

Longwood Lodge Care Limited

Broom Lane Care Home

Inspection report

Broom Lane
Rotherham
South Yorkshire
S60 3NW

Tel: 01709541333

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12 February 2020

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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 ●

Summary of findings

Overall summary

About the service:

Broom Lane Care Home provides personal care to older people. It accommodates up to 60 people, and 50 were using the service at the time of the inspection. It is located close to Rotherham town centre, and has parking and public transport links.

People's experience of using this service:

People predominantly gave us positive feedback about their experience of the home; one relative described the care as "fabulous." People praised the food, with one person saying: "The food is usually pretty good, nothing to complain about." We observed both breakfast and lunch taking place in the home, and saw they were unhurried and pleasant experiences. When people requested assistance staff attended quickly and understood people's needs.

People were supported in a safe environment by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. A relative we spoke with confirmed they felt their relative was safe at the home.

Care plans were detailed and reflected people's needs. They were regularly reviewed to ensure any changes to people's needs were incorporated, and people and their relatives, where appropriate, were encouraged to be involved in these reviews. Risks were assessed and monitored safely.

Medicines were safely managed, and audits ensured managers had a good oversight of this.

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.

Staff were recruited safely, with appropriate background checks being made. Records showed staff received training in a wide range of relevant areas, and staff told us training was plentiful and useful

There was a registered manager who was relatively new in post. They had a good oversight of the service and were working hard to deliver improvements and address any areas of concern.

Rating at last inspection:

The last rating for this service was requires improvement (published April 2019)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Broom Lane Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Broom Lane Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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:

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We also looked at information we had received from the local authority.

During the inspection

We spoke with five people using the service about their experience of the care provided. We spoke with five members of staff, the registered manager and a visiting relative. We observed care taking place, and observed two mealtimes.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, training and staff supervision. We also reviewed a variety of records relating to the management of the service, including audits, 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

At the last inspection, this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place which contributed to minimising the risk of abuse. At the last inspection we found the provider had not always made the required notifications when incidents of suspected abuse had taken place, but at this inspection we found this had improved.
- Information was available to staff about what action to take should they suspect abuse, and records showed staff had taken appropriate action.
- People told us they felt safe at the home. A visiting relative confirmed they believed their relative was safe there.

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

- Each person using the service had risk assessments setting out risks that they may present, or to which they could be vulnerable. They were completed to a good level of detail and were regularly reviewed to ensure they remained accurate and relevant.
- Appropriate action was taken in response to any incidents, for example, a change to risk management systems, or a referral to an external healthcare provider, if relevant.
- Health and safety within the premises was well managed, with up to date testing and checking of the fire system and electrical equipment amongst others.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. In our observations we saw staff were always present in communal areas, and whenever someone asked for assistance staff were on hand.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified.
- We observed a medication round taking place, and saw staff closely checked people's records before administering medication. When they offered people their medication this was done in a gentle and unhurried manner.

Preventing and controlling infection

- The provider undertook a regular infection control audit, and where the audit identified required action, this was addressed quickly. The registered manager had a good oversight of this.
- Staff had received training in infection control, and we observed the premises was clean throughout. We noted a small number of occasions where staff did not practice good hand hygiene. We raised this with the registered manager, who said they would implement training immediately.

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider regularly assessed people's needs, to ensure the care provided was suitable.
- People told us they felt staff understood their needs well.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service, as well as receiving regular supervision and appraisal.
- The registered manager told us they had recently implemented additional training, as previously most training had been delivered online, but now they were contracting an external training company.
- Staff told us they received a wide range of appropriate training, and records confirmed this.

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

- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of people's preferences in this area.
- We observed two meals taking place within the home, and saw staff mostly provided unhurried and respectful support. One person said: "The food is usually pretty good, nothing to complain about." The provider had recently introduced themed food evenings, where people could try different foods from around the world, as well as implementing hydration stations, so people could access drinks at any time of day.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies when people needed to access other services, such as hospitals or specialist clinics.

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

- The home was decorated and maintained to a good standard and further work was ongoing during the inspection.
- A high street, including a hair salon and a village shop, was in the main communal area of the home.
- People were able to decorate their bedrooms with personal effects and their own choice of furniture.

- Communal areas and corridors were suitable for people who used wheelchairs. Hand rails were in place to assist people in getting around.
- Notice boards contained information to inform people about the service, such as activities and changes.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked in an integrated way with external healthcare providers to ensure people received good care. Records we checked confirmed this.
- The provider had incorporated external healthcare providers' information and assessments into people's care plans.

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

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 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 MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. People had given informed consent, and we saw this was regularly reviewed. We noted, however, that this was quite generic in its format and didn't relate to specific details about what people were consenting to. Following the inspection the registered manager sent us copies of improved forms which they would be implementing to ensure consent was specific.
- Staff had received training in relation to consent and capacity, and the registered manager had a good understanding of their responsibilities in this area.
- Where required, the provider had made appropriate applications to the local authority in relation to deprivations of liberty. The registered manager had a good oversight of the progress of these applications, and of any conditions attached to DoLS authorisations.

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

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect, and treated as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised, and this was regularly reviewed.
- Staff mostly treated people respectfully and had a good understanding of their diverse needs. We observed a small number of staff did not treat people respectfully. We raised this with the registered manager who told us after the inspection they had taken suitable action in relation to this minority of staff.
- A visiting relative told us: "They [the staff] are great with them, fabulous."

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

- Staff practice routinely involved obtaining people's views and supporting them to make decisions.
- Regular meetings took place for people using the service where they were encouraged to share their views and opinions about the service. We saw they contributed to decisions about activities and meals within the home.

Respecting and promoting people's privacy, dignity and independence

- In our observations of care taking place we saw the majority of staff took steps to uphold people's dignity and privacy, providing support in a gentle and unhurried manner, speaking respectfully and warmly to people.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

At the last inspection this key question was rated good. At this inspection it remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People continued to receive care and support which was personalised to them. Staff were familiar with people's likes and dislikes including interests and their families.
- People told us they were able to make every day decisions about their care and how they wished to spend their time.
- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

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.

- The provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating.

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

- People's care records contained information about their social interests.
- People had the opportunity to take part in various activities, including attending visiting entertainers and a taking part in a walking group.
- People's care records showed the provider supported people to maintain family and social connections.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
- We looked at complaints the provider had received in the months prior to the inspection. We saw they were investigated in a thorough manner and complainants received a written response. However, we noted the written responses did not direct complainants to the next step if they remained dissatisfied.

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 the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was relatively new in post. They had a clear understanding of their responsibilities and how their work contributed to the effective running of the service. They had a good oversight of the shortfalls identified during the last inspection, and was working to address these areas of concern. This included addressing historical staffing issues and implementing new systems.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. The audits had improved since the last inspection, which meant the registered manager had a good oversight of the quality of care delivered.
- Staff told us they felt supported by the registered manager and described improvements the registered manager had made since commencing their post.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 registered manager had a good understanding of care quality and delivering person centred care.
- Records showed care delivered was provided in a person centred way. Staff we observed demonstrated this.
- A visiting relative told us the staff team and the registered manager were approachable and professional.
- The registered manager had introduced a programme of meetings for people's relatives to share information about the service; they had planned the next one to take place over a weekend in order to better suit people's family members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run. There was a system of meetings for people using the service, which encouraged people to make decisions about day to day life in the home.
- Staff we spoke with told us they felt they could make suggestions and felt listened to.

Continuous learning and improving care

- Staff praised the learning opportunities available to them.

- The provider had systems and processes in place to continually learn and improve care following best practice principles for supporting older people including those living with dementia. For example they had recently introduced a "dementia chat" programme, where relatives could attend workshops to discuss their experiences and concerns.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals and advocacy services. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.