

Mr & Mrs H Mohamudbaccus

Broadway Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Broadway Lodge Residential Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The care home can accommodate 18 people in one adapted building

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

The providers' governance systems had not identified the shortfalls found at this inspection. There were still areas of the service that were not always appropriately monitored. We continued to find recording issues within recruitment files and accident and incident records.

There was no system in place to support the provider to assess/calculate nighttime staffing levels to meet people's needs.

Accidents and incident audits did not fully review all accidents and incidents at the service. Incident forms completed did not always contain the details of actions taken or actions needed to prevent a re-occurrence or to mitigate risk.

Staff were clear about the action to take in the event of a fire. However, records relating to fire safety and staff attending fire drills showed only 6 staff had attended a drill in the past year.

People received their support from regular staff whom they knew well. Staff promoted person centred care, upheld privacy and dignity and treated people with respect. Medicines were managed safely and the service was clean, friendly and welcoming.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager actively sought information, guidance and advice from stakeholders and agencies to support the service to make improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 October 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The last rating for this service was requires improvement (published 12 October 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

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 have identified breaches in relation to the governance of the service at this inspection. Following this inspection, we wrote to the provider to request an action plan and to gain further assurances for people's safety.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Broadway Lodge Residential Home

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Broadway Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was working alongside a new manager who was looking to take on the registered manager position.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with seven staff including the registered manager, manager, and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

- We were not assured that the staffing levels at night ensured safe effective care in line with peoples required needs. Some service users required positional changes during the night with the use of equipment. The provider stated that these people were able to assist staff with their positional changes. At the time of the inspection one member of staff was working on a night to support 17 people. There was no system in place to support the provider to assess/calculate staffing levels to meet people's needs.

The provider had an on-call system in place to support staff during the night. One member of staff told us, "We don't ring the on call as they have usually been on shift that day or are shift the following day, it isn't fair on them.

We recommend the provider reviews best practice guidance on assessing and ensuring sufficient staffing levels at the service and updates their practice accordingly.

- Recruitment checks were completed. However, records relating to the safe recruitment of staff were not always fully completed and some records did not have important information recorded on them. For example, the staff members name or date of completion.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1). of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's health conditions were recorded and reviewed. Further improvements were needed to ensure all information of risk relating to people health conditions were accessible to staff.
- Accidents and incidents were recorded. However, records did not always detail the action taken by staff to support people following an accident or incident.
- Staff were knowledgeable about people's needs and support. Our observations supported the feedback from family members who told us "They staff are lovely and know [persons name] really well."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Capacity assessments and best interest decisions were completed. However, the records relating to best interest decisions did not always contain appropriate information to show decisions had been discussed with the relevant people.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. The provider followed internal and external systems to ensure people were protected from harm or abuse.
- People felt the service was safe. Comments included "The staff are very good there is always someone about when I need them" and "I don't have to wait for someone to help me. They [staff] are brilliant."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.
- PRN protocols were in place for 'as and when' required medicines. These were detailed and contained information for staff for when these medicines were needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in line with government guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have up to date records and have robust systems in place to identify concerns and act on these. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Shortfalls remained regarding systems and processes to manage the quality of the service.
- Audits failed to identify the shortfalls found at this inspection in relation to staffing levels and record keeping.
- Audits to support the management of accidents and incidents were not always correct. For example, the audit completed in March 2023 stated that only 2 incidents had occurred. We found a further 6 records that the manager was not aware of.
- We continued to find concerns in relation to record keeping. Staff did not always document the action they had taken following an accident or incident to support people.
- Documentation to support safe recruitment of staff did not always have relevant information recorded on them, this included dates and names of staff members.
- Records relating to MCA best interest decisions did not always reflect discussions had taken place with the relevant people.

Failing to have up to date records and have robust systems in place to identify concerns and act on these is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the manager had implemented further audits to improve the oversight at the service.
- The manager had actively sought advice and guidance to support the service to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and relatives told us they were happy with the service. One person told us "I like it here, they [staff] look after me very well" and "I get my morning paper every day, without fail. It is a great place."
- The manager was a visible presence in the service. During the inspection we observed them interacting with people in a friendly, relaxed manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to complete statutory notifications, as required to by law, in relation to significant events that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager was working with various stakeholders and agencies to support people's needs.
- The manager sought feedback from people and relatives in a variety of ways including formal questionnaires and informal consultation with people on a regular basis
- People and relatives spoke positively about the management and staff team. One person told us "We are like one big family."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes were effective to improve the quality of the service. records were not always completed appropriately. regulation 17(1), (2)(a), (b), (c)