

Longwood Lodge Care Limited

# Broom Lane Care Home

## Inspection report

Broom Lane  
Rotherham  
South Yorkshire  
S60 3NW

Tel: 01709541333

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01 February 2017

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

The inspection was unannounced, and took place on 1 February 2017. The previous inspection had taken place in May 2016 where we found breaches in relation to how medicines were managed, and how the service was run. We judged the overall rating of the service at that inspection to be Requires Improvement.

Broom Lane Care Home is a 58 bed residential care home, providing care to older adults with a range of support and care needs. At the time of the inspection there were 36 people using the service as a number of rooms were not in use due to a major refurbishment of the home being underway.

Broom Lane Care Home is in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links and the town centre. The home is a purpose –built building, and comprises two separate units, each with their own lounge and dining area.

The service had a registered manager. 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 and associated Regulations about how the service is run. Staff told us they felt well-supported by the manager and praised the way the home was led.

Staff had a good knowledge of people's needs, and treated people with respect and dignity. People using the service spoke highly of their experience of receiving care and support at the home.

People's risk assessments did not always cover all areas where they were vulnerable to risk. Medicines were managed well, although we noted some minor shortfalls.

There were appropriate arrangements in place for safeguarding people from the risk of abuse, and staff were knowledgeable about what action to take if they suspected abuse.

Staff had received training in the Mental Capacity Act, and there were records showing that, where they were able to, people had given consent to their care. Where people lacked capacity, staff acted in their best interests.

People gave us positive feedback about the food. The mealtime we observed had a positive atmosphere and staff took time to ensure people had an enjoyable experience.

There was a thorough plan of activities at the home, including a large amount of involvement in the local community.

Where people's needs changed, the provider ensured that people received the support they required to

ensure their changing needs were met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People's risk assessments did not always cover all areas where they were vulnerable to risk.

Medicines were managed well, although we noted some minor shortfalls.

There were appropriate arrangements in place for safeguarding people from the risk of abuse, and staff were knowledgeable about what action to take if they suspected abuse

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff had received training in the Mental Capacity Act, and there were records showing that, where they were able to, people had given consent to their care. Where people lacked capacity, staff acted in their best interests.

People gave us positive feedback about the food. The mealtime we observed had a positive atmosphere and staff took time to ensure people had an enjoyable experience.

**Good** 

### Is the service caring?

The service was caring. Staff had a good knowledge of people's needs, and treated people with respect and dignity. People using the service spoke highly of their experience of receiving care and support at the home.

**Good** 

### Is the service responsive?

The service was responsive. There was a thorough plan of activities at the home, including a large amount of involvement in the local community.

Where people's needs changed, the provider ensured that people received the support they required to ensure their changing needs were met.

**Good** 

### Is the service well-led?

The service was well led. There was a registered manager in place who had a good understanding of the service, and of the

**Good** 

people using the service.

Staff told us they felt well-supported by the manager and praised the way the home was led.

# Broom Lane 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on 1 February 2017. The inspection was carried out by one adult social care inspector.

During the inspection we spoke with staff and the registered manager. We spoke with five people who were using the service at the time of the inspection, and three visiting relatives. We checked people's personal records and records relating to the management of the home. We looked at team meeting minutes, training records, medication records and records relating to the way the quality of the service was monitored.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the provider completed 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. This was returned prior to the inspection. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

# Is the service safe?

## Our findings

We asked people using the service whether they felt safe at Broom Lane. Everyone we spoke with responded positively. One person said: "They [the staff] keep us safe." A visiting relative told us they had no concerns in relation to their relative's safety at the home.

We observed that there were staff on duty in sufficient numbers in order to keep people safe. The registered manager told us that they regularly reviewed staffing figures to ensure they were able to meet people's needs. We noted that whenever people asked for assistance, staff attended quickly.

We found that staff received training in the safeguarding of vulnerable adults, and staff we asked were knowledgeable about safeguarding procedures. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

We checked seven people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. We noted that in some cases, care plans indicated that people were at risk for various reasons, but there was no risk assessment in place setting out how the risk should be managed or what steps staff should take to minimise it. We discussed this with the registered manager, who told us that they were in the process of changing the format of care plans and this would be addressed during that programme.

We checked the systems the provider had for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. The registered manager maintained a central file of safeguarding concerns, accidents and incidents, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission. We cross checked this with information submitted to the Commission by the provider, but noted that there had been two incidents which had not been notified to the Commission. We raised this with the registered manager and requested that the required notifications were made.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were predominantly appropriate although we identified a small number of shortfalls. Medication was securely stored, although there were gaps in the records of the temperature that medication was stored at. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping

records of medication which had been destroyed or returned to the pharmacy.



## Is the service effective?

### Our findings

We asked two people using the service about the food available. They were both positive about their experience of food and mealtimes. One person said: "It's always very good, there's always something I like."

We observed a mealtime taking place in the home, and saw that it was a relaxed and pleasant experience. Tables were well laid out, and people had a choice of where they wished to eat. We saw that staff supported people to ensure their preference was upheld. Where people needed assistance during the mealtime staff provided it in a discreet manner. Menus were available prior to the meal being served, and there was information available about allergens in the food, in accordance with EU legislation.

We checked seven people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The 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)

When we checked this area in May 2016, we found that the provider was complying with the MCA. Where people had the capacity to consent to their care and treatment, records were in place showing that people had given informed consent to receiving care. Where people did not have capacity, the provider had complied with the MCA by providing evidence that decisions had been taken in their best interests, consulting appropriate people. Prior to the February 2017 inspection, the provider suffered an incident of suspected sabotage, where these records had been destroyed. The provider notified CQC about this and was in the process of consulting people again to obtain and record their consent, and to organise best interest decision making where people lacked capacity. The registered manager had a good understanding of their responsibilities in this area.

## Is the service caring?

### Our findings

People we spoke with were extremely positive about their experience of receiving care at Broom Lane. They told us the staff were caring and were kind. One said: "I can't complain about anything, I've been delighted so far." Another said: "I've been here four years, I'm very happy with everything."

We carried out observations of staff interactions with people using the service over the course of the inspection. Staff were reassuring and showed kindness towards people in all their interactions with them. Staff we spoke with told us that treating people with dignity and respect was important to them, and felt it was the most important part of their work. The atmosphere within the home was friendly and relaxed, and the approach adopted by staff contributed to this. We asked two visiting relatives about the care provided at the home and one said: "I can't fault it." They were both very positive about their view of the care provided at Broom Lane.

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care and support delivered in a kind and respectful way. We saw that people received care from staff who were focussed on them, and employed a friendly and warm approach during their duties.

There was a programme underway in the home, as part of the ongoing refurbishment, to re-model the environment to be more dementia friendly. This included dementia friendly installations and brightly painted doors, to enable people with cognitive impairment to orient more easily. The home had staff members designated as dementia champions and dignity champions, whose role it was to promote person centred care that met the needs of people with dementia.

We checked seven people's care plans, and saw that risk assessments and care plans described how people should be supported in a way that meant their privacy and dignity was upheld. We cross checked this with daily notes, where staff recorded how they had provided support to people on a daily basis. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments, meaning that their dignity was respected.

## Is the service responsive?

### Our findings

The home had a dedicated activities coordinator who devised a programme of activities within the home. During the inspection a game of bingo was taking place, and records showed that other activities included chair exercise, reminiscence games and visits from external entertainers. There was a programme of trips out into the community, and recent trips had included a trip to a shopping centre and a visit to a pantomime. People we spoke with said there was lots to do at the home, and praised the activities coordinator. On the day of the inspection one of the people using the service was celebrating their birthday, and the home had organised a party which was well attended.

We checked care records belonging to seven people who were using the service at the time of the inspection. We found that care plans told staff how to support and care for people to ensure that they received care in the way they had been assessed, although we noted in some areas they lacked detail. We discussed this with the registered manager who said that there were plans in place to change the care plan format used. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

We looked at evidence within the care records we checked which showed that people had required the input of external healthcare professionals. Where this was needed the provider made prompt referrals, and where guidance had been provided by external healthcare professionals this was being adhered to.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. These were completed at the required frequency, meaning that the provider could identify and act on any changes in people's health.

There was information about how to make complaints available in the guide provided to people using the service, and in the provider's Statement of Purpose. We checked records of complaints that the provider had received, and saw that they had been responded to within the timescale set out in the provider's complaints policy.

## Is the service well-led?

### Our findings

The service had a registered manager, as required by a condition of its registration. Staff we spoke with told us they found the manager to be accessible and supportive. One staff member described the registered manager as "amazing" and said they found them to be supportive and helpful. The registered manager was overseeing a programme of improvements and refurbishment within the home, some of which we saw during the inspection.

We spoke with two members of staff about the arrangements for supervision and appraisal within the home. They told us that they received regular supervision and annual appraisal. We checked the supervision schedule and records of supervision which showed that staff received a formal, documented supervision with a manager on a regular basis. Supervision and appraisal records showed that staff development, training and people's support and care needs were discussed, to enable staff to carry out their roles well and meet people's needs. Staff we spoke with told us that supervision and appraisals were helpful as they helped them improve in their roles.

We checked records and saw that team meetings took place regularly, and were used by the registered manager to inform staff about developments and changes in the home, as well as to discuss standards and targets for improvement. Staff we spoke with told us they found communication within the home to be good.

There was a system in place to audit the quality of the service. This was carried out by both the registered manager and a senior manager within the company. We looked at this and found it was a thorough audit, although it had failed to identify the shortfalls in risk management that we saw at this inspection. Each audit was accompanied by an action plan, which recorded what action was required to make any improvements, and recorded when the action had been taken. The registered manager told us that they were in the process of altering the system used for risk management and care planning more broadly, and this would ensure that risk management was recorded more thoroughly.