

Roselock Limited

Broomhill Lodge

Inspection report

1 Broomhill Road
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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

Broomhill Lodge provides personal care and accommodation for up to eight adults with a learning disability and/or autistic people. At the time of our visit, six people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were given choices which were appropriate to their needs and level of understanding and ability. Care was person-centred and promoted people's dignity, privacy and human rights.

Staff had knowledge of safeguarding and were able to demonstrate the procedures they needed to follow. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. There were enough staff deployed to provide the care and support people needed. The staff recruitment process was robust and medicines were appropriately stored, administered and checked. The service had processes for the prevention and control of infection.

Staff had been trained in a variety of areas and were supported to maintain their skills through supervision and refresher training. People had access to appropriate health professionals when required and were provided with a diet and drink that met their individual 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. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

Staff had a good knowledge of people they supported and respected their privacy and dignity. They promoted people's independence. Confidentiality of people's personal information was maintained. People's care needs were documented so staff could provide personalised care and support. Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professionals as needed.

There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The provider welcomed suggestions on

how they could develop the service and make improvements. There were systems in place to manage, monitor and improve the quality of the service provided. Staff were aware of their roles and responsibilities and felt supported by the management team.

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

Rating at last inspection

At the last inspection the service was rated good (published 29 November 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned inspection based on the registration date of the service.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

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.

Broomhill Lodge

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 Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Broomhill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was 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 announced. We gave the provider 24 hours' notice to ensure we were appraised of the service's COVID-19 status prior to the inspection.

What we did before the 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. 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.

During the inspection

We spoke with two people who used the service, two visiting relatives, the registered manager, the area manager and two members of staff. We were unable to speak with some people due to their needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records, medicine administration records, satisfaction surveys, audits, staff personnel files, and staff supervision records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives to obtain their views of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 systems in place to safeguard people. People said they felt safe with the staff. One person said, "Yes, I do feel safe, the staff are good to me." One relative told us, "[Person] is safe and [person] would tell me if there is anything wrong."
- The provider had policies and procedures in place to inform staff on how to deal with any allegations of abuse. Staff had received training in this subject.
- There was also whistle blowing procedure in place. A member of staff told us, "I know about the whistle blowing, I can speak to social services or CQC if I have any concerns."

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

- Risks to people were assessed by the registered manager and management plans were in place, where risks were identified. For example, we saw a risk assessment in place for one person for when they go out in the community.
- We looked at records which confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. We saw checks had been carried out on the electrical hard wiring, fire extinguishers and gas boiler. There was a fire risk assessment in place.
- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support. People told us there were enough staff to look after them. One relative told us, "There are always enough staff around when I visit."
- The registered manager confirmed they assessed the staffing levels according to people's needs. For example, if a person needed to go out to a hospital appointment then there would be an extra member of staff on duty. This meant that the staffing levels in place were monitored on an ongoing basis to ensure they were sufficient to meet people's changing needs.
- People were protected by appropriate recruitment processes. We looked at staff recruitment files and found that all the pre-employment checks required had been carried out. We saw the files contained an application form, references, identity checks and evidence of a criminal record check. This reduced the risk of unsuitable people working with people who need support.

Using medicines safely

- People received their medicines as prescribed. One person said, "I get my medicines on time."

- People were supported with their prescribed medicines by staff whose competency to administer medicines had been assessed. This helped to ensure they maintained a good understanding of safe medicines administration.
- Any medicines prescribed to be given as necessary were monitored and there was guidance, which explained when these medicines should be given. Medicines administration records (MAR) we looked at, were all signed appropriately and there were no gaps in signatures.

Preventing and controlling infection

- The provider had infection prevention and control policies and procedures in place, in line with relevant national guidance. Relatives commented the service was always clean and smelt fresh when they visited.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs had been assessed before they started using the service. The assessment covered areas of the person's physical, social, psychological and cultural needs.
- The management team obtained as much information as possible from people, their relatives as well as from the local authorities which paid for the care packages, to ensure they had enough information to enable them to meet people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. One relative told us, "The staff know what they are doing. They are good with [person]."
- Staff told us and records we saw confirmed they received appropriate training and support for their role. Training needs were monitored through individual support and one to one meetings with staff.
- We noted new members of staff received an induction and shadowed existing members of staff before they started work as a full member of the team. The induction included new staff attending training courses and getting to know the people living there as well the policies and procedures of the service.
- Staff had regular one to one meetings with their line manager to discuss any issues or concerns they may have. During these meetings, a number of areas were discussed such as any training needs or any personal matters that might be affecting staff's work or performance, as well as people's needs. Staff felt well supported by the management team. One member of staff told us, "I have regular supervision with my manager."

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

- Staff demonstrated a good understanding and awareness of people's specific dietary needs. They knew what people's likes and dislikes were. This showed people were supported to maintain nutrition and hydration as appropriate.
- People and relatives told us that the food provided at the service was good. One person said, "I like the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were identified and dealt with to ensure that they received the necessary care and treatment to keep them in good health.
- The registered manager worked closely with other health and social care professionals. People's health

needs were monitored and staff reported any concerns to the management team who made referrals to health care professionals as required.

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

- The service was accessible to people who used the service. There was suitable equipment to meet their needs.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was familiar with the processes and principles of the MCA and DoLS.
- Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. They recognised that people's capacity to make decisions fluctuated and they offered support accordingly.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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;

- During our inspection we saw people were relaxed and comfortable in the presence of staff. Staff had built up good relationships with people. One person said, "The staff are very good, they are brilliant." A relative told us, "I am so grateful to the staff, they look after [person] very well, they take [person] out and yes they treat [person] well."
- People's diversity, values and human rights were respected. The service had an equal opportunities policy which staff were made aware of. The management team was committed to challenge any form of discrimination they encountered.
- People were treated equally regardless of their abilities, their background or their lifestyle. Where people had any cultural or religious needs, these were recorded to ensure staff were aware of them.

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

- People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Relatives told us they were always kept informed of changes in the well-being of their loved ones. One relative told us, "Due to COVID, I have not been able to visit, the staff have been in touch with me on a regular basis."
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with respect by staff and had their privacy and dignity respected.
- When supporting people with personal care staff ensured that doors and curtains were closed.
- People were helped by the staff to maintain their independence wherever possible. For example, people were encouraged to shave themselves where they were able to do so. One person told us, "I do a lot for myself."
- There were opportunities for people to develop their independent living skills for example, some people were involved in helping with household chores. We noted people's independence levels were recorded in their care plans so staff knew where they needed assistance.
- The service had a confidentiality policy in place. Confidential information was stored safely and was locked away when not in use. The importance of confidentiality was understood and respected by staff. This meant that people's information was treated confidentially.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider had appropriate systems in place to ensure people received personalised care. People and their relatives were complimentary about the care and support provided by staff. One person said, "The staff are nice." One relative told us, "I am happy with Broomhill, the staff, we can't fault them."
- People received the care and support they required because their support plans included all the information required to do so.
- The care plans were person centred and reflected people's needs, preferences, likes and dislikes and how their care was to be delivered.
- There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe. Care plans and risk assessments were regularly reviewed.

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 social and emotional needs were taken into account. There was a variety of activities for people to join in with during the week however, if people using the service preferred to spend time in their room, they could do so. One person enjoyed playing pool and staff played with them regularly as there was a pool table in the service itself.
- People were encouraged to keep in touch with their family and friends. Relatives told us they could visit their family members at any time. However, they preferred to inform the staff before visiting.

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.

- We saw support plans had information about people's communication needs. People received information which they could access and understood. For example, some information was in picture format.

Improving care quality in response to complaints or concerns

- The service provided information to people and their relatives about how to make a complaint. The registered manager took account of complaints and comments to improve the service.
- People and relatives told us if they had any concerns about the service they would tell staff. One person said, "If I am not happy about something, I will speak with the staff or [manager]." There was a system to log people's comments and learn from them.

End of Life care and support

- Information about people's last wishes were recorded so staff knew what to do when people were approaching the end of their life.
- Staff had received training in end of life care and this helped to ensure they had the knowledge and skills needed to deliver the highest quality care to people nearing the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider understood their responsibilities relating to the duty of candour. People and relatives told us that the service was well managed and that they could speak with the registered manager as and when they wanted. One person said, "The manager is good." Staff told us that they felt that there was an open and transparent culture within the service.
- The registered manager had always kept us informed of important events, which the registered provider is required to send to us by law.
- The registered manager operated an 'open door' policy where people, relatives and staff could speak to them at any time.

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

- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service.
- Staff told us that the registered manager was very supportive. They said they were able to discuss and share ideas or any concern they might have with them. One member of staff told us, "The manager is very approachable, I can talk to them."
- Records showed that staff meetings took place on a regular basis. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were processes in place to get formal feedback from staff, people who used the service and their relatives through satisfaction surveys on an annual basis.
- We looked at the satisfaction surveys, which were completed recently by people or their representatives. The feedback received was positive. One relative commented, "I am so happy with the carers and the management. They are all so caring to my [person] and myself, nothing is much trouble. I am so happy we have Broomhill."
- We positively noted that people were involved when new members of staff were recruited. They would be part of the interview panel and would ask questions.
- The registered manager undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety audits.

Working in partnership with others:

- The registered manager and staff team worked closely with other health and social care professionals to ensure people received the care and support they needed. They had regular contact with multi-disciplinary teams to discuss people's on-going needs or any concerns they might have. They had also developed good links within the local community.
- The management team kept themselves up to date with best practice as far as health and social care was concerned.