Avery Homes Dudley Limited

Broadway Halls Care Home

Inspection Report

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Summary of findings

Overall summary

Broadway Halls is a care home that provides personal and nursing care for up to 83 people. The home is purpose built and there are four separate units where care and support is provided to people with dementia, nursing needs, and personal care needs. At the time of our inspection 73 people lived at Broadway Halls.

At the time of our inspection there was a registered manager in post who provided strong inclusive leadership and support to the staff. In the absence of the registered manager there was a deputy manager who was able to run the home so that there was stability for both staff and people who lived there.

People who lived at the home had very positive comments to make about Broadway Halls. They told us that staff were caring and were always willing to help them. These comments were echoed by visitors to the home during our inspection which included health professionals who said that staff always followed their advice that ensured people received good care.

We saw that staff were kind when they engaged in conversations with people and showed respect when they spoke about the care and treatment they provided to people. There were many examples during our inspection where staff treated people as individuals and one person said that this made them feel like a 'human being.'

We found that staff followed correct procedures that ensured people had the support and equipment that was right for them. This meant that risk factors for people's safety and wellbeing

were identified and explored so that they were as safe as they possibly could be, without unnecessary restrictions to their freedom.

There were procedures in place that made sure staff received the right training and support so that they were able to look after and meet the needs of people who lived at the home. This included training in the protection of vulnerable adults and meeting the needs of people with dementia.

People's needs and preferences in regards to their daily routines had been clearly recorded in their care plans. People that we spoke with told us that they had not seen their care plans but felt involved in their care. All the relatives that we spoke with told us that they knew about the care plans and they were happy that staff kept them updated with any changes in their relations care or treatment.

Staff were able to tell us about the people they supported, for example their life stories and their interests. Improvements were being made to activities for people which included the introduction of a 'gentlemen's club.' This was a positive step as some men told us that they were bored and had nothing to do.

During our inspection there were organised activities for social stimulation and to meet people's interests taking place. We also saw examples of unplanned engagements between people and staff. This included reminiscing about the past or talking about everyday life.

People were supported to be involved in all aspects of their life and, as much as possible, in decisions about their care or treatment. Where this was not possible, professionals and staff considered people's capacity under the Mental Capacity Act 2005 (MCA) in the best interests of the person.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Relevant staff have been trained to understand when an application should be made and how to submit one. We did not find any examples of people receiving inappropriate control or their liberty being restricted by staff practices.

We found that the registered manager and the deputy manager monitored the standards of care and support that people received at Broadways Halls. This meant that any improvements were identified and put in place in a timely way that made sure people received safe, effective and responsive care and treatment because the service was well led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who lived at the home and their relatives told us that they felt safe and staff responded to their needs with minimum delays.

There was a focus on people's safety and we saw that staff assessed, identified and had taken action to mitigate risks so that people were protected from harm.

Staff had received training in the protection of vulnerable adults. Staff that we spoke with knew how to report concerns. We saw evidence that incidents of safeguarding had been reported to the local authority and the Care Quality Commission as is required.

Good recruitment procedures were in place that ensured people were protected from harm. When staff started their employment they received an induction and training. We saw that training continued on an on-going basis so that staff had the right skills and knowledge to provide care, treatment and support to people who lived at Broadway Halls.

Staff were aware of the Mental Capacity Act 2005 and how to involve people in the decision making process if a person who lived at the home lacked the mental capacity to make a decision. This ensured people's legal rights were protected.

Staff had received training in Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in protecting people from receiving inappropriate control or restraint. During our inspection we did not observe people being potentially restricted or their liberty being deprived by staff practices.

Staff told us they could provide safer and more personalised care to people since the staff numbers had been increased on the nursing unit.

Are services effective?

Each person had a range of care records in place which provided information about how people preferred care and support to meet their daily routines. Some people told us that they had not seen their care plans but felt that they had been involved in stating their wishes about their care delivery. All the relatives that we spoke with knew about their family members care plans and had been involved in putting these together.

Staff worked in partnership with other professionals to make sure people received care, treatment and support to meet their diverse health and social care needs.

Summary of findings

Staff had the required knowledge to effectively assess, identify and meet people's nutritional needs.

There were arrangements in place that ensured staff had the most up to date information about people's needs. This included daily handovers that ensured people received effective and consistent care and treatment.

Are services caring?

People who lived at the home and their relatives that we spoke with felt that staff were kind and respectful towards them. One person told us that staff always treated them like a 'human being.'

During our inspection we saw staff made sure that people's privacy and dignity was upheld. They closed doors when people received personal care and people could spend private time with relatives and friends as they chose.

We saw that people received personalised care in an attentive and patient manner to meet their different needs. Staff spent time with people that ensured they received a good quality of life through reminiscence and comforting gestures when people were distressed.

Are services responsive to people's needs?

People were offered a range of activities and there was evidence of links to the community, such as visits to the local school. Continual improvements were being made which included the introduction of a 'gentlemen's club.' The registered manager told us that they would ensure that all people knew about this club as some men told us that they were bored and had nothing to do.

People told us that staff listened to their views and supported them to keep in touch with people who were important to them by way of visits. The registered manager showed us that they were exploring the idea of people using technology more so that people could keep in touch with people who mattered to them such as, 'skype' so that people could see the person and talk.

There were well developed procedures in place that made sure complaints were listened to and taken seriously. We saw that the registered manager operated an open and responsive culture where complaints were encouraged, explored and responded to in good time.

Are services well-led?

There was evidence that the registered manager provided strong and inclusive leadership.

Summary of findings

Staff we spoke with told us that the registered manager was approachable so that staff could express any concerns or issues they had.

People who lived at the home and relatives were supported and encouraged to share both their positive experiences and areas that required improvements.

There was evidence that the registered manager acted on feedback received and made changes to practices that ensured improvements were made.

During our inspection some staff raised concerns about the staffing numbers on the ground floor residential unit. In response to these concerns the registered manager told us that they would now assess staffing numbers against people's needs. This showed that the registered manager promoted a culture of openness and acted upon concerns to ensure people's safety was a priority.

The quality assurance systems in place were effective as they highlighted and addressed identified shortfalls which enabled improvements to be made.

Summary of findings

What people who use the service and those that matter to them say

All the comments that we received from people throughout our inspection informed us that people were happy to live at Broadway Halls and staff cared about them. One person told us, "Staff know me well and they talk to you." Another person said, "Staff are very good and they are always around."

One relative told us they felt involved in any decisions that needed to be made and they were carried out with their relation's best interests at heart. They told us: "Staff always involve me in the care and treatment of my mum." In addition to this they said that staff always let them know if their relation was unwell and needed the doctor for any reason.

Another two relatives told us that the staff had provided good care to their mother before she died. They told us that this was a comfort to them during the loss as they knew that their mother had received good care from staff that were kind and supportive.

We looked at the other ways people expressed their views about life at the home. This included thank you cards and letters. One comment was: 'Although she would never admit it, moving to Broadway Halls was the best move she ever made. At last she was eating good regular meals, she was in lovely surroundings and, most importantly, she had people around her who really cared and looked after her. She looked so much better and would even smile again when we went to visit her, something she had not done for years.'

During our inspection an email was sent to the manager and they shared this with us. The relative thanked the staff for standing with their relation to wave them off. They commented: 'To come round the roundabout and see nan waving and smiling in the lounge makes it easier for us to smile on the journey home. It also helps nan to realise that we have left and are going home.'

The two health care professionals that we spoke with were complimentary about how staff worked with them and always used their advice in the care and treatment of people's health needs. One health care professional told us: "I do think the staff are great, they really do care and follow through advice that is given in regards to people's health."

Broadway Halls Care Home

Detailed findings

Background to this inspection

We visited Broadway Halls on 01 and 02 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we had reviewed all the information we held about the home. At our last inspection in August 2013, we saw that there was not always sufficient staff available on the nursing unit to meet people's needs without delay. The registered manager sent us an action plan dated 16 September 2013, which confirmed that actions would be taken to increase the numbers of staff on the nursing unit.

The inspection team consisted of a lead inspector and an expert by experience who had experience of older people needs and dementia. The expert by experience spent time with people to gather their views about life at the home and the care and support that they received.

We spoke with eight people who lived at the home and six relatives that visited on the day.

At this inspection we spent time in all of the four units and observed the care and support that people received to meet their different needs over the course of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We used SOFI to capture the experiences of people with dementia. This was because some people had reduced communication abilities due to their dementia needs.

We spent some time with the registered manager, deputy manager and six members of staff. This included nursing and care staff, and activities staff who told us about people's care and life at the home.

During our inspection a community staff nurse and speech therapist visited people at the home. They were happy to provide their views about the care and treatment people received at Broadway Halls.

We also looked at the care records of seven people who lived at the home and various management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

Are services safe?

Our findings

People told us that they felt safe living at the home and had no concerns about how staff treated them. One person told us: "I've only got to touch this buzzer and they (staff) are there. They come quickly." A relative we spoke with was complimentary about the care and support provided and felt that staff at the home kept their relation safe.

At this inspection, we found the atmosphere at the home was relaxed and people were comfortable around the staff that provided support to them. For example, there were positive interactions between staff and people with lots of laughter and smiling and clear friendships were established. We observed interactions between staff and people on all the four units were attentive and respectful. Staff practices that we saw and what people told us showed that staff promoted a culture of safety.

Staff we spoke with told us that they would not hesitate to refer people to health or social care professionals to reduce any risks and protect people from harm. During the day we saw that a physiotherapist visited one person who lived at the home. One member of staff told us that the person had had a fall but with the help and advice from the physiotherapist, the person's walking had improved. This showed that staff were proactive in the promotion of people's needs so that identified risks were reduced to benefit people's abilities and quality of life.

We spoke with people about their care needs and whether they felt safe living at Broadway Halls. One person who lived at the home told us that staff knew when they felt low in mood and helped them to talk through how they felt. They said that this made them feel safe as staff helped them to cope with their feelings and knew when they needed their medicines. We saw that this person had a plan of care which included information about their needs and how to keep them safe. This matched what this person and staff told us about their needs. This showed that this person was protected against the risk of receiving inappropriate care.

There were risk management procedures that staff effectively followed in practice. For example, we found that staff had used a clinical risk indicator tool to establish people's level of risk in relation to falls. This included the levels of support, and the equipment and aids people required to keep them as safe as possible, with the least restrictions placed on their freedom, whilst their needs were met. During our inspection we saw that where people walked with the aid of a frame this was placed next to them within their reach so that they were able to move around the home independently as they wished in a safe way. We saw that staff kept a discreet watchful eye over people who they knew would be at risk from falls. This meant that the identified risks of people falling were managed that promoted their safety.

We also found that staff had completed personal evacuation plans for people. These provided staff with the individualised information they would require to make sure that each person was safely evacuated in the case of a fire. In one person's plan it gave details about this person's sight loss and what aids they used to meet their walking needs. This was important as it would guide the staff to help reduce the risks of harm to this person in the event of a fire. When we spoke with this person they told us that their eyesight was failing and showed us their walking frame. This showed that staff had the right information to support this person in the right way in the event of a fire so they were not placed at undue harm.

There were a range of procedures in place to keep people safe and protect them from the risk of abuse. Staff that we spoke with had a good understanding of how to protect people from abuse. Staff understood the types of abuse and knew how to report any safeguarding concerns. They confirmed that they had received training on protecting vulnerable adults and training records confirmed this. Staff said that they were confident that concerns would be appropriately dealt with to ensure people were protected from harm. We found evidence that this was the case as the registered manager had reported concerns to the local authority and the Care Quality Commission when incidents had impacted upon people's safety and wellbeing. These practices ensured that investigations could take place so that appropriate action was taken to safeguard people from the risk of harm.

There was a whistle blowing policy which provided information for staff about reporting any concerns. All the staff that we spoke with told us that they felt that people who lived at the home were safe but if they were not they would not hesitate to raise concerns. This meant that staff would respond appropriately if they felt people who lived at the home were being abused or being placed at risk of abuse.

Are services safe?

We found that staff had training in the Mental Capacity Act 2005 (MCA). Staff we spoke with knew how to assist people who may be unable to make their own decisions. Some of the people who lived at the home had dementia and might need decisions made on their behalf. We saw examples of decisions made in people's best interests. For example, care records showed that people or their representatives had agreed to the use of bed rails to prevent falls. We saw risk assessments clearly identified the reasons for use and the consent of either the person or their representative. We also spoke with one relative who told us that they had Power of Attorney for their relation. We saw that this was clearly documented in the person's care records so that staff knew who to contact about financial or care decisions and people's legal rights were upheld.

The registered manager and staff had a good understanding of what their responsibilities were under the Deprivation of Liberty Safeguards (DoLS) and had received training in DoLS. The registered manager and staff that we spoke with knew what to do if people's liberty was found to be restricted. They confirmed that an application would be made for a deprivation of liberty authorisation so that people were protected from receiving inappropriate control or restraint. During our inspection we did not observe people being potentially restricted and/or their liberty deprived by staff practices.

We looked at the recruitment and selection procedures and spoke with staff about their own recruitment. We saw evidence in one staff file that employment checks had been completed before the staff member started work at the home. We asked staff about their experiences of recruitment practices. Staff told us that they had completed documentation about themselves before they started their employment at the home. This included identification checks and details of previous employers that they had worked for so that references could be obtained. The registered manager also sought confirmation from the disclosure and barring service that people were fit to work with vulnerable people. This demonstrated that appropriate checks had been completed and that staff were safe to work with vulnerable people.

During this inspection we looked at how the availability and arrangements of staff to meet people's needs was planned for and managed. We observed staff met the needs of people throughout the day of our inspection without any delays on all the four units at different times of the day. For example, two staff were available when people needed to move from a chair into a wheelchair with the aid of a piece of equipment known as a hoist. This procedure was not rushed and staff practices in the use of the hoist were completed safely to make sure that the person and staff were safe and not at risk from injuries.

We also saw that when people used their call bells these were answered by staff without delay. One person that we spent some time with had sight loss and wanted to show us how they used their call bell. The person demonstrated that their call bell was within easy reach for them to use and once pressed staff responded within seconds to check that the person was safe.

Our observations of the availability of staff to meet people's needs on the four units were positive. We saw staff always came promptly when people needed them during the day. We saw that staff were busy but did not appear rushed. They had time to chat with people and make sure they had everything they needed so that their needs were met and they were safe.

Are services effective?

(for example, treatment is effective)

Our findings

We asked people who lived at the home how they were treated by staff and their involvement in making choices about their care and support. One person told us: "The staff have time for me. They put me on the right road as sometimes my memory is not so good but they never ignore my wishes." Another person said: "They (staff) talk to me and I can openly say what I feel without any fear."

We found that personal information was gathered from people and/or their representatives when they came to live at Broadway Halls. This meant that any care and support provided considered their diversity and preferences, as part of planning to meet their care and support needs. For example, people's beliefs and religious needs had been discussed to support their choices and preferences to be respected. In addition to this we saw that people and/or their relative had made their decisions known to their doctor in relation to the action they wanted to be taken if they were to need emergency medical treatment to save their life. For instance by giving permission for resuscitation to be used.

We saw that people's preferences and dislikes were written down in care plans for staff to enable people to receive care in the way they preferred. These included what people's normal routine was for going and getting up from bed. This provided people with the opportunity to express their views as to what was important to them in relation to their care. Some people who lived at the home told us that they had not seen their care plans. However, all the relatives that we spoke with confirmed that they knew about the care plans and staff had spoken with them if there had been any changes in their relations health or care needs. One relative told us how helpful the staff had been in keeping them up to date with the health of their relation.

During our inspection we observed staff gained people's views and promoted their choices on the day, such as, asking people what they would like to wear and what they would like to do. Where people were less able to immediately express what they wanted or needed, staff showed patience by spending time to involve people as much as they could and explained what was going to happen and why. For example, we observed lunchtime meals and staff visually showed some people two plated options of meals. This meant that people were able to choose their meals when they had reduced communication abilities due to their dementia needs. Another person was encouraged to drink by staff in a gentle manner. This showed that staff effectively used their dementia and communication training to benefit people's diverse needs.

We found that relevant health professionals were involved where needed and outcomes were clearly recorded and incorporated into care plans. We spoke with health professionals who visited the home on the day. They were complimentary about the staff and told us that their instructions were always followed and people were looked after well. One health professional added that they would be happy to have a relative living at the home.

We saw that people had an initial nutritional assessment completed on admission to the home. For example, we looked at the assessment of one person who had recently come to live at the home. We saw that staff had found out and recorded the person's dietary needs and preferences and their underlying medical condition. During our inspection a dietician visited this person and was happy to find that the individual had gained some weight whilst living at the home. In view of this the dietician confirmed with staff that the person no longer required their nutritional supplement. This showed that the care and treatment that the person had received had been effective.

People were weighed as part of the checks completed on their admission to the home. We found that people's weight was checked either on a monthly or weekly basis where there were concerns with weight loss or a poor appetite. Where there were concerns with unexplained weight loss, or poor appetite and fluid intake, staff would complete daily food and fluid records to monitor people's intake. One member of staff demonstrated to us that they understood how to complete the daily food and fluid charts and when they needed to seek advice from senior staff. We saw that the individual amount of fluid that each person needed was recorded on each person's chart. This meant that all staff would know this important information at a glance and were able to immediately monitor, review and identify when each person was at risk.

We found that staff had an awareness of the importance of maintaining adequate nutrition and hydration. We observed that people were offered hot and cold drinks during our inspection. Two people told us that they could

Are services effective?

(for example, treatment is effective)

ask for a drink at any time and it would be sorted. Staff that we spoke with described ways of improving people's nutritional intake, including food supplements and milk shakes made with full cream.

People's nutritional needs were looked at as part of the monthly review of their plan of care. In addition, we observed that there were daily staff handovers that discussed any changes in people's nutritional needs. We also saw that when doctors, dieticians and speech and language therapists had visited people, the outcomes from these visits were discussed. This demonstrated that practices were in place that informed staff of the most up to date information to meet and support people's needs.

Are services caring?

Our findings

People who lived at the home and visitors we talked with commented on the kindness of the staff involved in their care. One person told us: "They are kind to me." One relative told us that they had had some concerns about the care but improvements had been made and that staff were always there for people.

People told us they were treated with respect and were never made to feel uncomfortable or embarrassed when assisted with personal care. During our inspection we watched staff as they discreetly assisted people with their toileting needs and closed doors to ensure people's privacy was protected. We also saw that one staff member discreetly said to one person that they would assist them to apply their make-up. This demonstrated that people were treated as individuals.

We saw and heard from one person that staff treated them like a: "Normal human being." They told us that without one member of staff assisting them with a skill they had forgotten, they would not be able to try to do an interest that they enjoyed. During our inspection we saw staff did assist this person in the way that the person described to us. They showed compassion and did not talk down to them or treat them in a child like manner. This highlighted that the person was not discriminated against because of their particular needs.

Staff treated people with dignity and respect. We saw in their engagements with people, staff were kind, professional and patient. Staff assisted people in a discreet and dignified manner. For example, we saw that one person became distressed and tearful. Staff showed they cared about this person's emotional wellbeing as they spent time with this person and distracted them in another engagement. This person became less distressed as staff chatted to them as they walked alongside them. It was clear that staff knew this person's needs well and understood what to do to ease their anxiety. We also saw two members of staff supported someone to stand. They made sure that the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance.

During our inspection we saw that staff had the knowledge to meet people's needs. We observed one person sat on a chair in one of the corridor areas of the home. One staff member without any prompting sat alongside this person and asked them if they would like to look through a book. The staff member talked about the photographs in the book which had meaning for the person as they were items of the past that they clearly remembered. There was lots of natural laughter and chatter as it was clear that the person enjoyed this spontaneous engagement. Another person was dusting around the home but had lost their duster. We saw that staff noticed this and went to get the person another duster so that they could continue to enjoy what they were doing. This showed that staff implemented their knowledge of dementia in a caring way that was meaningful to people.

When we spoke with staff about the care and support they provided to people they were respectful and showed that they cared. One member of staff told us: "They know that we are here for them. Just sitting down with people and holding their hands shows compassion." Another member of staff said: "We work really good as a team for the good of people who live here."

Relatives of one person who had recently died visited the home to give their thanks to the staff who worked there. They were happy to provide their experiences of the care and treatment that their relation had received at Broadway Halls. They told us that they had booked their places to live at the home and, felt that the home was like a hotel but with kind and caring staff. They also said that the home should be used as a template for other care homes so that all people could have the same opportunity of good care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We saw that the planning and delivery of activities for people provided opportunities for people to participate. People had choices on whether they did activities on their own or with other people. Care records contained people's life stories which meant that staff had information about people's work experiences, interests in life and preferences. Staff told us that these were particularly important for people with dementia and/or reduced communication abilities, as they may not be able to express their choices of activities. This meant that staff were able to use these in the planning of activities and social engagement with people. Staff also used this information to engage people during reminiscence about past times in their lives.

We asked staff about arrangements for people who did not live on the ground floor of the home to access the garden area to gain fresh air. Staff told us that people were supported to go into the garden area and the park which was across from the home. People who lived at the home told us that if they wanted to go into the garden they would just ask staff. One person told us: "This would not be a problem, we can go out whenever we wish."

The provider employed three members of staff that were responsible for the planning and delivery of a daily programme of activities. One staff member told us about the activities that were offered to people to meet their individual needs and preferences. These included the recent addition of a 'gentlemen's club' which was led by a male member of the activities team. The staff member was enthusiastic about widening community based activities for people. They told us about their plans to contact the local college to explore courses they offered and establish links with the local zoo. The staff member also said that they monitored and reviewed people's enjoyment of the activities that they had participated in. As part of this they observed people's body language to gain a sense of whether they had an interest in the activity and whether it provided fun for them. We saw this was the case when we looked at some people's care records. This showed that the planning and delivery of activities was continually monitored and reviewed to ensure that they met people's individual needs.

During our inspection we saw people and staff reading the daily newspaper that had been written for the people who lived at the home, 'The Daily Sparkle.' This had articles about what happened on the day in past years that helped people jog their memories. We saw staff used this as a talking point with people and we saw people chatting and laughing about the articles they read. There was also a newsletter about life in the home and people who lived there were supported to write their own articles in this.

During our inspection we spoke with some men who lived at the home who told us that they were bored and had nothing to do. One person told us: "There's nothing to do. I walk along the corridor and sit down and read the paper." Another person said: "It's definitely boring. I seldom go out." We spoke with the manager about the comments that we received and they told us that they would ensure that all men who lived at the home had knowledge or were reminded about the 'gentlemen's club.' We also spoke with one member of staff who had ideas to access activities that were relevant to some of the men who lived at the home to follow their interests, such as, visits to art exhibitions for one person and another person might like to attend beer festivals. This showed that staff gave some thought about improvements to people's quality of life whilst they lived at Broadway Halls.

We found that people who lived at the home were supported to keep in touch with people that were important to them. We saw that this was the case as people who lived at the home and visitors to the home confirmed that they were always welcomed by staff. The registered manager also told us that they were looking at the use of 'skype' which is a computer system where people would be able to see the people that they were speaking with. People also told us that there were a variety of regular church services so that people could continue to follow their religion and beliefs whilst they lived at Broadway Halls.

We saw that people had information and access to advocacy services. Staff told us that they were aware that people had the right to have an independent person to discuss any concerns and/or to support people with any decisions. One person who lived at the home told us that they would talk about any issues they had with their relatives or the staff.

We asked people what they would do if they were not happy with their care or the way in which their care was being delivered. One person told us: "I'd tell the staff. They treat me well here. It's nice. Staff don't give me a reason (to complain)." Another person said: "I could do (express concerns), but I haven't got any."

Are services responsive to people's needs?

(for example, to feedback?)

The provider had a complaints policy in place. This information was available to people in the service user guide and was displayed in the home. In practice the registered manager showed that they were open to complaints and responded to these appropriately. For example, they confirmed that they would ensure information about making complaints was at hand if people requested this and corresponded with people in their preferred way. The complaints policy showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place.

Are services well-led?

Our findings

We saw evidence that there were a number of ways people who lived at the home and their relatives were asked for their views about their care, treatment and support. There were regular monthly meetings for people who lived at the home and quarterly ones for their relatives. We looked at minutes of some of these and found that people were encouraged to raise any complaints that they had. Where comments or suggestions had been raised, actions had been put in place to improve life for people who lived at the home. For example, some people were unhappy with the food. We saw that discussions followed and people had the opportunity of stating what was good and what was not so good. This meant people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

From our observations of the interactions between the registered manager and staff, there was strong leadership with an open and inclusive culture in place at Broadway Halls. It was positive that the deputy manager was very much part of the management team. This meant that the deputy manager would be able to effectively run the home in the absence of the registered manager.

We saw that a number of things contributed to show that people received consistent support. These included having handover sessions at the beginning and end of each shift, where each person's general wellbeing was discussed by staff. There was a work plan for each shift so that staff knew what they were expected to do and there was always a member of staff on duty at night trained to give medicines. There had been staff meetings where general issues to do with the running of the service were discussed.

At our last inspection in August 2013 we found that on the nursing unit people had to wait for staff to meet their needs. During this inspection the registered manager showed us the Royal College of Nursing (RCN) staffing tool that they had used. They told us that this tool assisted them to determine the staffing numbers required to meet the dependency needs of people who lived on the nursing unit. In doing so staffing numbers had been increased. Staff told us that since staffing numbers on the nursing unit had increased they had more time to spend with people and could respond more quickly to their needs. This confirmed what we saw during the day on the nursing unit.

However, some staff told us that on the ground floor residential unit at times two staff were not enough to meet people's dependency needs. They told us this was because some people needed two staff to assist them at times. When we spoke with the manager they demonstrated that they were open to the concerns that staff had communicated to us. They confirmed that they would now use the RCN tool to assess the staffing numbers required on all the units as they had only completed the nursing unit.

There were processes in place to ensure expected and unexpected staff absences were monitored and responded to on a daily basis. Planning of care staff shifts took place in advance so that gaps were identified at an early opportunity. In response to expected and unexpected absences, staff would be asked to cover additional hours. Staff told us that sometimes they would move from one floor to another to fill gaps in staffing. We discussed this practice with the registered manager. They assured us that these arrangements did not result in another floor becoming short of staff. People that we spoke with did not express any concerns about delays in their care and support needs being met. Staff that we spoke with also confirmed this was the case.

Staff on all the units at the home shared a high level of enthusiasm for their work and the service people received was clearly developed around the needs of people who lived at the home. Staff worked together as a team and told us that the registered manager and the deputy manager were supportive. Staff confirmed they were up to date with their mandatory training and they had annual appraisals. All the staff that we spoke with told us that the registered manager and deputy manager were approachable and their door was always open if they needed to talk about anything. This meant that they felt comfortable to approach the registered manager on a daily basis if required to discuss people who lived at the home and or any concerns that they had.

Quality and safety of care was monitored and action taken to respond to concerns. This included reporting incidents such as falls, sore skin and infection control. We also saw that the registered manager had introduced daily report sheets for all the four units so that staff could provide a written overview of doctor and consultant visits, any emergency 999 calls, people that were unwell, accidents,

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staffing issues and medicine record charts checked. This provided the registered manager with knowledge about what was happening for people and staff on a daily basis throughout the service.

We saw that when incidents had happened that were connected to staff practices, the registered manager had taken action that reduced the incidents from happening again and that made sure they learnt from their mistakes. One example that demonstrated this was a member of staff who had made a medicine error. We saw that the member of staff did not administer medicines to people until they had received medicine refresher training. We also saw that the registered manager reported this incident under safeguarding procedures.