

Flightcare Limited

Broadway Nursing

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

We carried out this unannounced inspection on the 16 July 2014. The previous inspection was on the 17 December 2013. There were no breaches of legal requirements identified at the last inspection.

Broadway Nursing is a nursing and residential care home that provides accommodation, nursing care and support for up to 43 adults some of whom have complex needs. At the time of this inspection there were 43 people using the service. The service is situated in the Clubmoor area of Liverpool and was close to shops, pubs and other places of local interest.

During the inspection, we spoke with three people living at the service, five relatives of people who were using the service, five care staff, one nurse and the registered manager.

Summary of findings

People living at Broadway Nursing were receiving good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. Restrictions were minimised where possible. People we spoke with were positive about the service they received. People told us they felt safe and included in decisions about their care.

We found staff were caring and treated people with dignity and respect. People had access to the local

community and were supported to go out and pursue individual interests such as going out to attend church, going on days out to various places of interest, going out to lunch or day centres.

The culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was consistent and the registered manager was readily accessible for staff, people using the service and their families. We found the registered manager took steps to ensure the service learnt from mistakes, incidents and complaints.

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?

People living at Broadway Nursing were safe because they were protected from bullying, harassment, avoidable harm and potential abuse. Staff understood what abuse was and had told us they were confident they would be supported by management to take steps to appropriately report any incidents of potential abuse appropriately. Where people experienced behaviour that challenged the service, we saw plans were in place to allow staff to manage this safely.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had ensured capacity assessments were undertaken when required. Staff working within the service were due to attend updated training in this area and in discussion with us showed a clear understanding of the legislation. Risk assessments were in place within the service and restrictions were minimised. However, the restrictions in place for three people who used the service had been identified as requiring consideration under the Deprivation of Liberty Safeguards [DoLS] and this had been requested from the local authority in line with best practice guidelines. CQC had been notified as required.

There were sufficient staff members on duty to meet people's personal care needs and keep people safe. Records relating to staffing confirmed that there were enough staff members available at night to safely evacuate people in the event of an emergency in line with the emergency plans in place at the time of the inspection. Staff files we reviewed confirmed that robust recruitment checks were in place to ensure staff were suitable to work with vulnerable adults.

Good



Is the service effective?

People's care needs were assessed when they came into Broadway Nursing. We found people's care records were personalised and provided clear guidance on how their care needs should be met. We saw records which confirmed that people who used the service had been supported to take part in their care planning.

Records confirmed that where people did not have the capacity to consent the service worked closely with either family members or social workers in planning their care. People were supported to access healthcare from a range of professionals.

Staff members had access to a comprehensive induction programme when they started work at Broadway Nursing. Staff received good support through supervision and all members of staff had received their yearly appraisal. Mandatory training levels were high, this assured us that staff had the skills required to meet people's needs.

Good



Is the service caring?

From our observations, we found staff were caring and treated people with dignity and respect. This was supported by the three people we spoke with who used the service and relatives visiting the service during our inspection.

Some of the people living at the service could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. Staff had a good knowledge of people's care needs and preferences and tried different approaches to establish what people liked and didn't like.

Good



Summary of findings

The provider sought the opinions of people who used the service and their families to ensure they were involved in decisions about the relatives care.

Is the service responsive?

We found people received personalised care that was responsive to their needs. People were supported to access the community, such as going to their place of worship, going out for lunch or going on day trips to places of interest.

Some of the people living at the service could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care.

Relatives we spoke with confirmed they were involved with the planning of their family members care. Relatives told us that they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making.

Is the service well-led?

From our observations and speaking with people who used the service, staff and relatives of people using the service we found that the culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was strong and consistent.

The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

A process was in place for managing accidents and incidents. The registered manager reviewed all accidents and incidents in order to look for any emerging themes or patterns. We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints. People who used the service and the relatives we spoke to confirmed that they had been given information on how to make a complaint.

Good



Broadway Nursing

Detailed findings

Background to this inspection

The inspection was carried out as part of the second testing phase of the new inspection process we are introducing for adult social care services. The inspection was carried out by a Care Quality Commission Inspector of adult social care services.

Broadway Nursing provides accommodation, treatment and support to people with complex care needs. Due to their care needs, some of the people living at the service were unable to tell us about their views and experiences. However we were able to speak with three people who used the service. We also spoke with five relatives who visited the service during our inspection.

We spent time observing how people were supported by the staff and made use of the Short Observations

Framework for Inspection (SOFI) tool. This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them. It helps us to understand the experience of people who cannot talk to us.

We spoke with the registered manager and members of the nursing and care staff who were on duty during our inspection.

Prior to the inspection we contacted a range of professionals who regularly work with people who use the service. These included GPs, social workers, community nurses and independent advocates. During the inspection we viewed a range of records including: the care records of 10 people currently living at Broadway Nursing; four staff files; and the home's policies and procedures.

Is the service safe?

Our findings

Many of the people living at Broadway Nursing at the time of the inspection had complex needs. We found that many of the people who used the service could not verbally express their experiences of living at the service. As such we could not ask them questions directly such as whether they felt safe, or if they were involved in making decisions about any risks they may take.

We were able to speak with close relatives of five people who used the service during our inspection. We found people's relatives had been involved in discussions about any risks and the care and support in place relating to those risks. From our observations, staff were taking steps to ensure people living at the service were safe.

The home had a corporate safeguarding policy in place, which had last been updated in February 2014. This stated that the policy should be used in line with local authority safeguarding policies and procedures. A flow chart about how to make a safeguarding alert was displayed on a noticeboard in a communal area of the home and as such was accessible to people who used the service and their relatives as well as staff. We spoke with three care workers about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us that they would report any incident to the person in charge. Staff we spoke with were able to describe how they would ensure that the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Over the last year the registered manager had raised two safeguarding alerts with the local authority and notified the Care Quality Commission. The registered manager was able to provide an appropriately detailed overview of what action she would take in the event of an allegation of abuse. This included informing relevant authorities such as the local authority safeguarding team and the police if appropriate. This assured us that steps were taken to keep people safe and protect them from abuse and avoidable harm.

In addition, we found staff had appropriately identified and recorded incidents and accidents that had taken place in the service. Records we reviewed detailed actions that had

been taken to minimise further incidents and accidents within the service. For example we saw records which confirmed that one person who used the service had undergone a change in their behaviour. This had led to an altercation with two other people who used the service over a period of three days. The registered manager had reviewed the documentation relating to these incidents and had taken action to ensure the risk of a further incident was minimised. The actions taken in this case had been a request for a review of the individual by the Community Psychiatric Nurse and tests requested from the person's GP to ensure there was no underlying physical cause for the behaviours. In addition to this we saw records which confirmed that the families of all three service users had been informed of the incidents in a timely manner.

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated a good understanding of the Act. In discussion with us staff were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests. A mental capacity assessment had been conducted for each person and these were kept within people's individual care records. We reviewed records relating to a Deprivation of Liberty Safeguards authorisation [DoLS] which was in place for one person currently using the service. We found that the registered manager had made the Deprivation of Liberty application in line with Liverpool City Council guidelines. The manager gave us a detailed overview of the DoLS application in relation to the person concerned. The registered manager had also informed the Care Quality Commission of the DoLS authorisation.

The staff we spoke with were aware of the Mental Capacity Act (2005). Staff explained how they encouraged people's active participation in decision making. This included the steps they took to present information in way that ensured people understood the issue and could then make an informed choice.

Is the service safe?

The registered manager showed us the staff rota in use at the time of the inspection and explained how many members of staff were required each day to ensure there were enough staff to meet the needs of the people who used the service.

From our observations of the care delivered, there were sufficient staff members on duty to fully support and keep the people who used the service safe, as well as meeting their personal care needs during the day. Throughout our inspection we observed staff interacting with people who used the service in a positive respectful way. For example we saw staff promoting independence by encouraging people to do things such as walking and choosing their own pieces of jewellery to wear themselves, when they were able to. The manager told us they considered skill mix and experience and always ensured there were permanent members of staff on shift.

During our discussions with the manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We found that there were enough members of staff present to follow the emergency plans in place.

We looked at the recruitment records of staff. Appropriate checks were undertaken before the staff members began work. We found a completed application form and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). Records we reviewed confirmed that proof of identity had been recorded and references received, prior to people starting work at the service.

As part of our inspection process, prior to our inspection visit we contacted six health care professionals who visited Broadway Nursing frequently. These included social workers, a GP practice and an Independent Mental Health Advocate (IMCA). The professionals we contacted told us that they were very satisfied with how the service managed individual risk and how people who used the service were treated. One professional commented “It’s a nice friendly place and the staff are always helpful and smiling when I go in.”

Is the service effective?

Our findings

People's assessed needs were clearly reflected within their care records. We found people's care records were personalised and provided clear guidance on how their care needs should be met. People's support plans included information about their personal preferences. Within the care records we reviewed we found the information to be well laid out, consistent and easily accessible to staff.

We found that staff were consistently following people's individual care plans. For example one person's care plan noted they required extra support in relation to their diet and the consistency of their food. We then asked staff to tell us how this information was relayed to the staff in the kitchen. We were shown records which confirmed that the kitchen staff had been informed of the person's changing dietary requirements. We also noted that the information regarding this person's dietary needs was clearly displayed in the kitchen, to ensure that all staff had access to the information.

Where a health concern had been identified we saw documented evidence that the service had acted promptly to request the attendance of the GP or district nursing service. Staff told us how they would respond in a medical emergency. This included providing necessary first aid, calling the emergency services and providing reassurance.

People that used the service told us that they felt the staff always looked after them well. One person who used the service told us; "I've only got to say I don't feel right and the nurses will be in making sure I am ok."

We saw examples of staff promoting independence by encouraging people to try and walk, cut their own food and choose where they would like to spend time during the day. In discussion with us, staff acknowledged that at times people struggled with motivation. They explained the difficult balance between respecting personal choice whilst trying to encourage and motivate people to remain as independent as possible.

Each new member of staff was subject to a probationary period of employment. This concluded with a meeting to determine whether the staff member was suitable to receive a permanent role. This assured us that steps were taken to ensure the people employed by the service were fit, and had the appropriate skills and values to undertake their roles within the ethos of Broadway Nursing.

We found staff received good support through supervision. All staff had received their yearly appraisal. We found there were no gaps in people's mandatory training. We noted that the manager had put in place clear plans to address mandatory training requirements in areas such as safeguarding and first aid, as they came up for renewal. Staff we spoke with confirmed that they had access to further training as required.

Is the service caring?

Our findings

We observed staff providing support and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. Staff interacted in a warm and friendly manner. They had a good understanding of the personal histories of people who used the service and used this knowledge to promote engagement in conversations and provide personalised support.

We observed that when staff spoke to people used the service they made good eye contact and would use touch to provide reassurance where appropriate. Three people who used the service and relatives we spoke with told us staff were caring and respectful towards them. Comments included: "All the staff are always really nice, nothing is too much trouble for them" and "The staff are great, we get along with them all." The staff we spoke with demonstrated a good understanding of how to ensure that people were treated with dignity and respect.

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. We found the care plans we reviewed to be comprehensive, covering areas of risk, health, people's personal preferences and personal history. Within each of the files we looked at we noted a pre admission assessment had been undertaken by the registered

manager to ensure that the service was able to meet the needs of each individual before they moved into Broadway Nursing. This included for example; family composition, where they used to live, hobbies/interests and previous employment. This assessment also gathered detailed information about individual care needs, including current and past medical history and the individualised support required by the individual. This promoted staff awareness of people's individual needs, preferences and diversity. The relatives we spoke with felt that the staff had a good understanding of people's needs.

People we spoke to who used the service, told us they felt the care was very good.

When people who used the service described their support they used words such as 'lovely' and 'very good'.

We received very positive comments from relatives about staff and the care that people received. One person commented; "They are all brilliant, I have no worries at all about the care my relative receives. Another person we spoke with said; "The girls are great, really great, I couldn't wish for better care for my [relative]."

During our inspection we noted that staff supported people either in their bedrooms, the main lounge or a dining room. We saw that staff approached people in a courteous, friendly manner and asked if they could assist them. Staff were calm and encouraging with those residents who needed assistance in relation their personal care but accepted people's decision when they felt that they did not require assistance.

Is the service responsive?

Our findings

Some of the people who used the service could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions regarding their day to day care. Relatives and professionals we spoke with, all confirmed that they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making. One relative said, "They really try to find out what [relative] likes and how he like things done. I can't fault them at all."

The manager told us that three of the people currently using the service had an advocate. We noted that information about advocacy services was available if needed. The manager explained that most of the people who used the service had active family involvement in their care. Relative's we spoke with told us that they felt part of the [relatives] care and confirmed that they had been included in the care planning process.

Broadway Nursing used the organisation's complaints policy. The manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, this showed that the manager had responded in a timely way and to the satisfaction of the complainant.

All of the five relatives we spoke with were extremely positive about the care provided by staff at Broadway Nursing and told us if they had any significant concerns they would be happy to raise these with the manager or staff. Two people we spoke with were able to describe an occasion where they had brought something to the manager's attention and told us that this had been acted upon. One person commented; "You only have to say if you're worried about something, and they all do their very best to help." Another relative we spoke with commented; "When we go away each day I am relaxed knowing he is well looked after and happy."

People were supported to maintain their interests we noted that many had TVs and books within their rooms. People who lived at the home told us they could join in a range of activities if they wanted. The daily activities included group events such as games and gardening. Staff within the home were familiar with each person's preferences, including who they liked to sit next to during activities. Staff we spoke with told us how they spent one-to-one time chatting with people who were being nursed in bed and with people who chose not to join in social events.

We found that people received personalised care that was responsive to their needs. In the care files we reviewed we noted that care had been reassessed regularly to ensure that individual changes in people's physical and mental needs were identified and addressed.

Is the service well-led?

Our findings

From our observations and speaking with staff, relatives of people using the service and three people who currently live at Broadway Nursing, we found that the culture within the service was person centred and open. Through listening to people's views we were able to establish that the leadership within the service was clear consistent and accessible. In discussion with us the registered manager placed a clear focus on continuity of staffing, the delivery of supervisions and support to staff that incorporated the values expected by the provider.

We spoke with the registered manager about any improvements that were planned for the service. The manager told us that a programme of redecoration was currently being undertaken. This was in order to make the service more user friendly and homely, we noted that bathrooms were also being updated and improved. This was confirmed by documentation we reviewed relating to the management of the service.

The provider had an audit system in place to carry out regular audits at the service. This system meant that a compliance manager came into Broadway Nursing to assess the quality of the service. The registered manager was able to show us records which confirmed that these audits were then used to make improvements to the service. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. We saw the compliance manager checked that any actions had

been completed at the next visit. This assured us that the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

Broadway Nursing had a whistleblowing policy, which was available to all staff in both digital and paper formats. The nursing and care staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had.

The registered manager told us that she had an 'open door' policy to ensure that people could come to her at any time if they had any concerns. This was confirmed by the people who used the service and the visiting relatives we spoke with.

One person whose relative used the service commented; "I am here every day, if I wanted to speak to the manager every day I know I could, she has always been very approachable and seems to do the best she can for all the residents."

Feedback on the quality of the service in the form of a customer satisfaction survey was undertaken annually by the provider. We reviewed the completed questionnaires. The respondents included people living at the service and their relatives. Overall, the feedback was positive. Comments included, "I am very satisfied with the care Mum receives." Another person commented "I couldn't ask for more." We saw documents which confirmed that meetings to seek the views of people living at the service and their relatives were held every three to four months.