

HC-One Oval Limited

Broadoak Manor Care Home

Inspection report

Mulcrow Close
Parr
St Helens
Merseyside
WA9 1HB

Tel: 01744615626

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broadoak Manor Care Home is a residential care home providing personal and nursing care to 70 people aged 65 and over at the time of the inspection. The service can support up to 120 people across four houses, each of which have their own separate adapted facilities. All accommodation is on ground floor level.

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

Systems were in place to monitor the quality of the service people received. Regular checks were carried out to identify any areas of improvement needed.

People received their medicines safely. Identified risks to people were assessed and, when possible actions taken to minimise these risks.

People were supported by numbers of staff so that their needs and wishes could be met.

People were supported by staff who had access to and received training in relation to Health and Safety and Safeguarding.

People spoke positively about living at Broadoak Manor Care Home. Their comments included "They [staff] all seem to be nice"; "Mostly they [staff] are very kind and loving and will do anything for you. They work very hard"; "They are champion, they are always good with me" and, "I feel safe all the time. There's always someone here."

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

Rating at last inspection

The last rating for this service was good (published 19 August 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our well-led findings below.

Broadoak Manor Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by two inspectors; a nursing specialist advisor and two Experts by Experience. One inspector and an Expert by Experience worked remotely speaking with family members and reviewing and assessing information supplied by the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and six family members about their experience of the care provided. We spoke with nine members of staff including the registered manager, nursing staff and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence requested and reviewed. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from the risk of abuse.
- People told us they felt safe living at Broadoak Manor. Their comments included, "The staff and building make me feel safe"; "It's quite safe it's a nice atmosphere"; "I feel safe here" and, "Yes, it's just nice, we are very well looked after and cared for. If anything's wrong, they are right on it."
- Family members comments included, "No problems with safety and security, brilliant at phoning us if any worries"; "Very safe and well cared for, she settled in straight away and calls them "her family."
- Staff had access to information about how to protect people from harm. This included information from the Local Authority on how to report concerns. When required, appropriate referrals were made to the Local Authority under the joint agency safeguarding procedures.
- Staff had completed training in relation to safeguarding people.

Assessing risk, safety monitoring and management

- Plans were in place to minimise risks to people and their living environment.
- People's care planning documents identified known risks to people and where possible, these risk were minimised. Assessments provided information to keep people safe and minimise risks in relation to, for example, skin; moving and transferring; dietary needs and falls.
- Plans in place for minimising risks to people were reviewed on a regular basis to ensure they contained up to date information. Where needed, the advice of health care professionals was sought to support the management of people's safety. For example, the community falls team would be contacted for advice and support in the event of a person experiencing falls.
- Staff had received training in health and safety.

Staffing and recruitment

- Sufficient staff were on duty to meet people's needs.
- People's comments about the staff that supported them included, "They are brilliant, if we want someone to help us, they do"; "They are good"; "Mostly they are very kind and loving and will do anything for you. They work very hard" and, "They are champion, they are always good with me."
- People told us that staff generally responded to their needs in a timely manner. Their comments included "I go and find someone if I need them"; "I have a buzzer they come quite quickly"; "They come eventually, usually quite quickly. It can seem a long time if you're not well" and, "They come quite quick."
- Family members comments included, "We are always made welcome, they make it as homely as it is possible to do, good interaction, you can see that the staff care" and, "Staff are always in and out, very relaxed atmosphere, they all care, Mum is content here, she wasn't in the last place."

- The provider had clear recruitment procedures in place. Appropriate checks were carried out on applicant's suitability for the role prior to them commencing employment.

Using medicines safely

- Policies, procedures and good practice guidance was in place for the safe management of people's medicines.
- People's medicines were stored appropriately when not in use.
- Homely remedies were in use for people when required.
- Specific guidance for staff for the administration of medicines prescribed on an 'as and when' basis were available. These medicines were reviewed on a regular basis along with regularly prescribed medicines.
- People were supported to take their medicines by staff who had received training and deemed competent in the administration process.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Family members commented "Visiting now by appointment, COVID test on arrival, result given then PPE, we visit in a special room with a table and screen."

Learning lessons when things go wrong

- Procedures were in place to support staff in responding and recording accidents and incidents that occurred.
- Information relating to accidents and incidents was reported to the provider on a weekly basis. This enabled the provider to monitor; review and make improvements when things went wrong.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, we recommended that the provider continually reviews their monitoring processes in place to ensure they are effective at all times. The provider has made improvements.

- Systems were in place to monitor the service people received.
- Systems in place for the monitoring of and ensuring quality and safety were effective and helped ensure that people received the care and support they needed. For example, managers carried out a daily walk around the service to identify any areas of improvement needed and to speak to people. Daily 'flash' meeting took place each day between heads of departments to discuss and plan for the day's events. In addition, reviews of people's mealtime experience took place.
- The registered provider visited the service on a regular basis to carry out further monitoring of the service. All monitoring system in place were recorded and reviewed enabling the registered manager and provider to identify and manage areas of improvement needed and good practice.
- People's care, support and medicines records were reviewed on a regular basis to ensure that the information remained current and demonstrated how individual needs were to be met. This was an improvement from the previous inspection.
- During the inspection we identified some minor areas of improvement needed in relation to records and medicines storage. The registered manager was responsive and addressed these issues immediately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the provider had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.
- The Care Quality Commission was informed of incidents and events which occurred at the service in line with regulatory requirements.

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

- Systems were in place for people and their family to engage with the service.

- Some people told us that they were not asked how they were and for their opinions. Other people told us "The staff ask us what we think" and, "They have resident meetings, but I don't go."
- The registered providers annual survey was being prepared to be sent to people and their family members.
- The registered manager was in the process of arranging meetings for people and their family to discuss the service and improvements planned for the future, for example, the refurbishment of the service.
- During the pandemic alternative ways for people to maintain contact with the family and friends had been introduced. This included via video and telephone calls from people and staff. Family members told us "The Pandemic meant no visits so we used the phone, they rang me every week with updates, always kept me informed of any changes in [relative] care which was very reassuring" and "We were offered Facetime communication, but it wasn't successful with [relative], haven't seen her during COVID but can now book and visit in a visiting room. Staff ring once a week with any updates, staff always know all about her, on the ball with her care."

Continuous learning and improving care; Working in partnership with others

- Staff had access to and completed training to ensure they had up to date knowledge for their role. The provider had a training programme that was accessible to all staff.
- The service worked with and had access to support from the Local Authority and Clinical Commissioning Group for monitoring people's health and advice for improving the service. This included the service joining best practice initiatives being provided with the St Helens area.
- Alternative ways of communicating with healthcare professionals and specialist community teams had been in place throughout the pandemic. The manager explained that due restrictions consultations had taken place by phone; video call or sharing information electronically with health professionals for review.