Longwood Lodge Care Limited

Broom Lane Care Home

Inspection report

Broom Lane
Rotherham
South Yorkshire
S60 3NW

Tel: 01709541333

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24 May 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced, and took place on 24 May 2016. The previous inspection had taken place on 2 and 3 December 2015 and a number of breaches were identified. We identified breaches of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 (consent); Regulation 12 (safe care and treatment); Regulation 13 (protection from abuse); Regulation 17 (governance) and Regulation 18 (staffing).We judged the overall rating of the service to be Inadequate. In response to this we took enforcement action against the provider and the registered manager. We also placed the service into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Broom Lane Care Home is a 61 bed nursing home, providing care to older adults with a range of support and care needs. At the time of the inspection there were 47 people using the service.

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 registered manager had recently left their post. A new manager had been recruited who was commencing the procedures to become registered with CQC. 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.

We found that people's risk assessments did not always cover all areas where they were vulnerable to risk. The care plans we checked required further detail in order to effectively support good care.

Staff had received updated training in moving and handling, and our observations showed that they carried out these procedures in a safe manner.

Medicines were not always effectively managed. We found that stocks did not always accord with records, and records were not always accurate in relation to medicines administered.

Staff interacted with people warmly and with respect. People's privacy and dignity was upheld when staff were carrying out care tasks. There was a comprehensive plan of activities at the home, including a large amount of involvement in the local community.

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, and records supported this. People gave us positive feedback about the food. Changes had recently been implemented which gave people more variety and meals that were more in accordance with their personal preferences.

Improvements had been made in the way that quality audits were carried out, but this had not yet been embedded into practice. The manager had commenced a programme of staff supervision and appraisal, but again this was only just beginning and therefore its effectiveness couldn't be judged.

We found that. overall, the provider had made significant improvements at the home, although there were further improvements to be made. Because of this, we have removed the home from our special measures arrangements. We will continue to monitor the home to ensure that further improvements are made and sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

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

Staff had received updated training in moving and handling, and our observations showed that they carried out these procedures in a safe manner.

Improvements were required in the way medicines were managed, as stock control was ineffective, and records were not always accurate.

Is the service effective?

Good

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, and records supported this.

People gave us positive feedback about the food. Changes had recently been implemented which gave people more variety and meals that were more in accordance with their personal preferences.

Is the service caring?

Requires Improvement

The service was caring, although care plans required improvement to ensure that good care was supported effectively.

Staff interacted with people warmly and with respect. People's privacy and dignity was upheld when staff were carrying out care tasks.

Is the service responsive?

Requires Improvement

The service was responsive, but care plans required improvement to ensure they were sufficiently detailed to identify people's needs.

There was a comprehensive plan of activities at the home,

including a large amount of involvement in the local community.

Is the service well-led?

Requires Improvement

The service was not always well led. Improvements had been made in the way that quality audits were carried out, but this had not yet been embedded into practice.

The manager had commenced a programme of staff supervision and appraisal, but again this was only just beginning and therefore its effectiveness couldn't be judged.

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 24 May 2016. The inspection was carried out by two adult social care inspectors.

During the inspection we spoke with staff, the home's manager, and directors of the company. We spoke with four people who were using the service at the time of the inspection. 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 of quality and monitoring audits.

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.

Prior to the inspection, we 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.

Requires Improvement

Is the service safe?

Our findings

We spoke with three people who were using the service about whether they felt safe at the home. They all told us they did. One said: "Of course we're safe, the staff keep us safe and the building is secure. There was a power cut this morning so they [day staff] came in early to make sure we were all right. They do things like that, they are always making sure we're ok."

During the inspection we carried out observations of people receiving care to assess whether there were staff in sufficient numbers to meet people's needs. We saw that whenever people needed assistance staff were on hand to attend, and dealt with people's needs and wishes promptly. We asked people using the service whether there were enough staff and they told us that there had been recent improvements. One person said: "They work hard, but there's always someone if you need them, that's got better." They told us there was support to get up at whatever time they wanted each morning, and that when they used the call bells in their rooms staff attended quickly.

We checked whether staff had received training in moving and handling, to ensure whether they knew how to support people to mobilise safely. The provider's training matrix showed that all staff had received moving and handling training, and most had received it within the preceding six months. At the previous inspection the manager told us that staff received this training annually. We observed staff undertaking moving and handling tasks, supporting people to transfer from one chair to another using hoists or other moving and handling equipment. Staff did this in a competent way, ensuring that they prepared the area first to ensure that people could transfer quickly, and gave people reassurance throughout the task.

Staff had received training in the safeguarding of vulnerable adults, and staff we spoke with had a good knowledge in relation to safeguarding procedures. We checked records we held about safeguarding notifications made by the provider, and found that the provider had made appropriate notifications where abuse had occurred or was suspected.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Staff we spoke with told us they had undergone Disclosure and Barring Service (DBS) checks before they commenced 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 a sample of three staff members' personnel files, and found that all appropriate pre-employment checks had been undertaken.

We checked eleven 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 found that appropriate risk assessments had not always been undertaken, putting people at risk of harm from unsafe or incorrect care. For example, two people's care plans indicated that they had bed rails on their bed when sleeping. Bed rails can present a risk of entrapment if not carefully managed. In both care plans there was no risk assessment in place in relation to this. Another person had a risk assessment which said that they were underweight,

and should be weighed weekly, however, their weight records indicated that this had not happened. This meant that the arrangements for identifying and managing risk were not adequate.

We checked medication in both units of the home. We found that medicines were securely stored, and checks of the temperatures of both the storage rooms and medication fridges were carried out daily. There were appropriate storage arrangements for controlled drugs, which met legal requirements. We checked stocks of medicines and found that, while controlled drugs stocks were correct, other medication had stocks that did not accord with records. This was medication to be taken on an "as required" basis.

Medication Administration Records (MARs) were not always completed correctly. We noted that some medication appeared to have been administered but not signed for. Where people were prescribed medicines with variable doses, staff had not always recorded the amount administered, which meant there was no accurate record of the medicine people had received.

We looked at records for where people were prescribed medicines to be taken on an "as required" basis. Each person had a record in relation to this, but it was not personalised. There was theoretical information about what a medicine was used for but did not explain, for example, how staff will know that someone with dementia is in pain. One person was prescribed sachets for constipation and also enemas for constipation. The protocols for this person did not indicate to staff when it is appropriate to use the sachets and when they should give an enema.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Good

Is the service effective?

Our findings

We asked three people using the service about the food available in the home. They told us that there had been recent improvements with the appointment of a new chef. One person told us that the new chef had met with them to ask about their food preferences, and that more variation and flexibility in relation to meals was now available. We spoke with the chef who told us about how they involved people in meal planning, and that they had planned forthcoming themed food days and events. The home had achieved an accreditation from a national vegetarian organisation, and had been awarded five stars from environmental health.

We checked eleven people's care records to look at information about their dietary needs and food preferences. The files we checked contained details of people's nutritional needs and preferences. The care plans contained monitoring tools which checked whether people were at risk of malnutrition or dehydration, and these had been appropriately completed.

When we inspected the home in December 2015, we found few staff had undertaken training regarding mental capacity or consent. The training records we checked at this inspection showed that all relevant staff had now received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training within the preceding 12 months. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

CQC records showed that the provider had made DoLS applications where required, and completed the appropriate notifications to alert CQC to these applications, as required by law

The provider had established a new system for recording whether people had given consent to their care. There were detailed records showing that people had made informed decisions and given consent to their care and treatment. Where people lacked the capacity to give consent, the provider had arranged best interest meetings, involving all relevant people, to reach decisions about how people should be cared for. This was in accordance with the requirements of the MCA

We observed staff communication and saw that it contributed to meeting people's needs. Staff communicated effectively with each other, so that they understood how to meet people's needs and what care tasks required undertaking. The home's new manager had introduced a system of weekly memo's to all staff, which updated them on issues around the running of the home, staffing changes and new procedures being introduced, which enabled them to carry out their duties better as they were better informed.

Requires Improvement

Is the service caring?

Our findings

A relative of someone using the service contacted CQC following the last inspection to praise the service their relative received. They told us that they visited the home regularly and always observed a good standard of care. We spoke with people using the service and asked them about their experience of receiving care at the home. They all praised the staff. One person said: "They work long hours but they are all good. We have a laugh together." Another person told us: "They are all really good, they are nice people."

We observed staff interacting with people using the service. We saw that they spoke with people in a patient and caring manner. People were treated respectfully and considerately. When people needed to make a choice, for example, about whre to sit, staff gave them time to make a decision, and ensured that they acted in accordance with it. Staff we spoke with had a good knowledge of people's personal preferences and needs. One staff member told us that, following the last inspection, all staff had undertaken a great degree of training, some of it in relation to dignity, respect and working in a person centred manner. The staff member we spoke with about this described the training as "outstanding" and said it had contributed in a major way to the way they cared for people and carried out their role. Another staff member said: "We love the service users, and we want the best for them. I think we can do that now." Our observations of staff upheld this.

People we saw were well groomed and many were wearing jewellery and other accessories. This indicated that staff had taken time with people when helping them to get ready for the day, ensuring their personal preferences were reflected in the way they dressed and the choices they made.

People's care plans contained some information about their personal preferences, however, this was very limited and at times care plans were not personalised. The care plans were predominantly in electronic format, giving staff the option to "cut and paste" entries. We saw examples where this appeared to have happened, for example, one woman's care plan referred to her as "they" in several places, rather than "she." Additionally, entries were very limited in parts, meaning it was not possible to determine what care people had received or how it had been delivered. We discussed this with the company's directors on the day of the inspection. They assured us they were aware of this issue and were putting steps in place to address it

Requires Improvement

Is the service responsive?

Our findings

There was a dedicated activities co-ordinator at the home, who was knowledgeable about people's preferences and the type of activities they enjoyed. This staff member, however, had made a decision to return to care work. In response the provider told us they were in the process of recruiting two new activities co-ordinators, which would allow for one for each unit within the home, enhancing the activities opportunities available. During the day we saw various activities taking place, and this was undertaken in a fun and enthusiastic manner. People using the service told us they enjoyed what was on offer, one told us about regular parties that had taken place and were planned for the future. Another said: "She [the activities co-ordinator] does my nails, it's lovely having that done."

We checked care records belonging to eleven people who were using the service at the time of the inspection. We found that people's care plans contained minimal information, meaning it was not always possible to assess whether their needs were being appropriately met. For example, one person's care notes stated that they "had a fair diet." This person was at risk of malnutrition and therefore more details should be recorded about their diet. Another person's records showed that they were vulnerable to tissue injury. Their night time care plan stated that they should be turned "every two to four hours." This was not precise enough to ensure the person was cared for properly. One person's care plan described them as "unsteady on their feet" but there was no care plan in place in relation to how to provide mobility support.

We looked at whether the home was responding to people's changing needs. We found that, in the care plans we checked, whenever a person needed external healthcare input, it was sought quickly. This meant that people had access to specialist advice and information was available to staff about how to meet people's needs.

There was information about how to make complaints available in the communal area of the home. We asked some of the people using the service whether they knew how to make complaints. They told us they would feel confident to complain. They said that they would complain to the manager, or, if needed, to the company's directors.

Requires Improvement

Is the service well-led?

Our findings

Following the inspection of December 2015, the home's registered manager resigned from their post. A new manager had been appointed and they had been in post for two weeks at the time of this inspection. Staff we spoke with told us they found the new manager to be approachable and supportive. There was a whistleblowing policy in place to support staff who had any concerns, and this was available to all staff in the home.

The provider devised an action plan in response to the last inspection. This set out what was required to be done to address the concerns and breaches identified in December 2015. The directors had kept this under review, and updated it as each action was completed. We looked at the most recent copy of this action plan and showed that actions completed included staff training in relation to moving and handling, the Mental Capacity Act and dignity and respect. Our observations corroborated that staff had a much better understanding in these areas.

We looked at the arrangements in place for providing staff with formal supervision and appraisal. The manager told us they were in the process of commencing a new programme of supervision and appraisal. This had begun and was enabling the manager to get to know the staff team. At the time of the inspection, 18 staff had received an appraisal and 13 had received formal supervision.

The manager had implemented a system of weekly newsletters to staff, which provided them with updates about the way the home was managed, changes to practice and procedures and information about staffing. We saw this on display throughout the home in staff areas, meaning that staff had good information about the home's leadership.

The manager told us that new audits were being introduced, which would enable them to gain an overview of the service and address any areas of shortfall as well as drive up quality. We checked the audits that had been completed so far. We found that audits focussed on people's wellbeing and physical health, and actions, such as referral to external services or the implementation of different ways of supporting people, were taken where required.

There was an audit of medicines which was carried out every week, and another one which was carried out by a senior manager every month. However, we identified shortfalls in the way that medicines were managed which the audits had failed to identify.

We saw that there was also an audit form for care plans, however, the programme of auditing care plans had not yet commenced. When we looked at care plans we found that some contained errors, or lacked relevant information. An effective audit of these plans should have identified and addressed these shortfalls. We discussed this with the manager and the company's directors on the day of the inspection. They told us that they understood the requirement to audit these records, and this was part of their on going improvement programme, but the work had not yet been completed.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have appropriate arrangements in place to ensure that people's medicines were managed safely. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have suitable systems in place to assess and monitor the quality of the services provided. Regulation 17(2)(a)