

Broadoak Group of Care Homes

Broadoak Lodge

Inspection report

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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:

Broad oak Lodge is registered to provide accommodation and personal care for up to 27 adults. At the time of our inspection there were 24 people using the service.

People's experience of using this service:

Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

Staff knew how to manage risks to promote people's safety, and balanced these against people's right to take risks and become more independent. There were sufficient staff with time to support people with their required needs and take part in activities of their choice.

Effective recruitment processes were in place and followed by the management team and provider. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people from cross infection.

People were supported to make decisions about all aspects of their life; the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards underpinned this. Correct processes were in place to protect people. Staff gained consent before supporting people and respected their decisions.

People were encouraged to have choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. Staff were also supported by managers through supervisions.

People could make choices about the food and drink they had, and staff gave support when required to enable people to have a balanced diet. People were supported to access a variety of health professionals when required, including opticians and doctors to make sure people received healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests.

There was a complaints procedure which was accessible to all. Complaints had been responded to appropriately. Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

The registered manager managed the service. The assistant manager was in the process of applying to be a registered manager also.

Rating at last inspection:

At our last inspection we rated the service as requires improvement in the domains of Safe and Well-Led. This report was published on 02 February 2018. At this inspection we found evidence that these ratings were now good.

Why we inspected:

We carried out this inspection based on the service's previous rating. At the last inspection we found three breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated Requires Improvement in Safe and Well-led. We required the service to make improvements and the provider informed us what they would do to meet the regulations. More information is in the full report.

Follow up: We will continue to monitor the home in line with our regulatory powers.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Broadoak 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 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

Inspection team: The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had expertise in caring for a family member with dementia/older person.

Service and service type: Broadoak Lodge is registered to provide accommodation and personal care for up to 27 adults. Broadoak 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 registered manager 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: This inspection visit was unannounced and took place on 13 February 2019.

What we did: Before the inspection visit, 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 used this information to assist with planning the inspection.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about Broadoak Lodge.

During the inspection visit we spoke with five people using the service, five relatives, the registered manager, assistant manager and two care staff. We also observed how staff provided care for people in communal

areas.

We looked at the care and support provided to three people who lived in the service, including their care records, a number of management records, audits on the running of the service and two staff recruitment records.

Is the service safe?

Our findings

At our last Inspection we found that people may not have been protected from abuse because staff did not always follow local and national guidance about reporting suspected abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safeguarding service users from abuse and improper treatment. We also found that staffing levels were not always appropriate, this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Staffing.

At this inspection we found improvements had been made and that the service was meeting the regulations.

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

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

Systems and processes to safeguard people from the risk of abuse

- One person at the service told us they felt safe. They told us, "I have ..., so I have to have my medication at certain times. It just turns up like clockwork. I really wasn't safe living at home on my own."
- Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They said if they had concerns about a person's well-being they would raise it with the registered manager or person in charge.
- Staff we spoke with knew how to recognise the signs of abuse and what action to take should they suspect abuse.
- The management team were aware and reported any concerns to the appropriate authorities such as the Care Quality Commission and the local authority safeguarding team. Where an investigation was required this was carried out in a timely manner and documented.

Assessing risk, safety monitoring and management

- Each person had risk assessments for the tasks they might need support with. This meant staff had the information they needed to keep people safe while at the same time respecting their freedom and independence.
- Records showed people and their representatives were involved when risk assessments were written. Staff had clear information about how to protect people from risks to their health and welfare.
- The premises were risk assessed to identify hazards and action taken to minimise risks to people. This included ensuring safe hot water temperatures and having window restrictors to prevent falls from windows. Fire precautions were in place such as regular fire drills and checks to fire systems.
- Staff were aware of how to keep people safe, such as checking water temperatures before people bathed. Staff also checked all equipment before use, for example hoisting equipment.
- Risks that might cause harm to a person were assessed and recorded along with management plans so that staff could take action to reduce the risk of harm.

Staffing and recruitment

- There were enough staff employed to meet people's needs and keep them safe. People told us that there were enough staff to provide safe care.
- The assistant manager told and showed us how they calculated the numbers of staff required based on people's needs. This was performed on a regular basis and the staffing numbers amended as a result. Our observations confirmed that on each shift there were enough staff to support people with their everyday needs. We heard call bells being answered quickly and no one had to wait long periods before their request for assistance was answered.
- Since our last inspection there had been additional support for the registered manager. This had a positive impact on the service with many improvements being made to the rotas and staffing levels on all shifts. The staff commented that they did not feel rushed and could spend time with people throughout the day.
- Records showed staff had been safely recruited, so they were safe to work with people using care services. Appropriate checks had been made with the Disclosure and Barring Service (DBS), referees and previous employment history checks were undertaken before staff were offered employment to ensure the staff had the rights skills and experience.
- There was a stable staff team with the home who reported that they felt valued and listened to by the management team which had a positive impact on the morale.

Using medicines safely

- People received their medicines safely and when they required them. A staff member who administered medication was knowledgeable and had been trained and assessed as competent to give medicines. Medicines were kept securely. Staff checked medication before it was given to people to ensure it was correct. Medication audits were carried out daily to identify possible errors or problems.
- People who were prescribed medicines to be given 'when required' had a protocol in place which instructed staff about when and in what circumstances this medicine should be given. These were clear and easy to follow.
- Accurate records were maintained for medicines received into the service and for medicines that needed to be returned as no longer required.

Preventing and controlling infection

- The premises were clean, odour free and tidy. Staff were trained in infection control and food hygiene. Staff used personal protective equipment when carrying out their work. This reduced the risk of infection being passed on.

Learning lessons when things go wrong

- Managers could describe what processes would be followed if things went wrong at the service, including who they would notify. Any accidents or incident were recorded and actions taken as appropriate.

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

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

- The provider used a pre-admission assessment process to identify people's needs and choices before they moved to the service to ensure they could meet people's needs.
- The staff team were supported by a range of health care specialists and care; treatment and support was provided in line with national guidance and best practice guidelines. For example, the local District Nursing team had supported people and the staff with administering insulin. The District Nurse had assessed the staff and followed appropriate guidelines for the safe administration of insulin.

Staff support: induction, training, skills and experience

- Staff had one-to-one supervisions and attended meetings where people's care needs and their own training requirements were discussed.
- Staff said they were satisfied with their training and could request extra training if they felt they needed it. They described the manager as being very supportive of staff development.
- Staff were skilled and knowledgeable about how to provide effective care and support. Records showed they completed detailed induction training and other additional courses including how to safeguard people and training on people's health conditions, such as dementia.
- If incidents of behaviour that challenged the service occurred, staff received support from management team to enable them to manage the behaviours and reduce them occurring again in the future.

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

- People were complimentary about the meals provided and said they liked the food. Where needed people received appropriate support with their eating and drinking and were provided with a diet of their choice. A staff member told us, "We always give a choice. We ask people to choose between two things so as not to confuse them."
- People could eat in their rooms if they preferred not to eat in the communal dining area. A staff member described how healthy choices of food were provided to people to encourage them to eat well. Drinks were frequently offered and available for people.
- People had their risk of malnutrition assessed and action was taken when risk was identified. We saw that people were weighed when it was needed and action taken if there was a problem identified. For example, if a referral was needed for dietician then the person's GP was contacted.
- The staff were aware of people's dietary needs and had acted when risk of malnutrition and dehydration had been identified.

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

- Staff told us people's health needs were planned and met. People had seen health care professionals and

specialists when needed, such as specialist outreach teams and GPs. If people were feeling unwell then a GP appointment would be made for them by staff.

- People's health conditions were monitored daily and if they continued to feel unwell, then a further GP appointment would be made for them.
- Records confirmed people's healthcare needs were assessed and met and staff worked with health care professionals, including GPs, dentists, and opticians and followed their advice. Emergency grab sheets, describing people's health needs, were in place if people needed to be admitted to hospital.

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

- The premises were homely and comfortable and the facilities were accessible to people.
- People could comfortably move around the home and find their rooms without any problems. We saw that where appropriate people's names were on their bedroom doors. Other discreet labels were adjacent to the names so that staff could easily see who would need support in the event of a fire. For example, coloured dots and butterflies.

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.
- Records showed the registered persons had made the necessary applications for DoLS authorisations so people at the home received lawful care. However, some staff were not aware of DoLS conditions, the registered manager said this would be discussed with staff. Staff worked within the principles of the MCA and asked for people's consent when providing personal care to them.

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

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

Ensuring people are well treated and supported; equality and diversity

- People were cared for by staff who were kind and genuinely interested in their well-being and happiness. One person told us, "The staff here are brilliant. I have no complaints at all. They listen to my sob stories and don't gossip with others about us."
- Staff told us they had time to build one-to-one relationships with people. They told us about people and were knowledgeable about them. They knew about people's likes and dislikes and the lifestyle they wanted to follow.
- We saw thoughtful interactions between staff and people. Staff greeted people and asked them what they wanted to do. People were praised for things they had done. Staff responded promptly, calmly and positively to any issues.

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

- People were involved in making decisions about their care and support. People told us that they got up at different times of their choosing and could have breakfast when they wanted. People and relatives had the opportunity to be involved in reviews of care needs.

Respecting and promoting people's privacy, dignity and independence

- The home's literature emphasised people's right to be treated with respect and dignity and to be involved in how they wanted the home to be run. People told us staff encouraged them to make choices about their lives and they felt free to live their lives as they wished, given the restrictions of their conditions. For example, people went out for meals with relatives and staff accompanied them to assist with personal care. One person told us, "They (staff) know I like to do things for myself and sometimes I can help out with folding napkins or washing."
- Staff told us people's right to privacy was always respected and they could spend time alone as and when they wanted to. Staff told us they always knocked on people's doors and waited for a response before entering. The PIR told us staff were encouraged to be dignity champions to promote people's dignity. This was evidenced by dignity champions being identified on the notice board.
- Staff said people's independence was encouraged and respected. We witnessed staff offering people the opportunity to carry out tasks for themselves. People were encouraged to maintain their daily living skills and keep their bedrooms clean.
- People's religious and cultural needs were respected. One person could continue to follow their religious belief and was visited regularly by nuns. A local church also visited the home monthly and people were given the choice to partake in the service if they wished.

Is the service responsive?

Our findings

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

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

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

- People's care was planned and reviewed with their involvement. They and their representatives had the option to be involved in this process.
- Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided met people's needs.
- There was information about people that told staff about them, their likes and dislikes, hopes and fears and what was important to them. Staff were aware of individual information in care plans. There was a handover of information between shifts so staff were up to date with people's needs and whether these had changed.
- Staff were aware of people's preferred activities. There were activities held during the inspection visit and a dedicated noticeboard showed us what activities were planned over the course of the week. One person was completing a jigsaw in a dedicated area, which they enjoyed. This activity had been designed in conjunction with the person and came as a result of staff talking to the person.
- Another person was listening to music in their room throughout the day. People could participate in activities outside the home if they wished to and several people went out with family members. Some people said that they would like to go out on more visits. The assistant manager told us that they are in the process of getting access to a minibus to facilitate this.
- The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. People's communication needs had been assessed and acted on. For example, there were communication books available with many pictures of everyday items and tasks for staff to use with people.

Improving care quality in response to complaints or concerns

- Records indicated that there had been two complaints since the previous inspection, both of which had been resolved at the earliest opportunity and to the complainant's satisfaction. Concerns from outside bodies had been investigated and action taken.
- A formal complaints policy and procedure was in place and available for people and relatives. The management kept a log of any complaints and how they were responded to. Written information was available about making a complaint and contacting other authorities. Staff knew how to support people to make a complaint.

End of life care and support

- At the time of our inspection the home was not providing end of life care. However, there was relevant

information in care plans. This recorded people's preferences for end-of-life care so staff had information to effectively follow people's wishes.

- Appropriate documentation was in place for people who had been assessed by a healthcare professional for DNR CPR (Do Not Resuscitate or Cardiopulmonary Resuscitation).

Is the service well-led?

Our findings

At our last inspection we found that quality monitoring did not effectively identify concerns or make changes to improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance.

At this inspection we found that improvements had been made and the service was meeting the regulation.

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

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

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

- Staff were aware of the values within the service. Several of the staff linked the dignity champion training about dignity to their values to make a difference to people's lives. We observed this throughout our inspection visit.
- There was a relaxed atmosphere in the service. Staff assisted people as they took part in various activities.
- Staff told us the manager was friendly and efficient. Communication between staff and people living in the home was good. Staff thought the service was well led and well-managed. A relative told us "The home is much better managed nowadays and they work well as a team." Another relative described, "Either my brother or I are kept informed of everything that goes on, so we feel included. They monitor everything – food, liquids, weight and share all of it with us."

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- The manager and registered manager were involved in people's support and had a good relationship with them and staff. We saw management assisting care staff with people's one-to-one support in a positive, friendly and helpful way. Staff were praised in supervision and staff meetings for their friendly approach and high standards of providing care to people.
- Staff said there was a culture of openness at the service and the manager was supportive. One staff told us, "We know we can go to [manager and assistant manager's names] and they will always help us."
- Staff at all levels understood their roles and responsibilities. The assistant manager was in the process of registering with us so there were two registered managers who had responsibility for certain areas within the home. This was working well as both knew their roles and accountabilities in managing the service. The staff team were held to account for their performance where required.
- The management team had systems in place to monitor the quality and safety of the service and were using these to check the service on a regular basis. Regular audits on medicines and their administration were undertaken and any errors or omissions were dealt with promptly.
- Monthly reviews of people's care plans and records of people's weights, falls and accidents and incidents

were undertaken. Records showed that where issues had been identified, appropriate action had been taken.

- The managers understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This kept the Commission informed whether the appropriate action had been taken in response to these events.
- The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home.

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

- People had the opportunity to attend residents' meetings. They were held to check that people were happy with the service including issues such as food and activities.
- At the previous inspection we identified that where people had requested the outside areas needed to be improved so they could enjoy it during the summer months, this work had now been done. The outside courtyard provided a green area that could be enjoyed throughout the year if people wished. People told us that when the weather was warm during the summer they were able to sit outside and enjoy it.

Continuous learning and improving care

- Supervision sessions and staff meetings also helped to ensure that staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with swiftly by the managers.

Working in partnership with others

- The management team worked in partnership with the local authority safeguarding team and other healthcare professionals to ensure people received care that met their needs. We saw that where referrals were needed for specialist advice this was done in a timely manner to support people remain well.