Flightcare Limited

Broadway Residential

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

Overall summary

This inspection took place on 29 and 30 October 2014 and was unannounced. We last inspected the home in September 2013. At that inspection we found the service was meeting all of the essential standards that we inspected.

There was a registered manager in place who had been the registered manager for some years. 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.

The service shares a site with a nursing home called 'Broadway Nursing' which is also owned by the provider. The residential home occupies a spacious and long, mainly single storey building which had formerly been a school. The bedrooms were large and airy and bathroom facilities were found at spaced intervals along the corridor which linked the rooms in the home. The home was in the process of being redecorated and re-furbished and we saw there was a range of pictorial information and memory stimulating items ready to be mounted to the corridor wall.

Summary of findings

The home is registered to provide residential social care for 17 older people and at the time of our inspection, there were 16 people living in the home.

People were safe and well cared for. People told us that they, and their families, had been included in planning and agreeing to the care provided. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. The management team followed the requirements of the Mental Capacity Act (MCA) 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who were not able to make important decisions themselves.

People were treated with kindness and respect. People we spoke with told us, “The staff are kind, thoughtful and helpful”. We saw that most of the staff in the home took time to engage with the people they were supporting.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

Safe systems were used when new staff were employed. All new staff completed thorough training before working in the home. The staff employed at Broadway Residential were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

The home had a range of equipment to meet people’s diverse needs and to promote their independence. The home was well maintained and throughout our inspection we found that all areas were clean and free from odours.

Summary of findings

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 were recruited safely and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed, at the time they required it.

We found that staff knew how to prevent abuse and where to report it if it did occur or they suspected abuse.

People's medication was given safely and the physical environment was clean, spacious and cared for.

Is the service effective?

Good

The service was effective. Staff had been trained to meet people's needs and knew the people they supported and the care they needed. They enabled people to be as independent as possible but provided support whenever it was needed.

Staff received supervision and appraisal regularly. They were knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The premises were suitable and well managed and people's health and safety had been monitored and maintained.

Is the service caring?

Good

The service was caring. We saw that people were treated with dignity and respect. They were involved in their care by kind and supportive staff.

People's independence was encouraged and their well-being was important to staff. They were able to choose to remain in their own rooms and to be private and staff respected their wishes.

Is the service responsive?

Good

The service was responsive. People made choices about their lives in the home and the decisions they made were respected.

We saw that person centred care was recorded in care plans and was seen to be delivered. People were seen and treated as individuals with their own interests and desire to pursue activities which were appropriate to them.

People were able to discuss any issues with the provider and the provider had a formal complaints procedure in place for anyone who wished to follow that route.

Is the service well-led?

Good

The service was well led. There was a registered manager in post who had been there for many years. They had a clear vision about the home and audited and tracked processes and procedures. The views of people living there, their relatives and visitors and other people involved in the care of people were sought and actioned.

Summary of findings

The staff told us they felt supported and able to have a transparent relationship with the provider and the registered manager.

The registered provider had good systems to monitor the quality of the service provided. People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Broadway Residential

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.

At the previous inspection on 20 September 2013 we had found the provider had met the regulations we had inspected against. The inspection was unannounced and took place on 29 and 30 October 2014. It was carried out by an Adult Social Care Inspector.

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. We also looked at any recent notifications and requested information from the Local Authority and the local Healthwatch Board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisation told us of any concerns.

We observed care, the staff and the people living in the home and we looked at the building and various safety aspects of it, such as the kitchen and fire exits.

We looked at various records including six care plans, staff duty rosters, four staff training and recruitment records, medication records and various audits.

We talked with six people but all of the people had limited communication. We talked with four relatives, four staff and the registered manager, the care manager for the provider and the provider themselves, on the days of the inspection.

Several people who lived at the home had dementia type conditions or were unable to communicate with us. 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.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe and secure with the staff. Two people nodded and said, "Yes", when asked if they felt safe. One relative told us that, "[Relative] does feel safe, that's why they chose to stay there". Another relative told us, "Mum's so happy here, she's safe now".

One relative said, "There's always someone caring for her when we visit". Another relative told us about the home, "Seems to be very good. It's friendly and clean".

Staff had been trained to ensure that people were not subject to abuse and the provider used both the local authorities' and their own safeguarding procedures for staff to follow. Staff had also had whistle blowing policy training. We saw that staff had been trained in safeguarding and whistle blowing by looking at staff records and seeing the training matrix and staff confirmed they had recent training. They were able to tell us what abuse was, who to report it to and how to prevent it. We saw that there had been no safeguarding concerns since our last inspection.

Staff were recruited with the correct procedures to ensure they were entitled and able to work in the care sector, with references obtained and Disclosure and Barring Service checks (DBS) or its predecessor, criminal records (CRB) checks completed.

Staff were trained to care for the people in the home in a safe manner and they were seen to do that generally. However, one member of staff was seen to be serving food without an apron and another staff member was seen to handle, without gloves, some fruit for a person who was dressing the fruit as a toffee apple. We advised the registered manager about this and she told us the matter would be monitored and raised at future staff meetings.

Staffing levels were good and people told us there were sufficient staff on duty at any time. We saw staff rotas which demonstrated this.

We saw that the premises were clean and well maintained and many areas had been newly decorated. There were decorative wrought iron grills over opening windows which ensured no one could fall out, even though people were on the ground floor. The kitchen had been very recently completely refurbished and had been checked and passed by the local authority environmental service. It was modern and clean. The walls and surfaces were smooth and hygienic and of modern materials, with minimal crevices for food, grease or dirt to get trapped. We saw the kitchen at the very start of our inspection and observed it to be clean, fresh smelling and tidy.

Various checks on the safety of the home were carried out at weekly, monthly and yearly intervals by the maintenance person who worked full time on the site. These included fire safety equipment, alarms, profiling beds and other equipment and hot water checks and other temperature checks.

We saw that accidents and other incidents were appropriately recorded. All the emergency fire equipment and alarms had been recently tested and there was signage to follow for fire exits. A contingency plan had been written with the nursing home on the adjacent site. This meant they could support each other should an emergency occur.

We looked at the medication room which was locked at the time of our visit. Medicines were stored appropriately. Controlled drugs were in a secured and locked cupboard within this locked room. There was also a lockable fridge. We saw records for both the fridge and the room that showed that regular temperature checks were completed. This demonstrated that the medicines were stored at the correct temperatures required.

The medication administration record (MAR) for each person, tallied with the amount, type and dose of the medicines in storage. The MAR sheets also recorded any medicines given which were 'over the counter' or 'homely remedies' or 'PRN' (which meant prescribed medicines to be given as necessary). The medicines were reconciled at each staff handover and we saw there were no medication errors. We followed a medication round and observed that people were treated sensitively and with respect and regard to privacy. People's doors were knocked and staff waited for consent before entering. The person was told about the medication due for them, what it was for and asked if they consented to have the medication. Some people were encouraged to take their medication. If they refused to take it further explanation and encouragement was given, but their final choice was respected.

There was only one person at the time of our visit, who required bed rails. We saw that the appropriate risk

Good

Is the service safe?

assessments had been completed with regard to the rails and the bumper pads which were used with them. Other people had risk assessments completed for a variety of areas, such as mobility and falls.

Good

Is the service effective?

Our findings

When we asked relatives about the effectiveness of the service, one relative told us, “The care has been fine” and another said, “We are so happy, we are made up for her”. One relative told us, “Staff all know what they’re doing”. We asked two people if they had enjoyed lunch and they nodded and said, “Yes”.

We observed that staff had the required and appropriate training and skills to provide support for the people living in the home and they told us that they were trained well. They had received training in areas such as moving and handling, safeguarding, mental capacity, medication, equality and diversity and challenging behaviour. We looked at records which showed the staff had received an induction appropriate to their role and that they were regularly supervised at about two monthly intervals and appraised yearly. We saw evidence of ongoing training for staff and the manager told us that training was important to the provider.

The care plans showed evidence that people and their relatives were consulted about their care. We saw that consent for medication support was obtained.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff had been trained in the MCA and DoLS and were able to tell us the basic principles. Applications for all people who were thought to lack capacity had been made to the Local Councils, as a recent court judgement had decided should be done nationally. We saw that these applications had been recorded appropriately.

The exit doors had key pads for security and several people had a DoLS authorisation to restrict certain aspects of their life. We saw one person who had a DoLS which restricted access to the outside, sensitively brought back to their own room after they tried to exit the building.

The building was on one level, with very large individual bedrooms incorporating a sitting area. There were no changes in levels and people moved through the wide inter-connecting corridor with ease. Bathrooms had various aids and adaptations to meet people’s needs and were clean and ordered. The whole building smelt clean and had no mal-odour.

We saw that most of the communal areas and some of the bedrooms had been refurbished and redecorated. It was an on-going process, we were told. The kitchen had already been totally refurbished and there were just some finishing touches to be made to it.

People chose where to sit, when and where to have their meals and what activities they wished to participate in. Those who needed support to eat or drink were assisted gently and without fuss.

We saw that a variety of foods were on offer at every meal and the chef told us that he used fresh ingredients wherever possible. He explained to us the difference between pureed and liquidised and served pureed food as separate food types, on a plate. People were able to change their minds on what they had ordered and all dietary needs, including cultural needs could be accommodated

We saw that the kitchen had been awarded a four star food hygiene rating by the local authority environmental health service in August 2014.

Good

Is the service caring?

Our findings

When we asked people if they were cared for well, one said, “The girls are great”. Another said, “They look after us all well”.

Relatives we spoke with told us the home always kept in touch with them about any issues or concerns. One relative told us, “We can come whenever we like. They keep us in touch”. Another said, “The care has been fine. It’s a friendly, relaxed atmosphere”. A relative told us, “[Name] was in a previous home and it was horrendous. Coming here was absolutely fantastic. [name] decided them self, to stay”. A person living at the home said, “They are lovely, the food is good and I have put on weight since being here”.

Staff told us there was time to be socially interactive with people living in the home and we observed the relaxed environment and staff chatting and engaging with them.

Staff showed skill and knowledge in their support for the people living in Broadway Residential. We saw that people were treated with empathy and that were involved in decisions about their day. At the time of our visit no-one needed end of life care. We discussed this with the registered manager who told us the provider used the ‘six steps’ pathway for people who needed that type of support. All the people in the home had relatives who advocated for them.

We heard conversations about how the forthcoming Halloween was to be celebrated and several people decided they wished to participate in the making of toffee apples for the occasion. The method on how to do this was well explained and there was a lot of humour and laughter in the execution of this activity. Everyone around the table was included in the activity.

Where we saw care and support being given to people, this was done with pleasantness and respect. One person was confused and was seen to try and perform their previous occupation and was gently diverted onto a less dangerous activity. This demonstrated that staff were skilled in supporting people who have dementia and showed that they understood person centred care.

We used the SOFI tool for observing the care and completed these observations during lunch in the dining room. Eleven people were having lunch there on the day we visited. We saw that they were happy with the staff and were chatting and laughing with them. Staff were attentive and supportive where necessary, explaining what the menu was and what was on people’s plate. Where people needed support to eat and drink, this was provided pleasantly and without being rushed. People were asked if they had enough food, by staff and were offered more or an alternative, if the person wanted it.

Confidentiality was maintained in the record keeping and files were kept in a locked office. We saw that when medication was given to people with their food in the dining room, it was done discreetly. People were able to have their doors locked and receive their visitors in the privacy of their own room. We saw that people’s privacy was respected by staff knocking on their doors seeking permission to enter.

Our observations of the care that people received and of the social interactions between staff and the people living in the home demonstrated that staff treated people with dignity and respect.

Good

Is the service responsive?

Our findings

One person told us, “It’s a friendly, relaxed atmosphere. Another said, “They are all friends here and they look after me”. A third said, , “I love the dog coming” and a fourth person told us, “The priest brings me Holy Communion every Saturday”.

We asked people and their relatives if they had any complaints and they said they did not. One person told us, “I have no complaints at all”. One relative said, “They always ask what they want. They can choose what to eat or whether to participate in activities”.

An activity wall board was in the process of being made which showed that people’s interests and previous occupations were represented. One example on the board was a light switch and other electrical equipment, which was directed at a person who had previously been an electrician when they were working. Another example was where one person ‘told staff their fortune’. Staff were seen to be patient and conversational with the person and encouraged them to finish their forecast.

There was an activities co-ordinator employed by the provider who arranged a variety of activities and events to participate in. People told us there was enough to do if they chose.

Every person we saw being supported by staff was treated as an individual with their own needs. People were allocated staff members to be their key workers and this meant that the more individualised aspects of life at Broadway could be promoted and maintained. Key workers had special responsibility for the person they were supporting and would deal with any individual areas of their life with the person being the focal point, such as choosing the right and preferred toiletries, or purchasing clothing. This showed that staff understood the need to provide person centred care and they were given the opportunity to do that. We also saw that the home was a community and that people were able to join in activities with other people and staff.

People’s needs were assessed on admission and then reviewed as necessary, at least every year. Their care plans contained information about their preferences and interests, abilities and risk assessments, medication and social needs. Religious and other cultural needs were noted and provision made to meet those needs. We asked the chef if there were currently any cultural or religious dietary requirements and we were told there were none at the moment. He told us they would be accommodated should the need arise.

People were given choices about how they wished to spend their day and what they would like to have for their meals and where to have them. Their visitors could come and go as they pleased. Their human rights were respected and promoted by these actions.

We saw one person was visited by their relatives who bought a dog with them and we saw this dog was very popular with several of the people living there. The visitors who owned it told us that their relative always wanted to have the dog visit as he reminded her of her life before living at Broadway Residential. We spoke with the registered manager about this and she told us the home welcomed this interaction.

We heard from people, their relatives and staff that often, arrangements were made for people to visit friends and family or to go out for the day to an attraction. People’s room were personalised and all individually furnished. Their own possessions were able to be brought into their rooms and many rooms had photographs and mementos of family and friends.

Where people had to use another service, such as a hospital or a dentist, this was facilitated by the home and recorded in their care plan.

We saw there had been no formal complaints at all in the last year. The home had a complaints policy which was available and people and their relatives told us they knew about it.

Good

Is the service well-led?

Our findings

The home has had the same registered manager for several years. She was supported by an operational care manager who covered all the provider's locations and the provider himself had the head office of the company in a first floor area of one end of the building. There was an open culture between the management of the home and the staff and we saw good interaction between the provider, managers and the home's care and ancillary staff, during our visit. Staff spoke well of the registered manager and we saw there was confidence in the leadership of the home. One staff member told us, "She's great and we are all like one big family here".

We had, prior to our visit, asked the local authority and the Liverpool 'Healthwatch' organisation, if they had any comments, concerns or observations about Broadway Residential and neither organisation told us of any concerns.

Providers have a duty to report certain events to us and we saw there had been only one routine notification to us in the last year.

The provider employed a care manager who worked across their homes to ensure that the care and support provided to people was of a high and consistent quality.

We read in the files, that communication with other professionals was appropriate and cordial. There was evidence of co-operative and joint working with health care professionals. We saw that letters in care files between the home and the professionals reflected this. People's situations were also discussed with their relatives if the person was not able to voice their opinion.

Surveys had been sent to relatives and the people living at the home and we noted the information gathered from these was used to improve the service. The home had been redecorated and more activities provided as a result of comments.

The home had policies and procedures relating to things such as complaints, safeguarding, moving and handling and whistleblowing. Staff were required to read policies and procedures and sign that they had done so, and we saw the file which contained the evidence that this had been done. This meant that staff were up to date with the home's procedures.

There were residents, relatives and staff noticeboards at strategic places in the home, giving contact numbers for safeguarding and other emergency information, and to inform people of the home's activities and plans. The home arranged residents and relatives meetings every few months.

The home had an auditing policy to ensure that checks were made and that any issues found were corrected. We saw that the last complete comprehensive audit had been in August 2014. This had been satisfactory. Other audits were carried out at weekly, monthly and bi monthly intervals.

We saw that an action plan was written which identified any concerns found or raised, which recorded who was responsible for completing the action and by what date it had to be done.