were undertaken, and the findings built into people's care plans, so as to ensure that their safety was promoted and protected.
At the last inspection, we recommended that a system be implemented to show people have been given the opportunity to be involved in planning their own care, or that of their relative. We found that improvements had been made, and that the details of discussions with people about their of care, was included within people's care plans.

Accidents and incidents and near misses were recorded, tracked and monitored using a spread sheet that summarised what had occurred, outcomes and actions. The registered manager carried out monthly audits of all events to identify possible trends or patterns to help minimise the risk of repeat occurrences. It had been identified that one person had had a number of falls and that these mostly took place in their bedroom. They had been referred to the falls clinic and a sensor mat was in place to alert staff when they got out of bed. Their care plan and risk assessment contained this information and that staff needed to supervise the person when walking with their zimmer frame as they were unsteady on their feet.

At the last inspection, we recommended that a formal audit of staff files be conducted, so that an organised system be operated, with information being accurately recorded and therefore making details easily accessible. We found that these records were now in an organised format. Staff recruitment practices were robust which protected people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

The service had a medicines policy that gave guidance to staff on how to order, receive, store, administer and dispose of medicines safely. Staff who administered medicines demonstrated they knew how to put this guidance into practice. They explained to each person that they had their medicines, gave them a drink and asked the person or checked that they had taken their medicines before signing the medicines administration record. Guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were administered according to people's individual needs. Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. They confirmed that managers conducted regular medication audits. This information was supported by records seen.

We noted on one occasion, the door to the medicines store room had been left unlocked, and unattended. We spoke to the registered manager who explained that another member of staff had been using the room to undertake some work, and had left the room momentarily to use the telephone which was located across the corridor. We noted that one of the cupboards in the room did not have a working lock on it, and that there was a lot of loose medication stored in boxes waiting to be returned to the pharmacy. We explained that this momentary leaving of the door unlocked and the fact that a cupboard did not have a working lock meant that the home's medicines policy and procedure had not been strictly followed. We recommend that all staff who administer medicines are briefed on, and reminded of the home's medicines policy and procedure, and that a more appropriate locking system is found for the cupboard to ensure full compliance with that policy.

The service had a safeguarding policy which set out the definition of different types of abuse, staff's responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. Staff received training in safeguarding, knew what signs to look out for and felt confident the management team would listen to and act on any concerns they raised. The manager and staff knew that there were procedures in place for responding to suspicion or evidence of abuse or neglect (including whistle blowing), that were used to ensure the safety and protection of people at the home. These procedures were found to include details of how people could pass on their concerns to external agencies such as the CQC or police. Staff told us they were confident in reporting any concerns they had about the safety of people who lived at the home. The service had undertaken investigations in a timely manner when requested by the local authority and used these to identify areas when improvements were needed.

Records showed people were able to make informed choices about taking risks and were provided with relevant information to ensure they were fully aware of the possible outcomes of their decisions. Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Regular checks of equipment and services took place so the environment was safe for the people who lived and worked at the service. This included moving and handling equipment such as hoists and the shaft lift, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity and firefighting equipment.

Daily walk arounds were undertaken to identify any hazards and any repairs were reported to the maintenance person. Staff had received training in fire safety and staff leading each shift were fire marshals. Fire marshals had been trained to know what to do if a fire occurs, to use a fire extinguisher and to take the lead to so people and staff remain safe. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire.

We toured the premises and found the environment to be maintained to a good standard of safety. The fire evacuation procedure was displayed next to the fire board in the reception area of the home and a 'plan your escape' leaflet supported the actions to take in the event of a fire. A business continuity management plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency, such as a power failure, a flood, severe weather conditions or an epidemic.

Systems and equipment within the home had been serviced in accordance with manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks were regularly conducted, such as the emergency lights, fire alarm points, moving and handling equipment and hot water temperatures.

Each person's care plan contained information about their support needs and the associated individual

risks to their safety. This included the risk of a person falling, of malnutrition, developing pressure areas and of deterioration in their health or medical condition. We looked at this in particular as the inspection was prompted in part by a notification to CQC which indicated potential concerns about the care and management of risk of pressure areas. We found no concerns during this inspection.

Guidance was in place about any action staff needed to take to make sure people were protected from harm. Where people required bed rails to keep them safe when they were in bed, potential risks had been identified and the person's family had been involved in the decision. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

The pre-inspection pack identified a number of falls had occurred within the last twelve months. We discussed this with the registered manager of the home at the time of our visit. We noted that falls audits were conducted, which were supported by an action plan and discussed with the staff in order to ensure that measures were in place to prevent further falls.

People indicated there were enough staff around so they were available when they needed them. The level of support that each person required was assessed and used to determine staffing levels. Staffing rotas reflected the accurate number of staff who were on shift on the days of our inspection. Staff vacancies were covered by flexi staff and agency staff, some of whom worked regularly at the service, which helped ensure consistency of care.

All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection.

Good

Is the service effective?

Our findings

We asked people about how effective they thought the home was in meeting their needs. One person at the home said, "I can stay in bed if I want to, sometimes they bring you a drink in a morning so I can have an extra half hour". Another said "I'm an early bird, and the staff are very good at helping me get up and about. One visitor said, "My [relative] gets their breakfast in bed nearly every day, it's like a brilliant hotel." Another said, "My [relative] is very happy here. They get everything they want. The staff understand what needs to be done to keep them safe, happy and well looked after."

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. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Broadfield House. We found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood that it should be assumed people had capacity to make their own decisions. They gained consent from people before supporting them with any tasks such as supporting them to mobilise and giving them their medicines. When people did not accept people's support, staff respected their wishes. They understood that sometimes people changed their minds and sometimes returned to people to offer the same assistance. Best interest meetings had been held with a person's family members and representatives, in order to make a decision for someone, who had been assessed as not having the capacity to make a specific decision. These outcomes of these meetings were recorded in people's care plans and staff were aware of them and acted on them.

Applications to restrict people's freedom had been submitted to the local authority for people. These were in relation to people who needed continuous supervision and who would not be safe to leave the service on their own and for people for whom it had been assessed was in their best interests to receive their medicines without their knowledge. A system had been put in place to identify when people's DoLS authorisations were due to expire and needed to be reapplied for, to ensure people were not unlawfully deprived of their liberty.

The training matrix showed that a wide range of training was provided for staff to ensure that those working at the home were kept up to date with new ways of working, current legislation and guidelines. The training programme included a range of mandatory courses, such as moving and handling and infection control, as well as training relevant to the specific needs of people living at the home, such as dementia care.

New staff confirmed that they were assisted through the induction programme, which was extremely detailed and those spoken to confirmed that their induction was thorough and covered everything they needed to know to carry out their caring role effectively. A supervision matrix was in place which ensured that staff received regular formal supervision and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff said they could speak to a senior staff or a member of the management team at any time if they required additional support. They said communication was effective in ensuring staff knew about changes in people's care needs. Handovers took place between each shift to give staff a review each person's needs and communicate important information to ensure consistency in peoples care.

People's nutritional needs were being met. This was supported by risk assessments to reduce the possibility of malnutrition. People's weight was monitored and action was taken if this was any significant variance. We saw people being given alternative options to the menu of the day, at their choice. People were observed being asked if they would like something else to eat or if they had eaten a sufficient amount. People were complimentary about the meals. Comments included, "Very good. They have never put a meal in front of me I haven't liked," "Very good. Yes we are offered choice" and, "Good but too much." The food was presented to people hot and looked very appetising. Where people required assistance to eat and drink this was provided. We observed one person being assisted by a care worker sensitively. They chatted throughout the meal which the person appeared to enjoy.

People's day to day health needs were managed by the staff team with support from a range of health care professionals such as district nurses, GP's, dietician and community mental health team. Health professionals told us the service contacted them straight away if they had any concerns about a person. Health professionals said they worked in partnership with the service and that there was good communication. They said the service acted on their advice and knew where to obtain any information about a person that they required. People's health needs and medical history were recorded in their plan of care, together with the action staff or other professionals needed to take to maintain their health. Clear records were kept of all appointments and contact with health care professionals including the date and time when they were contacted and the outcome of any consultation.

During the course of our inspection we toured the premises and found them to be suitable for the people who lived there. Small display boxes were attached to the wall outside each person's bedroom door. These contained photographs and items of memorabilia to help them with orientation and individuality. Bedrooms were individualised, with photographs and personal items on display. Picture signage on the dementia care unit was clear for directions to communal areas, such as bathrooms and toilets.

Good

Is the service caring?

Our findings

People told us that staff were caring. Comments included, "All the staff are lovely; One visitor said, "The staff have always been attentive to my relative's needs. I can't fault them. This is the best place we have used."

At the last inspection, we recommended that a system be implemented to show people have been given the opportunity to be involved in planning their own care, or that of their relative. We found that details of discussions with people in receipt of care, or their relatives (where appropriate) was included within people's care plans. Staff confirmed that asking people about their care, and how it should be planned for and delivered was always included when assessing people.

One person we spoke with confirmed that they had been consulted about their care, and this was confirmed when we looked at their care plan. We noted that information relating to advocacy services was displayed within the home, and when we spoke with relatives, there were aware of this service, and how to access it. One visitor said that they had called the service a number of months ago, and they had received some guidance about how to deal with an minor issue. They said that they had found it very useful.

Staff members and those who lived at Broadfield House were seen to have easy and friendly relationships. People did feel that staff listened to them and considered their wishes. Staff took time to talk with people and put them at ease if they appeared confused. The service had received a number of compliments about the kind and caring nature of the service. Staff had built positive relationships with people and showed patience and understanding. Staff knew how to communicate with people according to their individual needs. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could understand. When staff met people walking in the corridor who appeared confused, they asked them if they were okay and guided them to where they wanted to go.

We established that bedroom doors were generally kept unlocked, although people had the choice to lock their door, if they wished. People told us their privacy and dignity was always respected and this was observed during our visit to this location. We saw staff members knocking on bedroom doors and waiting to be invited in before they entered. People said staff treated them with dignity and their privacy was respected and their independence promoted. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

The registered manager explained that although the home was not a nursing home that catered for people at the end of life, if someone needed end of life care, then the staff team would do their utmost to support a person and their family. She added that in recent months, two people at the end of their life, had been discharged from the local hospital to Broadfield House, and had been cared for by the staff, in conjunction with the local district nursing team.

Staff at the home had undertaken a telephone pre-admission assessment prior to people arriving at the home, but the registered manager explained that these admissions had been classed as "inappropriate

admissions", as they did not strictly fall into the recognised criteria for admission to the home. The service was able to meet their needs, but it was felt by the management team that using a different service would have been more appropriate.

Good

Is the service responsive?

Our findings

None of the people or relatives with whom we spoke raised any concerns about the service. One person said, "I don't really have to complain. Everything is okay" and another said, "I've never had to make a complaint. I don' make a fuss. I would seek out someone in authority (if needed to complain)."

People and relatives said if they had any concerns they felt confident to talk to a member of staff or the registered manager. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the CQC. The complaints procedure was displayed in the communal areas together with feedback forms that people or visitors could complete about any ways the service could be improved. Complaints had been acknowledged, investigated and the outcome of complaint communicated.

Before people came to live or stay at the service, a member of the management team visited the person and/or their relatives or obtained information form the local authority, to make a joint assessment as to whether the service could meet their needs. Assessments included information about people's health, social and personal care and this information was developed into a written plan of care. Care plans were reviewed on a monthly basis to ensure the information they contained was up to date.

The care files were well organised, making information easy to find. We chatted with the people whose records we examined and discussed the care they received. People told us they were very happy with the care and support delivered by the staff team. Needs assessments had been conducted before people moved into the home. The needs of people had been incorporated into the plans of care. Regular reviews of needs had taken place and care was provided in a person centred way. We found the plans of care to be well written, person-centred documents.

We saw care staff interacting well with some people on an individual basis, which helped them to remain interested and to maintain their individuality. Others were reading or were involved in small group activities, such as playing board games and dominoes. A programme was displayed on the activity board. We were told this programme was designed in accordance with people's individual wishes. Activities provided included, 'music, tea parties, gardening and theme days.

Good

Is the service well-led?

Our findings

People were positive about the service. When asked, people told us the service was well led saying, "Yes, I think so." One person said, "Everyone is helpful."

The registered manager of Broadfield House had been in post for just over two years, and staff and visitors described her as enthusiastic about her job, providing clear leadership and support to the staff team.

People were encouraged to give feedback about the service. We were told that the registered manager spoke to each person daily and regular residents and relatives' meetings' were also carried out to ensure that people and their representatives were involved in the running of the service.

There was an effective quality monitoring system to identify issues in service delivery and areas for improvement. The registered manager completed monthly audits which included accidents and incidents, infection control, care documentation, medicines, catering and health and safety. The service had procedures in place to enable the area management team to monitor the quality of the service provided.

The area manager assessed the services' compliance with a different area of service delivery at each of their visits so different aspects of the services provided were reviewed over a period of time, for example, medication procedures, accidents/incidents, maintenance of the building. Any issues identified were passed back to the registered manager for action. Supervision records and staff meeting minutes confirmed that action had been taken to tackle issues when they had been identified for example, improvements to care planning record keeping.

Staff meetings were held regularly and staff informed us that they could raise any issues and the registered manager listened to their views. Handover meetings were also carried out at the beginning of each staff changeover to ensure consistent and safe care was provided.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations, and our records showed that notifications had been made to us on time and in line with the regulations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the reception area and on their website.

We had discussions with both the registered manager and area manager for the service, regarding how admissions to the "community beds" were managed. We saw data that showed that in recent months, there had been two "adverse admissions". One person had been discharged from the hospital with incorrect medication, and another person had been discharged with an inappropriately assessed pressure sore. Although staff at the home were found to be able to meet these people's needs, we found that they had not

be provided with the correct information from their health service colleagues, and this information was fed back so that further "adverse admissions" could be prevented.

We recommend that discussions between the management team at Broadfield House and their health service colleagues continue, so that movement between services is well managed in order to prevent potentially inappropriate admissions.