

Mr & Mrs H Mohamudbaccus

# Broadway Lodge Residential Home

## 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

The inspection of Broadway Lodge took place on 19 November 2014. The inspection was unannounced.

The home is registered to provide care for up to eighteen people. Sixteen people were present on the day of our visit. The home is owned by Mr & Mrs H Mohamudbaccus. Mrs Mohamudbaccus is also the registered manager of the service. 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 2008 and associated Regulations about how the service is run.

People living at the home told us they felt safe. Appropriate notifications were made by the home where

# Summary of findings

any potential safeguarding matters had been raised. Staff received training in safeguarding vulnerable adults and were clear of the action to take should a concern be raised.

People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

There were sufficient staff on duty to care for people. People told us that staff were lovely, helpful and approachable and went out of their way when caring for them.

We found that people were recruited appropriately with all of the required documentation sought prior to their employment. This helps to ensure that only people safe to work with vulnerable adults are employed.

People told us they received their medication when they should. We observed staff administering medication in a supportive and professional manner. Records were well maintained and regular audits were completed.

People told us the service was effective. They told us that they could express their views and opinions and make suggestions and that these were responded to. We observed this during our visit.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the importance of making decisions for people using formal legal safeguards. No recent applications had been made.

People expressed really positive feedback about the food provided. They told us that they could make suggestions to the menu and the owner would add any items of choice to the shopping list.

People told us their health needs were well attended to. They said they could see a doctor or other health professional when they needed to.

All of the people we spoke with said they were well cared for. They told us staff went out of their way to care for them and all said that it was a lovely place to live.

People expressed mixed views about the activities provided. Although a range of activities were taking place some people said that there wasn't much to do. The registered manager may need to spend some time discussing this aspect of care with people.

People told us they could make choices and decisions regarding all aspects of their daily lives. They could choose when to get up, when they wanted a bath or shower, what they wanted to eat and how they spent their time.

People told us they were treated with dignity and we observed this throughout our visit.

People told us the home was responsive to their suggestions. They told us the providers spent time talking to them. This was observed throughout our visit.

People told us they would feel confident in raising complaints and we saw where complaints had been raised previously, these were recorded and responded to. None of the people we spoke with suggested any areas of improvement other than the activities.

People told us the service was well managed and run. They told us the owners were kind approachable people. Staff also confirmed this.

Staff told us they received good support which included regular training and supervision. They said this helped them in their roles. They told us they worked well together.

There were a number of quality monitoring systems in place to seek the views of people living and working at the home. Where surveys have been given out a summary response should be collated and a copy given to people at the home. This would enable people to see what action the home were taking in response to their feedback.

Audits were completed so that the owners could continually evaluate and make improvements to the service. We saw where required improvements had been recorded that relevant action plans were in place.

# 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?

The service was safe.

People told us they felt safe. Staff received training in safeguarding vulnerable adults and were clear of the processes to follow should they have any concerns.

All but one of the people we spoke to said there were sufficient staff on duty. Everyone spoke highly of the staff and said they were lovely.

Medication systems were well managed and audits were completed each month. Care plans for the use of 'as and when' medication need to be developed.

Good



### Is the service effective?

The service was effective.

Each person had an assessment to make sure the home was the right place for them and had individual care records which clearly recorded how they wanted to be cared for.

The registered manager and staff we spoke with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the importance of making decisions for people using formal legal safeguards. No recent applications had been made.

People were really positive about the food provided and said they could make suggestions to the menu. Food looked, smelt and tasted appetising.

Good



### Is the service caring?

The service was caring.

All of the people we spoke with said they were well cared for and we observed positive interactions between those living and working at the home.

People provided mixed views about the activities provided although there was a range of activities taking place. The registered manager may need to discuss this further with people living at the home.

All of the people we spoke with said that they were treated with dignity and respect and we observed this throughout our visit.

Good



### Is the service responsive?

The service was responsive.

People told us that the owners were approachable and they could raise issues at any time. No-one had any complaints during our visit.

People said that they were asked for their views and opinions and said that these were acted upon.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

All of the people we spoke with confirmed that the owners managed the service well. Because they were at the home on a daily basis they knew all of the people living there.

Staff were also positive about the culture, support and management of the service. They told us it was a lovely place to work.

The home had quality monitoring systems in place to monitor and improve the service they provide and people told us their views were sought.

# Broadway Lodge Residential 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 took place on the 19 November and was unannounced.

The inspection was carried out by one inspector from the Care Quality Commission. Prior to our visit we reviewed information about the service. This included notifications, enquiries and safeguarding information. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. The provider said they had not received this document so it was resent after our visit.

During our inspection we spent time talking to nine people using the service and one relative. We also spoke with three staff. We carried out observations and we reviewed records. This included three each of recruitment records, staff training records and care records as well as a selection of quality monitoring records which included audits and minutes of meetings.

We spent time talking to the owners of the service, the deputy manager and three staff on duty. We also contacted commissioners from the local authority to seek their views.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included “I feel very safe and very happy here. There are plenty of staff to look after me and they are all helpful and kind” and “I feel safe. I could talk to the boss and his wife. They are very nice. They try to do their best and make you happy.”

The home had appropriate policies and procedures in place to help safeguard vulnerable adults. Any safeguarding incidents had been correctly reported to the Care Quality Commission and the Local Authority. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were acted upon promptly to keep people safe.

We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate. Four staff had received training in the last twelve months and additional training was booked for others. This training helped to keep their knowledge and skills up to date. One staff member said “I have completed training in safeguarding adults, the Mental Capacity Act and Deprivation of Liberty safeguards. We read the policy each year and I would report any concerns I had to the manager.”

We saw that people had risk assessments included within their care records. This included risks relating to nutrition, manual handling and falls. In addition individual risk assessments were also written; for example, on someone going out alone to the shops. Risk assessments helped to minimise risks to people whilst still supporting their right to be independent.

The home employed eleven care staff, two domestics and a chef. There were two staff on duty throughout the day. In addition, the registered manager and deputy manager were also on duty until around 6pm. There was one waking night staff and one on call during the night. Eight of the nine people we spoke with said they thought there were sufficient staff to care for them. Comments included “The girls are very nice. We get plenty of chat. I like it”, “We couldn’t find better staff” and “It couldn’t be any nicer, all

the girls are nice and I have got to know them all.” Another person said “There are always plenty of staff, even at night.” However one person we spoke with felt that staffing numbers could be improved upon. They said “There are only two staff on duty at times, they are busy and working under pressure.” When we asked people if their care needs were responded to promptly all confirmed they were.

We spoke to staff. They told us that in the main there were enough staff on duty and that they had time to care for people properly. They did tell us that they would like staff to cover their breaks as they were often disturbed; for example, if someone required support. The registered manager may need to consider this matter further.

We saw that the necessary recruitment and selection processes were in place. We looked at the recruitment files for three of the staff employed and found that appropriate checks were undertaken before they had begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff members identity. This helped to ensure staff were suitable to work with people who used the service.

The home had good systems to manage people’s medication. We looked at the medication records for two people. We saw that people were receiving their medication as prescribed by their doctor. Any medicines which had been given were recorded on medication administration records (MAR) and we saw these records included stock counts so that audits could be completed. The people we spoke with said they received their medication on time. Where creams were prescribed we saw that care plans detailing how and when they should be used were in place. These included body maps so staff were clear about where creams should be applied. Controlled drugs were correctly stored and recorded within a controlled drugs register. None of the people living at the home administered their own medication. One person said “I have medication and staff give them to me.”

**We recommend that the home consider writing care plans where the use of ‘as needed’ medication is prescribed as this provides guidance for staff to follow.**

# Is the service effective?

## Our findings

People received a full assessment prior to moving into the home to check that the service was right for them. People said; “I visited lots of homes before choosing this one” and “The owner came to see me in hospital to talk about me moving into this home.”

We looked in detail at two people’s care records. Each record contained detailed information about the person and how they wanted to be cared for. They included detailed life histories and future wishes, which where possible were written by the individual or their relatives. They were person centred and focused on the likes and dislikes of the person. Care plans were reviewed each month by staff with the individual and they signed their agreement to these reviews. One person said “I have just been asked to complete my life history. I have written it and given a copy to the staff.”

We asked for a copy of the staff training plan and record. We saw that training was provided in a range of topics which included safeguarding vulnerable adults, first aid, food hygiene, health and safety and fire. In addition to the core training provided, service specific training was also provided. This included training subjects such as dementia care, palliative care (care of the dying) and diabetes. We saw that clear plans had been put in place to address any shortfalls in people’s training and courses had been booked.

The registered manager and staff we spoke with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the importance of making decisions for people using formal legal safeguards. No recent applications had been made. The manager told us that MCA training was included alongside the safeguarding vulnerable adults training. All but three of the staff had received this training and there were plans in place to address this.

We saw some evidence of people giving their consent to any care or treatment. This included consent to their medication being given by staff and some people had

recently given their consent to the flu jab being administered. People told us that staff explained what they were doing before carrying out any tasks and we saw this during our visit.

People were able to make choices and decisions about all aspects of their daily lives. They told us they could choose when they wanted a bath or shower, when to get up and how they wanted to spend their time. Some people went out independently.

Everyone expressed positive comments about the food provided. They told us a new chef had recently been employed. The home also had a cook. We saw the chef talking to people about what was available for lunch.

Comments included; “The food is good, we can’t complain”, “The food is nice, you get a variety and a choice if you wish. You can have what you want” and “We (the service users) change the menus at our choice. The owner will take us shopping and get us anything we want.”

We saw that nutritional assessments were completed and support obtained where concerns in people’s weight were identified.

We saw people were discussing what they wanted for their Christmas lunch. A Christmas party had also been organised and people were being asked what food they wanted to eat. One person told us “I like a glass of wine. I go out now and buy my own so I can have a glass with my meal.”

The only suggestion we received regarding the meals was the time that tea was served. One individual said “I get lunch at 12-12:15 and tea at 4-4:15 this is too early. We shared this with the provider for them to consider.

People told us their health needs were well attended to. Comments included “I can see a doctor or dentist, if you want them you tell the staff and they will get them” and “The doctor will come if we need to see one. I’ve had a doctor here within the hour recently.” We saw from people’s care records that people’s health was monitored so that any concerns could be quickly addressed and advice from professionals accessed where necessary. Example’s included district nurses or dieticians. The relative we spoke with said “As a family they keep us up to date.”

# Is the service caring?

## Our findings

All of the people we spoke with during our visit said they were well cared for. Comments included “I have been here a while, it’s very nice and I’m very grateful. I am well cared for and all of the staff are kind and helpful.” “I think they do their best, we get well looked after. I have a lovely bedroom.” And “It couldn’t be any better, we have nice staff, clean beds in fact everything is kept beautifully clean. It’s very nice and relaxed. They do their best to try and make you happy.” Another person said “If I want to go anywhere they (the staff) take you. We think it’s the best home in the area.”

We spoke with a visitor who told us “I would happily have my own Mum live here, its lovely.” Another person said “I couldn’t go anywhere and be happier or get a kinder more caring team. They never grumble.”

The home was calm and relaxed during our visit. People were clean, appropriately dressed and looked cared for. We observed staff interacting with people and this was done in a calm and pleasant manner.

We observed staff treating people with respect and being aware of individual idiosyncrasies and preferences. They supported people with personal care tasks in a discreet manner.

Staff were present in or near the communal areas and were observed interacting with people. We saw that activities were provided throughout the day. People had mixed views about the social activities provided. Comments included “There isn’t much entertainment here. We have board games, I go out with my family” and “If more activities were

available I would join in.” Another person said “There’s not much to do really. I used to enjoy knitting. Not many day trips, not now its cold. We do get entertainers coming in but not often. We have religious services once a month.”

We spoke with the registered manager and staff about the activities provided. They told us that exercises were provided each week. They also said that magicians, comedians and singers had been in to the home to provide entertainment. They had held coffee afternoons and attended events at the local school. In addition people could go shopping and the owners provided transport for anyone needing to attend an appointment. Day trips were held but this was usually in the warmer weather. Christmas shopping trips were being organised and a trip to the pantomime was being looked into. .

We observed people making choices and decisions throughout our visit. This included choosing what they wanted to eat, whether to participate in activities or how they wanted to spend their time. People told us they could choose how to spend their day. One said, “I go to the local shops to buy things that I fancy.”

People told us they were treated with good regard to their privacy and dignity. We observed staff speaking to people in a polite and respectful manner. Staff discreetly explained what they were doing prior to carrying out tasks; for example before taking someone to the toilet. Personal care was carried out in private. We asked staff how they maintained people’s dignity and they told us that they made sure doors were kept closed during personal care and that people were offered choices. One person said “I am treated with dignity and respect, yes always.”

**We recommend that the registered manager considers people's feedback regarding the activities provided.**

# Is the service responsive?

## Our findings

People told us that their views were listened to and that the home responded positively to their suggestions. One person said “I couldn’t wish for anything better. Staff will do anything. I can talk to the staff as they are around all of the time. The owner comes to see me as well.”

People told us that their family and friends could visit at any time. A visitor to the service confirmed this during our visit. They told they were always made welcome and offered refreshments.

People were involved in the reviews of their care records. They were reviewed and updated each month. Staff did this on a one to one basis with the individual and they involved the person’s relatives where necessary.

People told us that the owner responded to suggestions. They could request items to be put on the weekly shopping list and people told us they were generally involved in choices about the menus.

We were shown a copy of the complaints book. We saw that complaints were documented and any action taken in response was also recorded. All of the people we spoke with said that they would feel confident in raising any concerns. They told us the registered manager and staff were approachable.

The staff we spoke with told us that management were responsive. They said they could raise issues at any time. They said regular meetings were held so that staff could make suggestions. They said they were listened to.

We spoke with the chef who told us they had suggested some changes and new equipment for the kitchen. The owner had listened and this work had started.

We spoke with a visiting health professional who told us they visited the home regularly. They were looking at ways to prevent unnecessary admissions to hospitals and were working with the home to develop care plans further.

The registered manager and deputy manager told us that they were successful at providing really good person centred care. They told us that they were constantly looking for ways to involve people and were regularly reviewing the service to see what could be improved. They told us that when people made suggestions they were responded to.

On the day of our visit we saw that one person had been to the shop to buy pizzas. They asked the chef if they could be cooked and handed out that night for tea. This was agreed and menus for the evening were altered to enable this.

Another person was overheard discussing what food they wanted for Christmas. They asked for lobster claws. We heard the provider say they would take them shopping to buy these. This evidenced that the provider and staff were responding to people’s requests.

Another person told us that they were becoming annoyed by someone entering their room. They were given the option to move rooms and said that they were no longer disturbed. They were satisfied that this had been resolved.

# Is the service well-led?

## Our findings

The home has a manager who is registered with the Care Quality Commission. The registered manager is also the owner of the service which is part of a family run business. The registered manager has been in post for a number of years. All of the people were complimentary about the home. One person said “They are a nice family, they are all very nice.”

All of the people we spoke with said that the owners wanted to hear their ideas and to improve the service. They were positive about the service they received. Comments included “I would recommend this place to anyone” and “I cannot give a derogatory comment about this home. I am very respectful of the owners.” Another person said “The way they attend to people is excellent.”

All of the people we spoke with told us they were confident about raising concerns with staff. One person said, “I don't have any complaints, but I would speak directly to the manager if I did” and “If I have any complaints, I tell them and it gets sorted.” Another person said “People (staff) ask me if I am happy and alright here. I can't think of any improvements needed. I have no complaints but I could tell any of the staff or the boss and his wife. The manager is really nice, I like her. They do their best to try and make you happy.”

Regular meetings were held at the service for staff, however the people who lived there said that they did not have meetings and said discussions were held informally. Comments included “I am not sure about meetings but staff do talk to me” and “We don't have meetings.” However, we were shown some meeting minutes which demonstrated that these meetings were taking place. There was also a suggestion box on the mantelpiece in the lounge for people to use. We were shown a number of thank you cards which had been sent from people and their relatives.

We saw that audits were being completed. These included monthly audits on medication and care records. Audits were then used to inform action plans to bring about improvements to the service. This helps the service to continually improve. We did not see any audits of the premises and we did note that some improvements were required. Some of the vanity units in people's bedrooms were damaged. We shared this with the registered manager during our visit. We found one room where the window restrictor had been removed from the window. We asked the provider to take immediate action to rectify this.

All accidents were recorded and incident and accident analysis was completed so that the provider could look for trends and help to minimise risks to people.

Quality surveys had been completed, however the results of these had not been summarised.

We spoke with staff and asked them about the culture and leadership at the home. They told us that Broadway Lodge was a friendly caring environment. All of the staff we spoke with said that they felt supported by management and said that they felt confident in raising issues. Comments included. “We have staff meetings and I receive regular supervision. I feel able to talk to the owners.” And “It's a good place to work.” Other comments included “It's like being part of a big family, the owners are lovely and they ask me if I am ok. I am very happy but I could tell them if I had any issues” and “I like it here. All the staff get along, we have a close relationship and we rely on and help each other. As staff we know we are accountable and we need to be professional.”

**We recommend that the results of quality surveys are summarised as this enables people using the service to know what actions have been taken in response to the issues they have raised.**