

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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Broadway Lodge Residential Home is a care home providing personal care for up to 18 older people. At the time of our inspection 16 people lived at the service.

People's experience of using this service

Risks to people were not always identified and managed. Lessons learnt following incidents were not always considered and acted on. Records were not up to date and checks in place to monitor the quality of care being provided had not identified or addressed the concerns found. The environment was not in line with best practice and there was a lack of understanding and acknowledgement of best practice guidance.

The registered manager was supported by a management team. Recruitment processes were in place but not always robust. We have made a recommendation regarding consistency in recruitment.

The service was family run and homely. People, their relatives and staff all felt part of one big family. Staff were extremely caring and attentive to people's needs. People were supported to access additional services including the GP on a regular basis and when needed.

People were supported with their communication needs and staff demonstrated effective skills in communication. Staff had received training and support to enable them to carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with activities and interests to suit them. Staff knew people's likes and dislikes well. Staff told us the management team were approachable. The provider had systems in place to safeguard people from abuse.

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

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to record keeping, the management of risk and cleanliness of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was 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 Care Act 2014.

Inspection team

One inspector and an assistant inspector carried out this inspection.

Service and service type

Broadway Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the CQC. 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. The registered manager was also supported by a manager at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does 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 the registered manager, the manager, the deputy manager, two care workers, the chef and the gardener. We also spoke with three people who used the service, two relatives and a visiting professional. We looked at two people's care records in full. We also looked people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records and records of complaints.

After the inspection

We received further information from the provider via email to verify information they told us during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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; Systems and processes to safeguard people from the risk of abuse

- Some risks to people were not considered and managed safely. Adaptations to call bells posed a risk to people. We told the provider to remove these during the inspection.
- Some assessments in relation to specific medical conditions were not in place. Staff were not provided with up to date records to support them to respond to risk.
- Recommendations to safeguard people were not always effectively put in place. For example, the provider had not taken enough steps to secure the building despite this recommendation by the local authority following an incident.
- Personal emergency evacuation plans were not in place for people. These should give guidance to staff about how people should be evacuated in the event of a fire.
- Outside space was not safe and secure for people to access independently. Broken equipment and furniture were in the back garden and posed a risk to people.

Failing to respond to risk was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- On the whole, risk assessments, including a fire risk assessment, were in place to reduce the risk to people and these were regularly reviewed.

Preventing and controlling infection

- Some equipment and furniture was worn and would not prevent the spread of healthcare related infections.
- Best practice was not always followed in relation to infection control. This included effective hand washing, sealed flooring to allow effective cleaning and personal equipment being labelled for single persons use.

Failure to assess the risk of, and prevent and control the spread of infection was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff available to meet people's needs.
 - Staff recruitment processes were in place; appropriate checks were carried out to protect people.
- However, some processes were not consistently followed.

We recommend the provider seek guidance and advice from a reputable source regarding consistency in recruitment processes and recording.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.
- There was oversight of medicines processes from the services medicine's lead.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The environment was homely. However, decoration was not in line with current best practice for dementia care.
- The manager told us there was a programme of refurbishment in place and best practice for a dementia friendly environment will be considered.
- Assessments of people's needs were completed, and care and support were reviewed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received appropriate support from management.
- Staff felt supported by the management team and told us they could approach the manager at any time.
- A staff induction and training programme was in place. A visiting professional told us, "Staff appear knowledgeable and well trained. I can see new staff being taught when they first come in. They are never left to their own devices."

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

- Staff supported people to maintain a balanced diet. Staff had good knowledge of people's dietary requirements, however records of people's requirements were not in place.
- Food and fluid intake was being monitored where needed. Some monitoring was ineffective as it failed to record a total or target amount to be achieved. The manager told us they would incorporate this in their paperwork moving forward.
- Staff worked with other healthcare professionals to meet people nutrition and hydration needs.
- People gave positive feedback about the food provided. One person told us, "The cook is lovely and presents food just beautifully. They are the best cook in the north."

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals. One person told us, "They give us our meds and get a doctor if we aren't feeling well."
- A visiting professional spoke highly about the service, "This home is one of the best in the area for

contacting us quickly when they need us."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive someone of their liberty had been made and systems were in place to monitor these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were treated with kindness; they were actively listened to and their choices respected. This was a family run business and people felt like they were part of one big family. One person told us, "I like it here, my room is nice and it nice and warm." A visiting professional told us, "This is a homely place, it might not have all the mod cons, but it is homely and people seem to like it. They all seem happy. I have been coming here for years and I have never heard anyone complain."
- Staff were extremely friendly and demonstrated a passion for providing a good quality service. One staff member told us, "The residents are all really special in their own way and it's great, the family atmosphere you have here. All the staff feel like it's a family."
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. We observed staff promoting people's dignity and showing respect for people.
- People's right to privacy was respected and reflected in care planning. Staff could tell us how they maintained people's privacy. Comments included, "I'd make sure the doors were closed (when providing care). If I undressed them I would make sure they were covered in a towel."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including personal care.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were recorded and updated. Some records could be further enhanced.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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 engaged in activities in the home and in the local community. People were supported to follow their chosen beliefs and religion through the attendance of regular faith leaders. Staff regularly engaged with people around their preferences in relation to activities. One person told us, "We had a Christmas party and what a party it was. We had a singer and a bit of a chat with everyone and a buffet, it was great."
- People were encouraged to spend time with family and friends.

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.

- People's communication needs were identified, and reasonable adjustments were made where required. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service.
- People told us they knew how to make complaints. One relative told us, "I haven't ever complained. I would speak to someone if felt I needed to."

End of life care and support

- End of life care planning was recorded in care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the last inspection we identified that regular, effective and consistent checks were not in place. We continued to find this during this inspection. Not all concerns we found during the inspection had been identified by the management team.
- There were no clear action plans in place to drive forward and monitor improvement.
- Records were not always available or up to date to support people's holistic needs and keep them safe from risk.
- The management team were not always aware of best practice or showed a commitment to implementing this.

Failing to have up to date records and have robust systems in place to identify concerns and act on these is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff had confidence in the management team and found them to be approachable.
- Staff treated people with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The culture of the service was family orientated, warm and caring. The management team lead by example and this was reflected within the whole staff team. Relatives told us, "I would say it is a well-run/managed home. It is very family orientated" and "It's good communication between us and the home. It's a family run place and has a homely feel."
- Staff told us the management team were approachable and would listen to their concerns or ideas.

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 nominated individual was open and transparent when dealing with issues and concerns. They

understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.

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 Failure to respond to risk and failing to assess the risk of, and prevent and control the spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failing to have up to date records and have robust systems in place to identify concerns and act on these.