

Action for Care Limited

Broom Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was meeting some of these underpinning principles.

About the service

Broom Lodge is a care home which can provide personal care for up to six people with learning disabilities or autistic people. At the time of this inspection there were four people living at the service.

People's experience of using this service and what we found

Staff aimed to support people to have maximum choice and control of their lives. Staff were not always able to support people in the least restrictive way possible. Mental capacity assessments were not always decision specific and lacked detail about how a person's capacity had been assessed.

The provider has put a quality assurance system in place. The area manager and registered manager completed regular audits of the service and when they identified issues put action plans in place. We found the governance arrangements did not always identify gaps in practice.

Not all staff working at the service had completed or updated their mandatory training. People's care and support plans sometimes contained conflicting information and following feedback the registered manager made improvements to their record keeping regarding visits from healthcare professionals.

Information about risks to people sometimes lacked detail and people's care records were not routinely provided in an accessible format.

The registered manager used a dependency tool to calculate the number of staff needed and there were enough staff on duty to support people. Staff supported people to pick their meals and made sure they had enough to eat. Staff provided opportunities for people to engage in meaningful activity and access the community. Medication storage, handling and administration were generally effective.

We observed staff deliver care and support in a kind and compassionate manner. Staff were dedicated and committed to providing an effective service. Relatives found staff were fantastic and created a warm and friendly environment.

Staff adhered to COVID-19 guidance on working in a care setting.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2021 and this is the first inspection.

Why we inspected

In September 2021 we completed a direct monitoring activity, which involved gathering feedback from staff, relatives and people who use the service as well as looking at a wide range of documents. This identified some areas of practice, which were potentially of concern and this triggered the inspection. These were particularly around supporting people to manage their emotions and consistency of care.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Broom Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors completed the inspection.

Service and service type

Broom Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Prior to the inspection, during the direct monitoring activity we contacted two relatives, seven staff and

reviewed feedback people who used the service had given the registered manager.

During the inspection we observed the care and support offered to three people who used the service. We spoke with the area manager, the registered manager, a senior carer, and three support workers. We reviewed a range of records. This included four people's care records, medicine records and a variety of records relating to the management of the service, including staff recruitment, governance arrangements, policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Guidance provided to staff about how to support people who posed a risk to themselves or others did not always include alternatives to the use of physical restraint.
- Guidance provided to staff in people's care and support plans differed from the training they had been provided in the use of physical restraint.
- The provider had failed to thoroughly assess known risks to people and provide guidance to mitigate these risks. For example, an epilepsy support plan lacked guidance for staff about how to manage the person's specific epilepsy syndrome.
- Guidance for the safe use of oxygen was not provided to staff alongside a risk assessment for its use. The oxygen protocol did not include information about the safe storage of oxygen or how-to replacement oxygen. It did not include any guidance for calibrating the oximeter.
- The provider had failed to properly investigate three incidents whereby a person had nearly fallen on the stairs, despite it being recorded they found it difficult to use the handrails. We found no information in the person's care records, audits, incident monitoring or lessons learned, to show what action had been taken to reduce the risk of the person falling. This put the person at continued risk of falling.

Robust systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They updated people's care plans regarding the use of restrictive interventions and reviewed their record keeping regarding risk assessments.

Using medicines safely

- People's medicines records were not always complete. For example, one person's medicines records contained out of date information.
- The registered manager made improvements to their medicines administration records (MAR) following feedback that these did not specify the different medicines administered.
- The registered manager consulted the prescriber when developing guidance for staff about when to administer 'when required' medicines.

Systems and processes to safeguard people from the risk of abuse;

- Staff had received safeguarding training and understood what constituted abuse.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider regularly reviewed dependency levels. A relative said, "They staff are very helpful and always at hand."
- The provider operated systems that ensured suitable staff were recruited safely.

Preventing and controlling infection

- Staff adhered to COVID-19 regulations and procedures. personal protective equipment was available throughout the home.
- Checks were in place at the entrance and visitors were being tested.
- Current guidance around visiting was being followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff working at the service had completed mandatory training, including assessing risks, health and safety, moving and handling and positive behaviour support. Broom Lodge was a newly registered service and some staff had yet to receive training.
- Six staff had not received conditions specific learning disability and autism training. The remaining staff had received awareness training, which provided a basic grounding in working with people who experienced these conditions. The area manager said other courses were available but no evidence was provided to show staff had completed any other form of training in this area.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

- Mental capacity assessments were not always carried out in line with MCA. They were not always decision specific and lacked detail about how a person's capacity had been assessed.
- Staff had completed training in MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People's care and support plans sometimes contained conflicting information about the care and support they needed.
- Staff sought advice from healthcare professionals and the registered manager made improvements to their record keeping regarding this following feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to choose what they wanted to eat and provided healthy options. They monitored people's weights to ensure they had enough to eat.
- Staff followed guidance to provide people with healthy options.

Adapting service, design, decoration to meet people's needs.

- People's rooms and communal areas were adapted to their needs and preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been as rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People had not been consulted with about who moved into the home, in line with the principles of 'Right support, right care, right culture.'

We recommend the provider reviews their systems and processes for embedding the principles of 'Right support, right care, right culture.' And update their practices accordingly.

- People had variable verbal communicative skills and some people used Makaton, a Picture Exchange Communication System (PECS), or their own signs. The registered manager told us staff have received individualised training around the signs the person's used. There were no records to show this training had occurred.
- The registered manager made improvements to the guidance provided to staff regarding the use of PECS following feedback.
- Staff supported people to plan menus for the week, select what activities they want to do take part in and asked their views on the wider running of the service. Staff asked relatives for their views about how best to support people and included them in discussions about the care being provided.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were kind and compassionate. Relatives told us staff created a warm and friendly environment.
- The registered manager discussed how the latest person to move in had previously never had the opportunity to make choices about any aspect of their care, as this was done for them. Staff were working with the person to assist them to increase the range of choices they made.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records were not written in an accessible manner. There were no descriptions, explanations or pictures of signs people used, which impacted staff's ability to produce accessible documents.
- Some people's care plans lacked guidance for staff about how best to communicate.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were enthusiastic about providing people with the opportunity to engage in meaningful activities.
- People were supported to access the community with staff and relatives.
- One person loved listening to music and staff were very engaged with them as they listened to the tracks they enjoyed. Often staff joined in and everyone sang along.
- One person was an accomplished DJ and had held a disco in the home. One staff member worked as a DJ and brought in new equipment for the person to use and showed them how to enhance their skills.

Improving care quality in response to complaints or concerns

- The registered manager understood how to investigate and resolve concerns.
- Relatives felt the registered manager would listen and act on complaints. Relatives told us they had no concerns. One relative said, "Staff do an absolute fantastic job and we have seen such a positive difference since they have been here."

End of life care and support

- At the time of the inspection no one was receiving end of life care, but the provider had systems in place to support staff to manage these situations.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The government arrangements in place were not always effective and did not pick up on the issues we found during the inspection.
- Audits had not identified gaps in some of the information contained in people's care records, medicines records, staff training and adherence to the accessible information standard.
- Gaps in auditing had impacted on opportunities for learning and improving the service.

The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They began making changes to their systems and processes for managing the service.'

- Reports had been sent to alert the CQC and local authorities when incidents occurred.
- The registered manager and area manager were receptive to our feedback and began making improvements in the areas identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some improvements were required to ensure adherence to the principles of 'Right support, right care, right culture' and that people would be consulted with about who moved into the home.
- Relatives found the staff involved them in discussions about people's support needs and their views were taken on board. They felt staff treated people as individuals and were supporting individuals "to reach their full potential. A relative said, "[Person's name] has really flourished since moving to Broom Lodge."
- Staff treated each person as an individual and made sure their diverse needs were met.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies.
- Staff worked in partnership with healthcare professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage the risks relating to the health, safety and welfare of people.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. They failed to ensure staff maintained accurate, complete and contemporaneous records.</p> <p>Regulation 17(1)</p>