Longwood Lodge Care Limited

Broom Lane Care Home

Inspection report

Broom Lane
Rotherham
South Yorkshire
S60 3NW

Tel: 01709541333

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20 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:

Broom Lane Care Home provides residential care services to older people with a range of support needs, including dementia. It comprises three discrete units, one of which is specifically designed to meet the needs of people living with dementia. It can accommodate up to 58 people. The home is located near Rotherham town cente, and has parking and public transport access.

People's experience of using this service:

People received a good standard of care from staff who treated them with dignity and respect. Staff told us they worked to the principle of providing care which they would wish their loved ones to receive.

People using the service, and staff, praised the registered manager and told us they were accessible and supportive. Staff told us they received a good standard of training, and records evidenced this.

We looked at how the provider supported people who could not give consent to their care and treatment. We found the provider was making appropriate applications to relevant authorities whre it was required to deprive people of their liberty, however, there was only limited evidence of best interest decision making relating to people who could not consent.

The premises were well managed and had been designed to meet the needs of people living with dementia. There were further improvements planned and ongoing, and people using the service told us they liked the layout, décor and facilities of the home.

People's care plans were detailed and person centred, however, risk assessments lacked detail meaning that there wasn't sufficient information telling staff what steps to take to minimise risks. However, staff we spoke with did understand the risks that people were vulnerable to and how to manage this.

Medicines were predominantly well managed, although we identified a small number of areas where improvements were required.

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

Rating at last inspection:
The service was last inspected in February 2017, where it was rated good.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings, below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was well led.

Details are in our well led findings, below.

Broom Lane 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 service was inspected by one adult social care inspector.

Service and service type:
Broom Lane Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:
The inspection was unannounced, meaning the staff and management did not know that the inspection was going to be taking place.

What we did:
Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 spoke with six people using the service to gather their views and experiences. We spent time

observing staff interacting with people and observed staff carrying out support tasks, including assisting people to move around the premises using specialist equipment, and assisting people to eat.

We spoke with four members of staff and the registered manager. We looked at documentation relating to five people who were using the service, five staff files and information relating to the management of the service. Following the inspection the registered manager provided CQC with further information we had requested.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems in place which contributed to minimising the risk of abuse
• Staff had a good understanding of safeguarding processes, and had received appropriate training in this field
• Records showed the provider had not always acted appropriately when incidents of suspected abuse had occurred; they had failed to submit certain, legally required, notifications to CQC

Assessing risk, safety monitoring and management
• Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable, although they lacked detail and did not set out the steps that staff should take to minimise the risk of harm.
• Risk was discussed during handovers and team meetings so staff and managers were aware of risks within the service.
• People using the service told us they felt safe there. One said: "I have no worries about safety here."
• Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment
• When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
• Most people told us they felt there were enough staff, although one person and two visitors told us they didn't think there were enough staff available. We raised this with the registered manager who told us they used a dependency tool to determine required staffing numbers which meant that there were 19 members of staff on duty that day.

Using medicines safely
• There were secure storage systems in place to support people in managing their medicines.
• Medicines were audited weekly at a minimum, and records were kept showing what medication was within the home at any particular time.
• Staff competency in relation to medicines was regularly checked.
• We carried out observations of staff undertaking medicines administration. We found on the whole it was administered well, but noted that the provider did not ensure records were kept of when liquid medicines

were opened. Additionally, where people were prescribed medicines in variable doses, records did not show the number of doses administered.

Preventing and controlling infection
• A regular infection control audit was undertaken, and any actions identified were completed quickly.
• Staff had received training in infection control, and we observed that the premises was clean throughout.

Learning lessons when things go wrong
• Staff debriefs and team meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed by the provider when they began using the service. This process was regularly updated to ensure it continued to reflect people's needs.
• Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience
• Staff told us they felt supported by the provider. They told us the training was plentiful
• Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service.
• Records showed staff received regular supervision as well as appraisal. There was also a programme of managers carrying out formal observations of staff undertaking care tasks. Staff told us they found supervision useful.
• Many staff were experienced in care work before they joined Broom Lane Care Home.

Supporting people to eat and drink enough to maintain a balanced diet
• Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
• We observed a mealtime taking place in the home. People appeared to enjoy their food, and staff provided discreet assistance where required.
• The majority of people told us they enjoyed the food offered to them, although a small number told us they felt the food wasn't good.
• The provider had systems in place for people to give feedback about the food available, and we saw evidence of them acting upon this feedback.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
• Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs
• The premises had been adapted to meet the needs of people with dementia, with ongoing improvements

planned and in progress at the time of the inspection.
• People using the service gave us positive feedback about the premises. One said: "It's very nice here, and the garden is lovely."

Supporting people to live healthier lives, access healthcare services and support
• Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
• External healthcare providers' information and assessments had been incorporated into people's care plans

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.

• We checked records to see whether people had consented to their care and treatment. In some of the records we checked there was no evidence of this. Staff and the registered manager told us that people had given consent, but couldn't provide evidence.
• We looked at the care records of two people who lacked capacity. Where people lack the capacity to consent to their care and treatment, providers should ensure care is provided in their best interests, and ensure care is provided in the least restrictive way. There was limited evidence the provider had done this or that it was embedded in day to day practice.
• The provider had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.

Good

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

Good: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's cultural needs were assessed when their care plans were initially devised.
•The majority of people we spoke with told us they felt staff treated them well and upheld their rights. One described the staff as "first class" and another said staff were "all good; nothing's too much trouble" although one person gave a less positive picture.
• Our observations showed staff were warm and genuine in their interactions with people using the service

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

● People's views and decisions about care were incorporated when their care packages were devised.
• During the inspection we observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care.
• We observed staff altering plans and changing the way the day was managed based on people's views and decisions.

Respecting and promoting people's privacy, dignity and independence

• Staff we spoke with said people's dignity was very important to them. They told us about the steps they took to uphold people's privacy and dignity, and our observations showed they did this.
• Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities.

Good

Is the service responsive?

Our findings

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

• Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
• Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities.
• Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.
• There was a full time activities coordinator at the home, and they had devised a wide ranging activities programme. We observed some activities taking place during the inspection, and noted that they were provided flexibly to meet people's preferences.

Improving care quality in response to complaints or concerns

• The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
• People we spoke with told us they would feel confident to complain. One said: "If there's anything to grumble about I tell them."
• We checked the complaints the provider had received in the preceding 12 months. We found that although complaints were investigated, we did not see evidence that the provider had adhered to their own complaints policy as complainants did not appear to receive written responses.
• The provider had a "You said: We did" system, which responded to requests and concerns raised by people using the service, and demonstrated actions taken to improve or change the service.

End of life care and support

• The provider had appropriate arrangements in place to provide a good standard of end of life support.
• People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

Requires Improvement

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

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

• At the time of our inspection there was a registered manager in place. 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. The registered manager was supported in their role by a service manager.

• Staff we spoke with were positive about the registered manager. One said "[the registered manager] is really supportive and always available"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• We spoke with the registered manager, the deputy manager and three care workers. They demonstrated a clear understanding of their roles and responsibilities and how their work contributed to people's wellbeing.

• There was a range of audit systems in place, which were carried out regularly. However, we found shortfalls in service delivery which the audits had failed to identify. For example, the medication audit overlooked some aspects of medicines management meaning there were errors in the way medicines were managed. Care records were audited but these audits had failed to identify some aspects of the Mental Capacity Act had not been embedded into practice.

• The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements. Audits were carried out regularly by senior personnel, to assess the overall quality of the service. These audits, however, had not identified that the provider was not making certain, legally required, notifications to CQC.

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

• People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. The provider had implemented a "you said, we did" display to show people how their requests and suggestions had been put into place.

• Staff told us they felt listened to and supported by the management team.

Continuous learning and improving care
• Staff praised the learning opportunities available to them. One said: "I like the training we do, it helps me improve and understand more about the job."
• A daily meeting was held between key staff within the home, which looked at issues arising within the home that day and shared ideas and plans on how to address them.

Working in partnership with others
• Care records showed the provider worked closely with external healthcare professionals and agencies.. This meant that people experienced care which was person centred, from providers who understood their needs.