

Broadway Halls Care Services Limited

Broadway Halls Care Home

Inspection report

The Broadway
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17 April 2019

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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: Broadway Halls Care Home is a care home which provides personal and nursing care for up to 83 people. The home is purpose built with four separate units. Care and support was provided to people living with dementia, nursing needs, and personal care needs. At the time of our inspection 76 people were living at the home.

People's experience of using this service:

- People told us they felt safe living at Broadway Halls Care Home.
 - Staff received safeguarding training and were knowledgeable about abuse and how to report any concerns. This meant people were protected from potential harm.
 - People were supported to be as independent as they were able to be.
- Risk assessments were in place which reflected people's needs and allowed staff to monitor people's safety.
- People were supported with their medicines on time by trained staff who knew them well.
 - People had personalised care plans which were reviewed when their needs changed. This enabled people to be supported in a way which they had chosen.
 - People were supported by staff who were recruited safely and had received training to enable them to meet people's needs.
 - People had access to health professionals to ensure effective and timely care.
 - People were supported to maintain a balanced diet. People were given additional support where this was required to ensure they ate and drank well.
 - People were supported to make decisions around their care. This enabled people to choose how and when care was delivered.
 - People were supported by staff which were caring and compassionate.
 - People's privacy, dignity and independence was respected and promoted.
 - People were supported by the service to give feedback about their care and support. The service took action when required to improve people's experience of care.
 - The service had a transparent culture of learning lessons when things went wrong.
 - People felt able to speak to the management team about concerns regarding their care. People told us managers were approachable and took the time to listen to people.

Rating at last inspection: Broadway Halls Care Home achieved a rating of 'good' throughout during their last inspection which was published on the 7 November 2016.

Why we inspected: This was an unannounced, scheduled inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Broadway Halls 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 team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Broadway Halls 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, both were looked at during this inspection. The service did not have a registered manager in post at the time of inspection. The home was being managed by the Regional Support Manager and an experienced Deputy Manager.

Notice of inspection:

The inspection was unannounced and took place on the 16 and 17 April 2019.

What we did:

Before the inspection we checked the information we held about the home and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed how staff interacted with people who used the service. During our inspection we spoke with

eleven people who used the service, four relatives, five carers, five senior carers, two activities coordinators, one senior activities coordinator, the deputy manager and the regional support manager. We also spoke with a speech and language therapist and a district nurse. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for ten people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

After the inspection we gave the provider the opportunity to send us any additional supporting information. They sent us some information which we considered as part of our inspection.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place and staff were knowledgeable about the types of abuse and how to report concerns. Where staff had raised concerns about people's safety, the management team had reported the concerns to the local authority and to the CQC.
- People told us they felt safe at Broadway Halls Care Home. One person said, "I feel 100% safe. No 120% in fact." People knew how to raise concerns and felt confident to speak to staff.
- Relatives told us people were safe. One relative told us, "Safe? Absolutely. I have no worries about that."

Assessing risk, safety monitoring and management

- People had risk assessments which had been completed with them, their families and other professionals where required. This enabled people to receive safe care and support.
- People's safety was monitored with minimal restrictions on their freedom. This helped ensure people were supported to stay safe whilst having their freedom respected.
- Where people had behaviours which may challenge, staff worked with people and other professionals to identify potential triggers to behaviours and offer increased support.
- Equipment used by people was serviced and well maintained. One person told us, "I have all of the equipment that I need here. I use the stand aid. I have a wheelchair and it has a pressure cushion on it for me." People's environments were checked daily and any concerns were actioned by the maintenance team.

Staffing and recruitment

- There were sufficient staff to meet people's needs. One person told us, "I have a pendant round my neck that I can press if I need help. When I press my pendant staff come quickly."
- Staff were recruited safely. Staff received checks from the Disclosure and Barring Service (DBS) and had been required to supply two references. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

Using medicines safely

- Medicines were managed safely. People were supported with their medicines by trained staff. One person told us, "I know what the medication's for and it is done correctly."
- Staff recorded any support given to people with medicines in line with the home's medicine's policy and medicines were stored safely.
- Where people had "as required" medicines prescribed; protocols were in place and staff were knowledgeable about when people may need these. One person told us, "If I need pain killers I just ask."
- Where people had medicines administered covertly, there were clear instructions for staff written by

medical professionals.

Preventing and controlling infection

- People were supported in a clean environment by staff who were knowledgeable about protecting people from the risk of infection.
- Staff completed checks on the environment daily and reported any concerns to the management team. The management team completed an audit of all infections to identify any areas they could improve their practice. For example, following people having urine infections people's fluid intake was reviewed to ensure the service was offering sufficient fluids to reduce the risk of future infection.

Learning lessons when things go wrong

- The service had a transparent culture of learning and development. We saw where things went wrong staff considered these opportunities to reflect and improve their knowledge. For example, following a medicine error the staff team worked together to remove medicines trolleys to improve people's safety when administering medicines in communal areas.
- The service was committed to ensuring people's safety. Staff had a good understanding of appropriately recording and reporting any incidents or concerns regarding people's safety which were reviewed by the management team.

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.

Good: ☐ 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

- People's needs were holistically assessed and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and all staff received regular supervision and appraisals.
- Staff were experienced and received training. Training was needs led and staff could ask for further training if required. Training was adapted around staff's learning styles. One staff member told us, "The training is really good. They actually explain it and get stuck in to make it fun."

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

- People were able to make decisions regarding what they wanted to eat. The regional support manager told us people had requested regional dishes to be included on the menu and as a result of this they were working on introducing more pork belly and faggots onto the menu. Where people did not like the choices on offer, alternatives were arranged to ensure people could eat food they enjoyed. One person told us, "The food is excellent."
- Staff engaged with people during meal times, this allowed people to build relationships with staff. Menus were displayed and tables were laid in a restaurant style. Additional hostesses supported meal times to enable people to have increased support from staff.
- People's weights were monitored and people had access to professionals to support them with their dietary needs. People had food passports which detailed their preferences and ensured they received the right support. One relative told us, "Our relative will be seeing the speech and language therapist to help with their swallowing."

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

- Staff worked with other services to ensure people received care which met their changing needs. For example, during our inspection people were being reviewed by a dietician due to changes in their eating habits.

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

- The home was spacious and had multiple communal areas. All bedrooms had ensuite bathrooms and people were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.

- People were able to live together should they wish to and convert one bedroom into a living area. This enabled people to live with people they had relationships with.

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

- Staff worked in partnership with other professionals to ensure people received consistent and effective care. A district nurse told us, "Staff are friendly and approachable and refer to the GP when people's health needs change."
- People had access to a variety of health professionals to support them to live healthier lives. For example, a person had been admitted to the home required end of life care had vastly improved. Staff had referred them to the mental health team to review their needs and update their care and support.

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

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- 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).
- The management team understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.
- People had capacity assessments which were decision specific and reviewed when their needs changed. Staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.
- Where people were not able to make decisions themselves, best interest meetings took place with people who knew them well and professionals.

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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion. One person told us, "The staff are kind and caring. Nothing is too much trouble for them. They work very hard." Another person said, "I've never met staff anywhere that are as helpful as the staff here. I can ask for anything. Nothing is unattainable."
- People were treated with respect and staff spoke to people in a way they understood. People's preferred methods of communication were explored in their care plans. One person told us, "They speak to me in the manner that I like to be spoken to. They also respect my dignity."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. Staff knew how to reassure people in a meaningful way based on their preferences.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, the home had four different religious services offered monthly to people living in the home.

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

- People, and if required their relatives, were involved in decisions around their care and support needs. One person told us, "I can look at my care plan and I can change it if I wish." Another person told us, "I'm involved with my care plan and [staff] have discussed it with me."
- Staff took time to listen to people and provide care in a personal way. One person told us, "I get up when I want to get up in the morning and I go to bed when I want to."
- Information was displayed in communal areas about accessing external health professionals and community organisations for people to use if they wished to. For example, how to access local opticians and chiropodists.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships which were important to them. One relative told us, "I am always made to feel welcome here." Another relative told us, "I feel part of a big family."
- The home used technology to enable people to maintain relationships with those they cared about. For example, people had made video messages and sent emails to their relatives to share their achievements.
- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support. One person told us, "Before anyone comes into my room the carers always knock the door and wait until I ask them in."
- People are encouraged to maintain their independence. For example, people were encouraged to walk

where they remained able as opposed to using wheelchairs.

- People's right to confidentiality was respected and records were stored securely.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- People's needs and preferences were included in personalised care plans and were regularly reviewed by the management team. Assessments were person centred and staff knew people well. For example, one person was supported by staff to apply their make up daily. This enabled them to maintain their self-esteem and feel good.

- People and their relatives had access to a varied range of activities such as meals out at local restaurants, walks in the park, day trips, keep fit and crafts. People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life. The senior activities coordinator told us they had excellent links with local schools who invited people to visit for seasonal events such as Christmas and worked in partnership with other agencies to provide a variety of experiences.

- People were consistently positive about the range of activities. One person told us, "The activities are fantastic." Activities were person centred and created relationships between people living in the home. For example, a group of people and their families visited RAF Cosford as they had been in the armed forces. One relative told us, "What a fantastic day to share these memories with my relative."

- The home had a 'Wishing Well Scheme' where people identified a goal or wish and staff would attempt to make their wish come true. For example, one person wanted to work in the kitchen as they had previously worked in a pub. Staff supported them to help in the kitchen at the home and the person advised they had felt like, "Their old self again."

- The provider met the Accessible Information Standard. This is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. We saw feedback was sought through monthly residents' meetings and action taken in response to comments made. One person told us, "I did make a complaint once. I went to the manager about it and it was dealt with."

- The provider had information on how to complain on display in communal areas at the service.

- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- The home sought advice from palliative care professionals to ensure people were comfortable, dignified and pain free at the end of their lives. One relative told us, "The carers were very supportive about our relative's passing. They obviously cared."

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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who used the service, their relatives and friends spoke very highly of the home. One relative told us, "I would highly recommend this home. I hope there is a room going for me on my relative's floor."
- Whilst there was not registered manager in post during our inspection, a registered manager had been appointed and was due to start in June 2019. The management team told us they were supported by the provider and understood their responsibilities.
- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people.

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

- The management team provided strong leadership to staff. People we spoke with said they liked and respected them. One staff member told us, "[Deputy Manager] really cares about the people that live and work here. They're very approachable, firm but fair."
- The management team understood their legal duties and submitted notifications to CQC as required and the ratings of the service were displayed on their website and within the home.
- The service had effective systems and procedures in place to monitor and assess the quality of care and support. Comprehensive checks were completed regularly in areas such as, medication, care plans, infection control and staff training.
- Appropriate action was taken when shortfalls in care were identified, which helped ensure a good quality service was maintained. For example, when poor practice was observed staff were supported by the management team to improve their practice through training, supervisions and competency checks.

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

- The service involved people and their families in a meaningful way. One person told us, "I go to the resident meetings. I asked for a Karaoke machine and chairs for visitors at the resident's meeting and we got both of these."
- The management team encouraged feedback from people, their families and professionals by completing surveys and attending resident and relative meetings. We saw where points had been raised action had been taken to address these.

Continuous learning and improving care

- The service had a culture of learning and development. Staff were supported to be open about accidents and incidents and be part of action plans for improving care.
- Quality assurance tools were robust and identified potential areas of improvement and trends when things went wrong. Where improvements were identified, extra support and training were put in place to support continuous learning and quality care.
- The provider celebrated success and recognised innovation. For example, the activities coordinators had supported people to take part in a provider wide competition to celebrate equality and diversity.

Working in partnership with others

- The service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from consistent care.