

# CAS Care Services Limited

# Broughton Lodge

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 8 and 9 January 2018 and was unannounced.

Broughton Lodge was previously inspected on 3, 7 and 10 July 2017. During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to: staffing; training; recruitment of staff; safeguarding service users from abuse and improper treatment; records; medicine management; cleanliness and infection control; seeking consent in accordance with the Mental Capacity Act 2005; receiving and acting on complaints and governance arrangements. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the registered person had not always notified the Commission of incidents or allegations of abuse.

Following the last inspection, the provider was placed into special measures by CQC. We also met with the provider to discuss our findings and asked the provider to complete an action plan to confirm what they would do and by when to improve the five key questions we ask. They are: is the service safe, effective, caring, responsive and well led.

At this inspection we found that the registered provider had taken action to address the breaches identified at the last inspection and made enough improvements to be taken out of special measures.

Broughton Lodge is a 'care home' operated by CAS Care Services Limited (the provider). 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 care home is set within its own extensive grounds in a rural location in Macclesfield. The care home accommodates up to 20 people across three separate units, each of which have separate adapted facilities. At the time of our inspection, the service was accommodating 14 people with a diverse range of needs.

The care home was registered in July 2015 and had therefore not been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. Consequently, the service does not currently conform to some aspects of Building the Right Support and Registering the Right Support guidance. For example, the number of registered places and the location of the building.

The care home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our two-day inspection, we spoke with relatives, staff and people using the service. We also undertook direct observations of the standard of care provided.

Throughout our inspection we observed that staff treated people living at the home with dignity and respect and were attentive and responsive to people's needs. People using the service were seen to be relaxed in the presence of staff, comfortable in their home environment and presented as well-groomed and content.

We found that assessment, care planning and risk management systems were in place that confirmed the holistic needs of people using the service were identified, planned for and kept under review. This helped staff to be aware of the support needs of people living in the care home and to understand how best to support them.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities. Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had also been developed to provide guidance to staff. Management and staff spoken with demonstrated a good understanding of this legislation and the need to protect the rights of vulnerable people who may lack capacity.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to safeguard people from abuse. A complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon.

People using the service had access to an in-house multi-disciplinary team that consisted of speech and language therapists, occupational therapists and psychologists. People also had access to a range of health and social care professionals subject to individual need and medication was found to be ordered, stored, administered, recorded and disposed of safely.

A range of auditing systems had been established by the provider so that key aspects of the service could be monitored effectively. Likewise, the provider had implemented a new governance arrangement to ensure improved oversight and scrutiny of the service following our last inspection.

We were informed that the provider had served notices on five people using the service following our last inspection, one of which had since been withdrawn. This was because the provider was of the view that the needs of these people could not be safely met in the care home and had the potential to impact on the safety and wellbeing of other people using the service. We noted that one of the people was still being accommodated in the care home due to difficulties in finding an alternative provider.

The management team acknowledged that the service continued to work through a period of significant transition and demonstrated a commitment to the continuous development of the service. Furthermore, the management team recognised the importance of sustaining the improvements it had made since our last inspection to safeguard the wellbeing of people living in the care home.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Action had been taken to improve safeguarding systems and processes to protect people using the service from abuse and improper treatment.

People were protected from the risks associated with unsafe medicines management.

Staffing levels were sufficient to ensure people received appropriate levels of care and support.

Recruitment procedures provided improved safeguards for people using the service.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People's needs had been assessed to ensure they received care and support that was tailored toward their individual requirements.

Systems to deliver induction and training had improved.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed and staff demonstrated an awareness of this protective legislation and the need to safeguard the rights of people who may lack capacity.

The use of physical intervention within the service had been reduced and was subject to increased monitoring and review to ensure the human rights and health and wellbeing of people using the service was safeguarded.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care

**Requires Improvement** 

professionals when necessary to maintain people's health and wellbeing.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

### Is the service caring?

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity, respect and their privacy was safeguarded.

The provider employed an independent advocate to engage with people using the service and to help them express their views.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Systems for managing and responding to complaints had been reviewed to ensure all complaints were recorded, investigated and acted upon.

Care plan records, risk assessments and supporting documentation had been updated to ensure staff had access to the necessary information required to assist in the delivery of person centred care.

The service did not specialise in the provision of end of life care.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

A new manager had been appointed to provide leadership and direction at Broughton Lodge who had registered with the CQC.

**Requires Improvement** ●

Leadership and governance arrangements had been reviewed to ensure improved oversight and scrutiny of the service.

A range of auditing systems had been established so that key aspects of the service could be monitored effectively. This involved seeking the views of people using the service and their representatives.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

# Broughton Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following our last inspection on 3, 7 and 10 July 2017, the service was placed into special measures as we rated the service inadequate overall and for each of the five domains inspected. We therefore carried out this inspection in order to follow up concerns and breaches identified at our last inspection and to review the current standard of care and treatment provided to people using the service.

Safeguarding and whistle blowing intelligence brought to the attention of CQC was shared with the Police and the Local Authority following our last inspection so that action could be taken to investigate information of concern. The Police investigation into historic concerns regarding the care and treatment of people had not been concluded at the point we completed this inspection.

The inspection was unannounced and the site visit activity started on 8 and ended on the 9 January 2018.

The inspection was undertaken by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Broughton Lodge. We took any information they provided into account.

During our inspection we spoke with the Chief Operating Officer, the Nominated Individual / Operations Director, the Registered Manager; deputy manager, seven staff, the maintenance person and cook on duty.

We also spoke with seven relatives and two people who used the service. We encouraged other people using the service to communicate with us using their preferred methods of communication.

We commenced a Short Observational Framework for Inspection (SOFI) observation during a lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reverted to direct observation as this process had to be aborted in order to respect the needs of the people using the service and their reliance on intensive staff support.

We looked at a range of records including: three care plans; three staff files; staff training; minutes of meetings; rotas; complaints; safeguarding records; medication; maintenance and a range of audit documents.



# Is the service safe?

## Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was safe due to the complexity of their needs.

No comments were received from people using the service in relation to the safety of the service.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk in the carrying on of the regulated activity.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, we looked at three care files and found that each person had a range of risk assessments and other supporting documentation in place. The risk assessments were person centred and covered a range of areas that were unique to each person such as behaviour, accessing the community or health related issues.

At our last inspection on 3, 7 and 10 July 2017, we also found a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to ensure sufficient numbers of suitably qualified, competent skilled and experienced persons were being deployed effectively.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, the provider had reviewed how it deployed staff within the service. This helped to ensure staff were clear about the roles and responsibilities when supporting people living in the care home.

At the time of our inspection there were 14 people being accommodated at the care home who required different levels of care and support.

The provider had developed a 'staffing analysis and minimum staffing levels' document which outlined how the dependency needs of the people using the service and the resultant staffing levels were calculated. The registered manager told us that the minimum staffing levels required for the service was 1:1 (individual support) during the day time and, that at night, the staffing reduced to 0.5:1 via waking night cover. We noted that the registered manager had capacity to increase staffing levels above the minimum levels in exceptional circumstances.

We looked at the staffing rotas with the registered manager. The rotas had been updated since our last inspection. We were informed that the day shifts were 7.45 am to 8.15 pm and night shifts were from 7.45 pm to 8.15 am.

Codes and colours had been used to identify shift patterns on the rotas. We therefore asked the registered manager to update the rota so we could be clear about the shifts worked by each member of staff. The registered manager assured us that he would further improve the system by adding a key to indicate the shift times worked by each member of staff.

No concerns were received from staff regarding the staffing levels in operation in the care home. Overall, units viewed were observed to be generally calm and people using the service were seen to receive appropriate support from staff to participate in activities on and off-site.

We were informed that the care home had previously been dependent on the use of approximately 1500 hours per week from agency staff and that this figure had been gradually reduced to 350 hours per week. At the time of our inspection agency staff were only being used during night shifts and the provider was in the process of recruiting to outstanding vacant posts.

We also noted that vacancies associated with the multi-disciplinary team had been completely filled providing people with an on site multi-disciplinary team.

At our last inspection on 3, 7 and 10 July 2017, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'fit and proper persons employed'. This was because the registered person had failed to operate robust recruitment procedures to obtain the necessary information prior to staff commencing employment.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, following our last inspection the provider took action to replace the operations director and nominated individual, registered manager and deputy manager. A further six staff were dismissed and disciplinary action was taken in regard to a further three staff for inappropriate conduct. The provider had robust disciplinary processes and procedures in place.

Furthermore, the provider undertook a full review of all staff files to ensure any gaps in staff records were identified and addressed.

We looked at three staff personnel files for staff recruited since our last inspection. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proofs of identity and pre-employment health questionnaires. All the staff files we reviewed provided evidence that the checks had been completed before staff were employed to work at the care home. This meant the provider had done all that was reasonably practicable to protect people and the recruitment practices were robust.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safeguarding service users from abuse and improper treatment'. This was because the registered person had failed to establish and operate effective systems and processes to protect people using the service from abuse and improper treatment.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, we noted that the provider had made changes internally to the way in which it manages the processing and sharing of safeguarding information with relevant organisations to ensure accountability, openness and transparency.

CQC had been kept up-to-date on progress within the service by the Operations Director. The local authority had also been informed of any significant incidents to ensure appropriate analysis of incidents and monitoring of the service.

A corporate safeguarding policy and procedure had been developed by the provider to offer guidance for staff on their duty of care to prevent harm or neglect. A copy of the local authority's adult protection procedure was also available for the registered manager and staff to reference, together with a policy on whistleblowing.

Training records detailed that 98.6% of the entire staff team had completed safeguarding adults training. Systems were also in place to monitor staff that required safeguarding adults' refresher training.

All staff spoken with demonstrated a satisfactory understanding of the different types of abuse, their duty of care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated awareness multi-agency policies and procedures and how to whistle blow, should the need arise.

Records held by the Care Quality Commission (CQC) indicated that there had been three whistleblowing concerns raised following our last inspection on 3, 7 and 10 July 2017. The Commission referred any significant intelligence to the Police and / or the local authority safeguarding team.

The provider had also established an internal whistleblowing service known as 'Expo-link'. This indicated that there had been three incidents since our last inspection. Appropriate action had been taken in regard to each incident.

We looked at the safeguarding records for the service and viewed the 'central log of concern and safeguarding' record. This evidenced improved recording and analysis of safeguarding incidents. The majority of incidents concerned low level altercations between people using the service.

No allegations of abuse were reported to the Commission during our inspection.

At our last inspection on 3, 7 and 10 July 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had failed to ensure the proper and safe management of medicines.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a medicines policy for staff to follow. We observed a copy of the policy was available in the medication storage room.

We were informed that all staff responsible for the management of medication had completed appropriate training to help them understand how to manage medication safely and had undergone an assessment of competency which was reviewed periodically to check their knowledge, skills and understanding.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Photographs of the people using the service and key information such as PRN (as required) protocols, medication risk assessments and management plans were also in place. This helped staff to

correctly identify people who required assistance and to understand how best to support them.

We checked the arrangements for the ordering, storage, recording and administration of medicines on one unit with the Operations Director and a senior support worker who was a designated 'medication champion' with responsibility for the management and administration of medication.

We found that medication was appropriately stored in a dedicated temperature controlled room. Furthermore, medication administration records (MAR) were correctly completed following the administration of any medication. Records of the daily room and fridge temperatures, medication returned to the pharmacist, drug error and near misses had also been recorded. Separate storage was also available for medication requiring cold storage and for controlled drugs in the event they were prescribed.

Since our last inspection, the provider had made arrangements to change its dispensing pharmacist. Guidance from the new pharmacist was clearly displayed on the wall for staff to reference.

We noted that the medication room was clean and hygienic and that records were in place to confirm the room had been cleaned at regular intervals. Hand washing facilities, personal protective equipment, a first aid kit and an eye station had also been provided for staff to access.

Medication audits were routinely undertaken together with weekly medication reconciliation records. Any medication errors were also discussed in daily handovers with the registered manager so that action could be taken where necessary. This helped to provide assurance that medication practice was being closely monitored.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'premises and equipment'. This was because the registered person had failed to ensure that the premises was kept clean.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

Since our last inspection, the provider had arranged to undertake a full deep clean of the care home, redecorated all parts of the environment and recruited additional domestic staff.

Areas viewed during the inspection appeared clean and hygienic. The outside area where the refuse bins were stored had also been cleaned to remove hazards and improve infection control.

The provider had developed an infection control policy and procedure to provide guidance to staff on their collective and individual responsibilities for minimising and controlling the risk of infection. Personal protective equipment was also provided for staff to safeguard their health and safety and infection control training was in place. Records viewed highlighted that 83.1% of the entire staff team had completed this training.

We saw that health and safety checklists and infection control audits were routinely undertaken. The most recent audit had been completed on 5 January 2018 and a score of 100% was recorded.

A business continuity plan, fire risk assessment and personal emergency evacuation plans were in place to ensure an appropriate response in the event of a fire, breakdown of services or equipment and / or major incident. This information helped staff to be aware of their specific responsibilities and the action to be

taken in the event of an emergency.

We checked a number of test and / or maintenance records with the person responsible for maintenance in the care home. Records relating to water sampling; electrical wiring; fire alarm system; fire extinguishers; emergency lighting; portable appliances; oil powered boiler and the passenger lift were reviewed and all were found to be in order.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

## Is the service effective?

### Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was effective due to the complexity of their needs. No comments were received from people using the service in relation to the effectiveness of the service.

One relative stated that "Things have been up and down but on an even keel now."

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to ensure that persons employed in the provision of the regulated activity had received appropriate training to enable them to carry out the duties they were employed to undertake.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

Through examination of records and discussion with staff we noted that the provider had established a new programme of induction, staff training and development that was delivered to operational staff via a mixture of face-to-face and e-learning.

Since our last inspection, the provider had undertaken a review of all staff training and updated training records using a RAG (red, amber and green) rated system to provide up-to-date information on the training completed by staff. Furthermore, the provider had developed a training planner to address the outstanding training needs of staff.

Training records highlighted that the provider had expedited a range of training to staff since our last inspection. Examination of the training matrix highlighted that some staff had not completed all training relevant to their roles and responsibilities. However, we noted that a number of courses had been booked for staff to attend such as fire, epilepsy, monitoring the quality of service, first aid and positive behaviour support training. We also received assurances from the Operations Director and the registered manager that this was work in progress that would receive priority attention.

The provider had developed its own e-learning system called ACHIEVE and that e-learning was used for the majority of staff training. Records indicated that the overall completion rate for e-learning (all courses) was 98.7%. We were informed that the pass rate required for these training courses was 100%. Courses covered a range of topics such as: safeguarding adults, learning disabilities; active care; protecting our health and safety; information governance; infection control; food safety; equality and diversity; dealing with concerns at work and responding to emergencies.

Staff spoken with told us that they had noted improvements with staff training and development and we could see that a range of training had been completed by staff since our last inspection. Records highlighted that significant progress had also been made in the completion of key training subjects such as MAPA

(management or actual or potential aggression) and autism and learning disability training by staff.

We observed that daily handover meetings took place with the registered manager and senior staff to disseminate key information on a daily basis. We attended once meeting and noted that a range of topics were discussed such as any incidents requiring the use of physical intervention; comments, compliments and complaints; staffing issues and deployment; vacancies; daily risk assessments; medication errors; welfare of people using the service and other operational matters.

During our last inspection, we received concerns regarding the inappropriate use of physical intervention within the care home. The new management team informed us that they were committed to ensuring that restrictive interventions were only used as a last resort and to developing initiatives that change how risk behaviour is managed in order to develop a culture of best practice.

The provider had developed systems to record the use of physical intervention in accordance with guidance issued by the Department of Health in order to provide accurate and transparent data.

We looked at the incident analysis report from August 2017 to December 2017. This provided information on incidents requiring the use of a MAPA restraint. We noted that there had been a significant reduction in the use of physical intervention and that the trajectory line showed a downward trend.

We noted that the provider had developed a reducing restrictive practice policy and that a schedule of audits was in place to monitor compliance and practice. Individual assessments and management plans had also been developed for people using the service.

Staff spoken with confirmed they had attended team meetings periodically and had access to appraisals and formal supervision. Examination of the supervision matrix highlighted that the frequency of staff supervision sessions had gradually improved towards December 2017. Moving forward, the management team reported that they were working towards a frequency of providing staff with supervision every two months.

Other initiatives had been developed to ensure key information was shared with staff. An example of this was the displaying of a 'policy of the month' on the staff notice board.

At our last inspection on 3, 7 and 10 July 2017, we also found a breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'need for consent'. This was because the registered person had failed to seek consent or act in accordance with the Mental Capacity Act 2005 in respect of the use of closed circuit television cameras within communal parts of the care home.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, the Operations Director told us that the surveillance cameras had been switched off and that they would not be reactivated without obtaining consent and / or best interest decision making processes being followed.

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 people 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 so that they

can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA 2005 and the associated DoLS with the registered manager.

The provider had developed a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of capacity, best interest decision making and deprivation of liberty safeguards.

We saw that mental capacity assessments had been completed and if applicable DoLS applications made. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates.

Information on applications awaiting authorisation, best interest decisions, people with a Lasting Power of Attorney (LPA), advanced directives and the involvement of an IMCA (independent mental capacity advocate) was also recorded.

Key information on the MCA and DoLS was available for staff to reference together with guidance in the form of a poster which outlined the 5 principles of Mental Capacity i.e. PLUMB – 'P' resumption of capacity; 'L' least restrictive intervention; right to make a decision deemed 'U' nwise; 'M' aximise communication and decision making and finally consideration of 'B' est interests.

Staff spoken with confirmed they had access to training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

Broughton Lodge comprises of three residential units, each unit having its own staff team. All bedrooms are single occupancy and all have en-suite facilities. Within each living area there are communal lounges, kitchens and dining rooms. Two of the three living areas have assisted sensory bathrooms and each area has its own laundry, which are accessible to each individual to support learning and development. Each residential area has its own garden area and within the grounds there is an extensive and enclosed safe surface area where a range of outdoor sports are able to take place. Other facilities at Broughton Lodge include a sensory room, a family room (for family visits), an ICT suite which is equipped with computers and interactive white board.

The Operations Director informed us that the provider was considering options to redevelop part of the care home in the future in order to enhance the environment for people using the service.

We undertook a tour of the home and noted that where possible, people's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable.

During our inspection we visited the kitchen area in the care home and spent time with the cook on duty in order to gather information on the catering service and the dietary needs of people living in the home.

We enquired about the last food hygiene rating for Broughton Lodge and noted that the Food Standards



Agency had last visited the care home during November 2017 - following which they awarded a rating of 5 stars (which is the highest award that can be given).

The cook told us that the provider had employed a second cook following our last inspection to ensure continuous cover for the kitchen and eliminate the need for care staff to prepare meals.

The kitchen area was viewed and appeared clean and well stocked. We looked at how the cook recorded key information relevant to the operation of the kitchen in a food safety manual and noted that catering staff had access to information on the likes, dislikes and dietary needs of people using the service. Each unit in the care home also had a small kitchen area that was used to help people learn basic cooking skills and to prepare light snacks and refreshments throughout the day.

A pictorial four week rolling menu plan was in operation at the care home which was reviewed periodically and offered people an alternative choice of meal at each sitting. Individual menu plans had also been produced for some people using the service and additional options were also available upon request.

We saw that meals were transported from the main kitchen to each unit using heated trolleys. Meals were served in the dining area on each unit although some people preferred to eat elsewhere and this choice was respected.

We saw that dining rooms and tables contained minimal equipment for safety reasons and that meals were attractively presented. Staff were noted to communicate and engage effectively with people using the service and we observed positive interactions during the mealtime. We also saw that people received appropriate encouragement and support from staff that were attentive to the needs of people using the service.

We noted that systems were in place to involve people using the service in their assessments and care planning processes which had been kept under review following admission to the care home. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

The registered manager told us that he worked in partnership with other teams and services such as social workers and health professionals to ensure the delivery of effective care and support for people using the service. Whilst undertaking the inspection we also observed that members of the organisation's multi-disciplinary team such as speech and language therapists, occupational therapists and psychologists were on site to provide support to people using the service. This helped to ensure the complex and diverse needs of people using the service were assessed, planned for and kept under periodic review.

Discussion with staff and care plan records viewed provided evidence that people using the service also had access to a range of health and social care professionals such as GP, dentists, opticians, social workers etc. subject to individual needs.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

## Is the service caring?

### Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was caring due to the complexity of their needs. No comments were received from people using the service in relation to whether the service was caring.

Prior to, during and following our last inspection on 3, 7 and 10 July 2017, we received information of concern from staff and whistle blowers that raised concerns regarding the care and treatment of people using the service. The concerns covered a range of issues such as: the management and staff culture within Broughton Lodge; inadequate training; the standard of care provided; inappropriate use of physical intervention; governance, quality assurance and leadership; failure to safeguard people from abuse and improper treatment and to act upon safeguarding concerns and complaints.

During this inspection, we did not receive any concerns from staff working in the care home and found that the provider had taken action to improve the service and the overall standard of care provided to people living in the care home.

We received mixed feedback from the representatives of people living in the care home. For example one relative stated "Great care from staff".

Conversely, one relative shared concerns they had about a person using the service having gained weight. We looked into the issues raised and saw that the provider had taken positive action to address the concerns. For example, a dietician had been commissioned to undertake an assessment of each person using the service; provide personalised dietetic advice; make individual recommendations to ensure the health and wellbeing of people using the service and produce new menu plans.

Likewise, another relative raised concerns about an incident whereby a person using the service had not received appropriate supervision. Again, we found that the provider had acted upon the information received and conducted an internal investigation. This information helped to provide assurance that the provider was keen to promote a culture of openness and transparency, ensure lessons were learnt and acted upon and ultimately ensure people received safe care and treatment.

Other examples such as concerns re the laundry service and personal care were discussed with the management team. We received assurance from the registered manager that action would be taken in response to any feedback.

The management team acknowledged that it would take some time to rebuild and gain the trust of all parties with an interest in the operation of Broughton Lodge. We were reassured to hear that the provider and management team were keen to listen and obtain people's views to ensure positive outcomes for people using the service.

Throughout our inspection we observed that staff treated people using the service with dignity and respect

and were attentive and responsive to their needs. People using the service were seen to be relaxed in the presence of staff, comfortable in their home environment and presented as well-groomed and content.

The provider employed an independent advocate to engage with people using the service on a weekly basis. The advocate worked on average nine hours each week and covered a range of areas such as helping people prepare for and attend meetings; ensuring people are safe; responding to any issues relating to the care and treatment of people; helping people to raise complaints or concerns; assisting with people with financial matters and supporting people with transition. We saw that monthly reports were produced for the provider which provided a breakdown of developments and any recommendations.

We noted that people using the service were involved in meaningful person-centred activities both on and off-site. Likewise, staff spoken with were clear about their roles and responsibilities, the value base of the organisation and each person's preferred routines, needs and likes and dislikes.

Electronic and paper records were kept securely within the care home to help ensure confidentiality. Information on Broughton Lodge had been produced in the form of a detailed Statement of Purpose and an easy read information booklet. The information booklet had been developed using pictures, signs and symbols to help people using the service to understand the information more easily.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

## Is the service responsive?

### Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was responsive due to the complexity of their needs. No comments were received from people using the service in relation to the responsiveness of the service.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk in the carrying on of the regulated activity.

At this inspection, we found that the provider had met their legal requirement and action had been taken to address the breach.

For example, we looked at the care plan records for three people who were living in the care home.

We noted that each person had an 'active support file' and a separate 'physical health file'. Files viewed contained an index and had been updated since our last inspection to include: one page profiles; personal details, pre-admission and risk assessments; mental capacity information; care and active support plans; protocols and clinical support information such as psychology and speech and language reports and audit tools.

Additionally, health files included personal details; an overview of medical appointments; health action plans; medical contact records; medication protocols; mental capacity and best interest decisions; hospital passports. Supporting documentation such as body maps; personal care and weight records; various monitoring forms and other correspondence was also in place.

Family feedback sheets, daily journals and standard case review documents were also available for reference which provided evidence of progress made in relation to health, independence, choice and inclusion. One family member reported that she had not received a feedback sheet for several weeks and this was shared with the registered manager so that action could be taken.

The information developed by the provider was person centred and provided evidence that the changing needs of people using the service were being monitored and acted upon. Picture exchange communication systems were also in use to help people using the service to communicate and understand information.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'receiving and acting on complaints'. This was because the registered person had failed to investigate and respond to a complaint from a service user in relation to the carrying on of the regulated activity.

At this inspection, we found that the provider had met their legal requirement and action had been taken to

address the breach.

The provider had developed a 'Complaints, Compliments, Suggestions and Comments' policy to offer guidance to people using the service and / or their representatives on how to make a complaint.

Information on how to raise a complaint, contact the advocate and / or other organisations had also been displayed on a notice board on each unit.

A complaint book / log had been established which indicated that there had been five complaints from people using the service of their representatives since the care home was last inspected in July 2017. Two complaints had been made from the parents of two people using the service and concerned diet and / or weight gain and three had been made by one service user and concerned staffing and laundry.

Records were on file which confirmed action had been taken to investigate and respond to concerns and complaints. We noted that easy read forms had been established to enable people using the service to record their concerns. A similar process was also in place to share the outcome of complaints.

The provider employed two full time activity coordinators during weekdays that were responsible for the planning of activities with people using the service in collaboration with occupational therapists.

Information on activities was displayed on each unit and each person using the service had a personalised weekly activity schedule in place that had been developed using signs and symbols. Schedules indicated that people had access to a range of in-house and community based activities such as: activities of daily living; shopping and cooking; attending college and clubs; computer sessions; numeracy; sensory activities; art and craft work; exercise and leisure activities; musical instruments; swimming and walking; trips out to various destinations and visiting family members.

Additionally, a programme of group activities had been produced which outlined a range of activities such as a breakfast and games club; social group; disco; sensory and relaxation; arts and crafts and ASDAN (a curriculum development organisation and awarding body, offering courses that help people develop skills for learning, employment and life).

Since our last inspection, a daily list of allocated duties system had also been introduced to ensure staff were clear on the support requirements of each individual and their preferred or planned daily routines.

The care home had a sensory, art and craft and ICT room. We noted that these resources were in use at the time of our inspection. Through direct observation and examination of records we also noted that people using the service were becoming increasingly involved in both on and off-site activities.

We saw that visitors were encouraged to visit throughout the two days of our inspection. Relatives we spoke with confirmed they could visit at any time and they were welcomed by staff.

The provider does not provide end of life care in this care home but had a policy and procedure to follow in the event of the death of a person using the service.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.

## Is the service well-led?

### Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was well led due to the complexity of their needs. No comments were received from people using the service in relation to whether the service was well led.

Comments from staff included "The culture is much better"; "The new manager is ace. Firm but fair" and "The manager will listen to what you have to say."

One relative raised a comment regarding the manner in which the registered manager had spoken to them. We discussed the concern with the registered manager during our inspection in the presence of the Operations Director. The registered manager was able to offer an explanation and was of the view that he had acted in a professional manner.

At our last inspection on 3, 7 and 10 July 2017, we found a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulations relating to 'good governance'. This was because the registered person had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. Furthermore, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk from the carrying on of the regulated activity.

At this inspection, we found that the provider had met their legal requirement and action had been taken to address the breach. For example, following our last inspection, the provider had appointed a replacement Operations Director for the care home and a new manager who had registered with CQC. The registered manager was present for the two days of our inspection and was supported by his Operations Director who is also the nominated individual for the provider.

The registered manager and his Operations Director engaged positively in the inspection process and were open and transparent with the inspection team. The management team demonstrated a good knowledge of the care home, the needs of the people living there and the staff team and a commitment to the continuous improvement of the quality of service provided.

On the first day of our inspection, the Operations Director provided the inspection team with a presentation on the action that had been taken in response to the findings of our last inspection. The presentation included an introduction, analysis of breaches, key themes identified and action taken to improve the operation of the service. The presentation was positive and informative and covered a range of issues such as changes to the governance framework and developments in areas such as leadership and staffing; the experience of people using the service; environment; records management and systems and processes such as safeguarding and medicines management.

We were also informed that the provider had commissioned an independent person to undertake a 'root cause analysis' to identify a timeline, causation and key lessons to be learned in response to the findings of

the last inspection. This task had not been concluded at the time of our inspection.

The provider was governed by a board of directors that had overall responsibility for the operation of the service. We noted that the provider had developed a strategic plan for the organisation and had prepared a sustainability plan for the care home to ensure continuous improvement in service delivery. Additionally, the provider had published its vision and values on its website which outlined its vision, purpose and values. This indicated that the organisation placed a strong emphasis on care, openness, commitment and honesty.

A procedure for governance and a policy on measuring quality, satisfaction and compliance had been developed by the provider to clarify its expectations for management and staff.

We were informed that the provider had revised its governance arrangements for the entire organisation in light of the findings of our last inspection. This was undertaken in order to ensure more effective oversight and scrutiny of the service.

The governance structure incorporated meetings for local and regional clinical governance, operational governance and managers. Each meeting had set agenda items for discussion such as: operational effectiveness; risk effectiveness; operational audits; resource effectiveness; patients and carers experience; communication and growth and new development. Intelligence from each meeting was monitored by and accountable to a corporate governance committee and ultimately the corporate management board and company directors.

The operations director told us that he visited the service on a regular basis and that other senior managers and directors had visited the service in order to help monitor and drive improvement. This feedback was highlighted on the second day of our unannounced inspection, when the Chief Operating Officer also visited the care home to review progress and to discuss developments with the inspection team.

We reviewed copies of operational governance and local and regional clinical governance meetings that had taken place since our last inspection. We could see that they covered key areas relevant to the operation of the service and delivery of care and that action points were RAG (red, amber and green) rated to help identify any priority tasks, included action plans and also target dates for review.

Key performance indicators covering staffing, quality and occupancy was completed on an on-going basis to capture key information. Operational updates and key data pertaining to the performance of the service were also monitored by the Operations Director.

A schedule of audits was in the process of being embedded to help monitor and enhance the quality and safety of the services provided. These audits were undertaken periodically and had been developed for areas such as health and safety; medication; infection control; care; information governance; annual surveys; safeguarding; deprivation of liberty safeguards and reducing restrictive practice. We reviewed a sample of the audits and found that they had been correctly completed. Any areas requiring action had been recorded and acted upon.

We noted that the registered manager undertook daily walk rounds on each of the three units at various times each day and completed a checklist to record his findings. This helped to ensure staff were provided with appropriate supervision and provided further assurance of further mechanisms to scrutinise the standard of care provided to people living in the care home.

The registered manager told us that 'individual satisfaction surveys' had been completed in December 2017. People using the service had been supported by an independent advocate. We were informed that seven out of 14 people had chosen not to engage in the process.

An easy read summary report had not been produced however a numerical analysis of the scores was in place, together with a bar chart. This highlighted that feedback was positive overall. Areas for improvement included: food, comfort and safety, activities and complaints. The management team reported that they intended to produce an easy read summary and action plan to share the findings and actions to be taken with people using the service

We noted that a relative / carer survey had been completed dated September 2017. Only five out of the 17 surveys distributed were returned, one of which was partially completed. Respondents provided mixed feedback across the five parts of the survey which were: staff; the location; the service; have we missed anything and suggestions for improving the service. An action plan had been produced in response to the feedback.

At our last inspection on 3, 7 and 10 July 2017, we also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 relating to notification of incidents. This was because the registered person had failed to notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user.

At this inspection, we found that the provider had met their legal requirement and action had been taken to address the breach.

Following our last inspection, the provider made changes to the way in which it manages the processing of statutory notifications to ensure accountability, openness and transparency. CQC has routinely been sent notifiable incidents and been kept up-to-date on progress within the service. The local authority had also been informed of any significant incidents to ensure appropriate analysis of incidents and monitoring of the service.

The newly appointed registered manager confirmed his awareness of the legal requirement to notify the CQC of certain significant events that may occur in the care home. Since registration, he has demonstrated compliance with this requirement.

We noted that the provider had developed a range of policies and procedures for staff to reference which covered key areas such as the Mental Capacity Act; deprivation of liberty safeguards, safeguarding; whistleblowing; complaints; infection control and medication. These were readily available for staff and copies were stored in the staff room.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Quality Assurance Team. This is an external monitoring process to ensure the service meets its contractual obligations.

Cheshire East Council's Quality Assurance Team issued the provider with an improvement plan following our last inspection and subsequently increased their monitoring of the service. Feedback received prior to our recent inspection was positive and confirmed improvements were being noted in the standard of service provided.

The ratings from the previous inspection were displayed prominently within the care home and also on the



company's website as required by law.

The rating in this domain is requires improvement. To improve the rating from 'requires improvement' to 'good' would require a more consistent track record of good practice.