

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

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

Quality Monitoring systems in place, were not always effective and failed to identify some of the shortfalls found at inspection. Records relating to the management of the service lacked detail and did not effectively monitor the service. Quality assurance records in place did not always contain accurate information or identify actions to make required improvements.

People's needs and choices were assessed. However, People's care plans and risk assessments lacked some important details. Records did not always accurately reflect people's care needs to ensure people's health, safety and welfare was appropriately managed.

People told us they felt safe. Staff understood their responsibilities to report any safeguarding concerns. People and relatives spoke positively about the kind nature of the staff team. Staff knew people well and treated them with kindness and compassion in line with their preferences.

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 provider worked in partnership with stakeholders, people and relatives to obtain feedback about the service.

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 18 March 2019)

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.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was also carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which

contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadway Lodge Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and management oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 one inspector.

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. Broadway Lodge Residential Home is a care home without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 on the first day and announced on the second day.

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 spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. Spoke with five people who used the service and two visiting relatives about their experience of the care provided.

We spoke with seven staff including the registered manager, manager, deputy manager senior care staff, care staff, and catering staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We reviewed additional evidence, which included, quality assurance records requested from the provider and continued to seek clarification to validate evidence found.

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. At this inspection 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.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (1)

- Risks to people were not always managed or mitigated. At the last inspection concerns were identified in relation to people's health needs and risks. The provider had not effectively addressed this, and we continued to find concerns with management of risk.
- When people had specific health conditions, action had not always been taken to ensure staff had the correct knowledge and skills to safely manage these conditions. Additionally, we could not be fully assured that risk in relation to unplanned weight loss was robustly addressed and managed. Health professional advice to address risk to managing a person's weight loss had not been consistently implemented.
- Staff told us they did not routinely read care plans.
- Environmental risk was not consistently addressed and managed. Health and Safety Guidance for Care Homes was not consistently followed to ensure people who lived at the home were safe. Risks associated with the spread of legionella had not been considered and acted upon. Guidance in relation to the safe management of bed rails had not been consistently followed. We could not be assured regular checks on bed rails had taken place.
- Processes to ensure people could be safely evacuated from the service in an event of an emergency were not robust. Personal Emergency Evacuation Plans [PEEPs] were not in place for some people at the service. PEEP's give guidance to staff about how people should be evacuated in the event of an emergency.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all PEEPs were now completed and in place at the service and legionella testing had been arranged.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of and prevent and control the spread of infection. This was a breach of regulation 12 (3) 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. (3)

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on regarding consistency in recruitment processes and recording. The provider had made improvements in this area.

- Safe recruitment processes were in place. All required checks had been undertaken prior to staff commencing employment and consistently recorded.
- There were enough staff to meet people's needs in a timely manner. Staff carried out their duties in a calm unhurried manner.
- Staff had time to speak with people and spend time with them which helped promoted their wellbeing.

Using medicines safely

- Medicines were mostly managed safely. Records showed people received their medicines as prescribed.
- Protocols for 'as and when' required medication were in place, however these were not always correct and did not provide staff with clear guidance about when and how to administer these medicines. We have reported on this in the well led section of this report.
- Regular checks of medicines administration records were completed and where errors were identified, action to prevent reoccurrence.
- Staff demonstrated the correct administration of medicines to people.

Visiting in care homes

- The provider safely facilitated people receiving visits from their family and friends.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff had access to appropriate training and understood how to raise any concerns about poor practice.
- People and their relatives felt the service was safe. Comments included "I like it here; I am very safe" and "[person name] is very safe here. The staff keep us informed of everything."

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.

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.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- This was the third consecutive inspection where concerns were found in relation to record keeping and oversight of quality at the service.
- The provider did not follow the principles of good quality assurance systems or evidence how improvements were to be achieved.
- Documentation to support systems and processes to manage risk were not robust and consistently implemented. Care plans and risk assessments had not been reviewed in line with the providers own policy.
- Systems and processes for monitoring the quality of the service were in place. However, these were not always completed correctly and did not contain information of actions to address the audit findings.
- Audits had failed to identify the shortfalls in relation to governance and documentation noted at this inspection.
- Records did not contain personalised information about people's needs or risks they were exposed to or their preferences about how they wished to receive their care.
- Documentation in relation to the management of staff was not always robust, up to date and accessible.
- Documentation relating to as and when required medicines did not always provide clear guidance to staff.

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.

- The management team were keen to learn and sought support from various stakeholders to support improvements needed at the service.

- People, relatives and staff spoke positively about the management team and found them approachable.

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

- The provider and management team worked directly with people and led by example. They were knowledgeable about people's needs and preferences and developed positive relationships.
- The provider and management team were passionate about providing a family orientated culture at the service. Staff told us, "We are one big family here" and "I love working at the service, we all support one another."
- People and their relatives spoke positively about the management team. One relative told us, "They [staff] are just fantastic, they [staff] are all really friendly and always make you feel welcome, it is like one big family."

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

- The management team sought regular feedback from people, relatives, staff and stakeholders.
- People, staff and relatives felt the service was supportive. A staff member told us, "The manager is supportive and listens to us if we have concerns." A relative said, "They keep me informed on how my relative is, I have no concerns, they are supported well."

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

- The management team were open and honest throughout the inspection and acknowledged that there were improvements needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people were managed and mitigated. 12 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems to ensure quality and oversight of the service provided were not robust. Records were not well maintained. 17 (1) (2) (a) (b) (c) (d) (i)

The enforcement action we took:

CQC issued a Warning notice