Broadway Halls Care Services Limited

Broadway Halls Care Home

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

This unannounced inspection took place on 9 and 12 September 2016.

At our last inspection in June 2015 we found improvements were needed to staffing levels to meet people's changing needs. Risks to people's safety had not always been identified and managed and incident reporting was not robust. People's medicines were not always managed safely. The provider sent us an action plan and at this our most recent inspection we found that the provider had made the improvements needed.

Broadway Halls Care Home is a care home that provides personal and nursing care for up to 83 people. The home is purpose built with four separate units. Care and support is provided to people with dementia, nursing needs, and personal care needs. At the time of our inspection 79 people lived at the home..

A registered manager was in post. 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.

People told us that they felt safe and staff had been trained to recognise and report harm or abuse. We found improvements regarding the medicine management systems that confirmed that people had received their medicine safely. The management of risks to people's safety such as falling, losing weight or developing pressure sores had improved and staffing levels had improved to ensure that people were safe and received the care and support that they needed.

Staff had an induction into their role and support and training was in place to support them with developing the skills to meet people's needs effectively. Staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent. They had received training in the Deprivation of Liberty Safeguards (DoLS) and understood how to support people who lacked capacity. People told us they enjoyed the meals and we saw that their dietary needs were identified and monitored. People were supported to maintain their health and had access to a range of health care professionals.

People described staff as kind, patient and respectful. People's privacy and dignity was protected by staff who understood how to promote these aspects of people's care. People were involved in planning their care and their preferences were respected. People told us that they were very happy at the home and were happy with the care provided. Relatives told us the staff team always demonstrated consideration for people's needs.

Everyone we spoke with commented positively on the variety of leisure activities available which included making good use of links with community amenities. A complaints procedure was available for people to use and people told us that they would be happy to use it if they had the need.

People and their relatives consistently described the service as being well managed. The standards within the home were regularly monitored and had been effective in identifying and making improvements. People's views about the quality of the service were captured by way of them completing questionnaires.

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.

People were protected from the risk of harm and abuse by staff who had been trained to recognise and report concerns.

Risk to people's safety had been identified and managed to keep them safe.

Staff were recruited safely and people's needs had been taken into account when planning staffing levels.

People's medicines were managed safely ensuring they had their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had training and support to develop their skills.

People's consent was always sought. Where people lacked mental capacity the correct procedures in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been followed to protect their human rights.

People enjoyed the choice of meals offered and their nutritional needs had been assessed and planned for. Healthcare professionals were utilised to promote people's health.

Is the service caring?

Good

The service was caring.

People and their relatives felt that the staff were caring and helpful.

People's dignity, privacy and independence were maintained and encouraged.

Staff made visitors feel welcome and visiting times were open and flexible to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care and staff understood people's needs and their personal preferences.

People thoroughly enjoyed the range of activities on offer which provided a high level of stimulation and enjoyment.

People and their relatives knew how to access the complaints process if they felt they had the need to.

Is the service well-led?

Good

The service was well led.

People felt the home was well-run and the management team were approachable.

Regular meetings were held and ensured that people could be involved in decision making regarding the service provided.

The provider had effective systems in place to assess the quality of service provided.

Broadway Halls Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place over two days on 9 and 12 September 2016 and was unannounced. The inspection team comprised of one inspector.

We asked the provider to complete 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. The form was completed and returned to us within the timescale we set. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We took the information provided into account during our inspection activities. We also reviewed information shared with us in the form of complaints, whistle blower alerts and information from the local authority.

We spoke with 26 people who lived at the home, seven relatives, the registered manager, deputy manager, two nurses, 12 staff and two activity leaders. We also spoke with a visiting health care professional. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of nine people, nine medicine records, three staff recruitment records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at provider feedback forms that had been completed by relatives. We observed meal times and planned activity sessions. We carried out observations of people's care on each of the four units and observed routines and the interactions between staff and the people who lived there.

Good

Is the service safe?

Our findings

At our last inspection in June 2015 we found that there were not always enough staff on duty to meet peoples changing needs. Risks to people's safety had not always been reviewed and people's medicines were not always managed appropriately. The provider and registered manager had taken appropriate action to improve and had ensured that staffing levels were arranged to meet people's changing needs. Risks to people's safety had been identified and managed and people's medicines were managed safely.

A person who lived at the home told us, "I do feel safe; staff are very careful to make sure people are looked after". People told us that they felt that staff kept them safe. A relative said, "I'm very happy with the safety aspect; staff check [name of person] regularly". Another relative told us, "I have always been informed about falls or accidents and sometimes risks like not eating enough, I'm confident staff keep people safe". All of the staff we spoke with had received training in how to recognise and report abuse. We saw that incidents were reported appropriately to the local authority for investigation. The registered manager had a system for reviewing the outcome of incidents and safeguarding investigations to try and reduce the risk of reoccurrence.

People told us that they were confident in the staff's ability to support and manage any risks to their care. One person told us, "I have fallen a lot but staff support me now". A relative said, "Staff have been marvellous; they make sure (name of person) eats and they move him regularly as he gets sore skin". Staff told us that they followed the instructions in risk assessments and we saw they knew people very well and how to reduce risks to their safety. Staff told us that incident and accident reporting had improved since our last inspection in June 2015. We saw that IPads and an electronic system were in use to report these immediately. A sample of accident records and body maps showed that staff were using a consistent approach to managing incidents. The registered manager showed us how they reviewed incidents and we saw that she had taken appropriate actions to reduce risks. For example, staff had additional training in catheter care so they knew what warning signs to look for. We found the oversight of risk management was effective and staff were well informed.

The provider had robust recruitment procedures. Employment checks were undertaken before staff started working and included a Disclosure and Barring Service (DBS) check, references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People who used the service and their relatives told us that they felt that there was enough staff to meet people's care needs. We spoke with staff from all of the four units in the home and they reported no concerns about staffing levels. The registered manager told us that people's needs were regularly reviewed and staffing increased accordingly. We saw examples of where this had taken place. We also saw that at peak times such as mealtimes additional hostess staff were provided to assist people with their meals.

Sickness and vacancy levels had improved since our last inspection. The registered manager was reviewing staffing levels and ensuring that recruitment drives took place to plan for any gaps. We saw that staff were

available to respond to people's needs. One person told us, "I've never had to wait for staff". Staff were organised and managed people's needs without rushing. One staff member told us, "It's nice to not rush and have time with people".

The completed Provider Information Return (PIR) sent to us told us how the provider ensured a safe service. This included policies and procedures in place covering such areas as safeguarding, medication management and recruitment. Contractors serviced equipment on a regular basis to include lifting equipment such as hoists, fire detection equipment, gas safety and portable appliance testing. The registered manager was able to demonstrate that she checked these processes to ensure safety.

People told us that they always had their medicines when they should. One person said, "Without fail". Another person said, "I am regularly offered medicine for my pain". Staff had training to administer medication safely. We saw competency checks were in place to review their skills in this area. Our checks on the balances of people's medicines showed these were correct. Arrangements for the receipt, disposal and storage of medicines were seen to be safe. We saw that written protocols for 'as required' medicines had been implemented. Staff we spoke with were aware of this guidance and told us they had the information needed to support people safely with their medicines. The supplying pharmacist had been changed since our last inspection and staff reported there was a clear ordering system to ensure people had sufficient supplies of their medicines. Audits of medicines showed these were regularly checked for any errors.

Good

Is the service effective?

Our findings

All of the people we spoke with reported how much they liked the home and the staff that cared for them. One person told us, "They (staff) know my needs, everything's good, very satisfied". Another person said, "I have a pendant and that reassures me, staff are marvellous". A relative told us, "I couldn't pick a better place; (name of person) is extremely well cared for, staff understand and meet her needs and the stimulation is excellent".

Staff told us they had a thorough induction which included shadowing other staff. One staff member said, I felt really well prepared; lots of training and time with staff to get to know people and the care they needed". The registered manager told us that they had introduced the Care Certificate induction standards. This consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

The provider had a proactive approach to staff members' learning and development. There was a structured programme of training for all staff which provided training tailored to staff needs on a regular basis. The provider told us in their PIR that, "Pacesetters were in place and these will be embedding the company values with all team members". Pacesetters are staff with the training and knowledge to support staff in working to the values of the organisation. Staff told us they were very happy with their training opportunities and described recent training in care planning, and reporting incidents such as falls. One staff member told us, "I have done training in dementia care which is relevant to my role". Staff told us they regularly had group supervision in which they discussed their practice and looked at specific themes such as managing Urinary Tract Infections [UTI's]. This helped them to recognise symptoms and take the correct action to meet people's needs.

We saw staff used their skills and training effectively to meet people's needs. For example when using the hoist and equipment to transfer people safely. We also saw that the nurses used their CPR skills effectively when responding to an emergency.. A visiting health care professional told us that staff were well informed about the risk of people developing pressure sores and how to manage these. Staff we spoke with was able to tell us about the individual needs of the people we met including some people who had dementia. We saw staff used their skills to deliver their care effectively by providing clear instructions to people and giving lots of praise and reassurance. Staff understood people's communication needs and were able to interpret people's body language effectively.

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

We observed staff seeking people's consent before they assisted them with their care needs. We saw people made choices throughout the day as to what they wanted to do. A person told us, "Staff always asks me before they do anything". Staff were aware of people who needed support to understand their choices and we saw they respected this and explained things in a manner they understood. People's mental capacity had been assessed and considered to determine their capacity to make everyday decisions. Action was taken where people lacked capacity to make decisions that might affect their safety or wellbeing. For example we saw decisions had been made in people's best interests. Where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitate [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager and staff had received training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).We saw they had made applications to the supervisory body where they considered restrictions on people's liberty were necessary to keep them safe. We saw that the restrictions in place were well documented and that staff were aware of these and how to protect people's safety.

People we spoke with were very complimentary about the choices of meals and had been actively involved in planning the menus. One person said, "I think the meals are very nice". Another person said, "You have a choice of three courses and it is very nice". People told us that meal choices were regularly discussed and their opinions sought and acted upon including any complaints about the quality of meals. A relative told us, "My husband is a poor eater but they do everything to support and encourage him". Staff were aware of people's memory problems and we saw at mealtimes that they actively checked people's choices to ensure they had something they liked. People's nutritional needs had been assessed and risks referred to the dietician for guidance and advice. Plans were in place to guide staff in supporting people to eat and drink enough. We observed that staff actively promoted people's fluid intake by offering regular drinks. Relatives could access a small kitchenette to make drinks which further encouraged people to drink enough. Monitoring records showed that staff was taking action where people were losing weight which included offering fortified meals and prescribed high calorie snacks and drinks.

People living at the home confirmed they had access to a range of health care professionals. One person said, "They call the doctor whenever I am ill". A relative told us, "We have seen the district nurse, the dentist and optician". People were referred to health professionals where their health indicated this. We saw that where staff were concerned about people's health conditions they sought expert advice. Outcomes of consultations were recorded and recommendations included in people's care plans to guide staff. We spoke with a health care professional who visited on the day who told us staff were alert to people's health needs and followed instructions to keep them well.

Good

Is the service caring?

Our findings

People were extremely complimentary about staff. One person told us, "I don't think I would get staff this good anywhere else". Another person said, "Staff are so nice; friendly, interested in spending time with us, they are caring and patient". A relative told us, "This is a fantastic home; the staff make it what it is".

We observed a high level of good interaction between the staff and the people who lived at the home. There was lots of talking and engaging with people, staff were tactile in their approach; touching and reassuring people. We saw staff worked in a way that reflected the values of the organisation. For example to provide a caring culture in which people's diversity is respected. The registered manager had actively introduced ways of making sure the home was more caring towards people's needs. They told us in their PIR that their recreation and activity organisers had received training from "Oomph", (Our Organisation Makes People Happy). We saw this had resulted in people having interactive exercise to music sessions. We saw links with the community and voluntary organisations were also used to ensure people had a sense of 'well-being'. For example a regular meeting and coffee morning for people who lived with dementia took place in the community where people from the community joined the social event. Within the home staff had created a small indoor garden themed area for people to use. The dining room on the dementia floor was a cafe inspired room. We observed that the impact on people's sense of well-being was visibly positive when enjoying the music sessions. We observed several people who had previously been upset, disorientated or non-communicative actively engage in these sessions. They were smiling and laughing, singing and exercising to the correct beat of the music. The staff supporting people used their skills exceptionally well to create a fun and inclusive opportunity for people to enjoy the company of each other.

Positive and caring relationships had been developed with people living in the home. Staff clearly knew people well; they were able to tell us what people were able to do for themselves and what they needed assistance with. A relative told us, "All of the staff are very receptive and caring towards people". Another relative told us, "The staff are so nice; they treat people with dignity and respect. They take care about people's appearance and comfort, I can only praise them". People felt that staff knew them well and respected their personal preferences, one person said, "The staff know me very well and respect my routine and I am happy with that". A relative told us, "The staff are very attentive to mom; they know her needs even though she struggles to communicate them. They know what she likes to do and help her to do it, they are very caring".

We observed that staff protected people's dignity and privacy when providing personal care. We heard staff discreetly prompt people so that their personal care needs were met in a sensitive and private manner. People's personal appearance had been well supported. One person told us they enjoyed regular visits from the hairdresser, a gentleman told us he had support from staff to shave at the frequency he wanted. A relative told us, "I am more than impressed with the attention staff give to (Name of person) because they always look clean and fresh and staff clearly take time with people". Staff ensured confidentiality was maintained; they were discrete when talking to professionals on the telephone. People's care records were stored in specified secure areas on the different floors ensuring they could only be accessed by authorised staff.

We saw people exercised choices with regard to their daily routines; such as the time they got up, went to bed, and what leisure pursuits they enjoyed. Staff demonstrated patience and understanding when people needed encouragement and reassurance. We saw staff respond to people's distress and confusion in a caring and compassionate way.

People were supported to express their views via regular meetings. One person told us, "We talk about all sorts; meals, activities, things we don't like or want to try". People told us they were kept well informed about upcoming events and we saw a monthly newsletter was published. People were supported to comment about the quality of care they received and how they wanted their care to be delivered. There was a good level of communication with families, representatives and other professionals which was well recorded and identified how people needed their care to be delivered. Where people needed an independent person to discuss care decisions we saw the services of an advocate had been sought. This ensured people were supported with expressing their choices when making decisions.

People told us their religious beliefs were respected. Religious leaders provided services within the home so that people could continue to follow their beliefs. We saw care records identified people's religious needs and how they wished these to be met. People told us that their family members were made welcome and had access to refreshments. We saw there was a constant arrival of visitors who were happy to be able to make drinks independently and find a quiet space in which to enjoy their family members company. One visitor told us, "I can come anytime staff are friendly and approachable and it's really lovely to take mom and visit the different floors for a change of scenery". Staff told us that they enjoyed spending time with people and that the staffing levels as well as additional hostess staff enabled them to support people in a caring way.

Good

Is the service responsive?

Our findings

People told us that they had been involved in devising their care plan so that it reflected their choices and how they wished their care to be delivered. One person told us, "I sat with staff and went through everything so they know what help I need and what I would like to do whilst I am here".

We saw individual person centred care plans were in place which people had contributed to and which reflected their personal needs and preferences. For example one person was regularly taken by staff to swimming and was part of a netball team. Staff described how this supported the person both with their interests as well as their anxiety. There was detailed information about people's life history such as their family, work, education and social interests. One person told us how they had been supported to independently leave the home to go out into the community. They told us that initially they had been too unwell to do this but staff had worked with them and they were happy to have retained these skills. This showed that people's preferences were known by staff which enabled them to have their care as they wished it to be delivered. Staff we spoke with were knowledgeable about people's history and needs and demonstrated that they understood how to engage with people who may have memory loss or difficulties expressing themselves. We found that care plans detailed people's medical conditions and other important facts. Staff told us that they had the guidance and instructions they needed to meet people's specific needs.

We heard from people that staff were responsive to people's requests. People enjoyed their preferred routines for getting up, eating or joining in activities. Staffing arrangements to include additional hostess staff ensured people had the support they needed at mealtimes. Dedicated activity leaders ensured that people had access to a programme of interesting leisure pursuits to provide stimulation and enjoyment.

Relatives we spoke with told us they were kept informed about any changes if people became unwell. A relative told us, "Staff have always kept me informed when he goes off his food or when he is not himself, and I am involved in any decisions if they change his care". Staff told us that they had regular handovers to keep them up to date with people's changing needs. A new initiative, 'Flash meetings' had been introduced to ensure managers and seniors were updated daily on any significant changes or risks so that they could respond to people's care needs.

People, relatives and staff told us that the provision of leisure and social activities was excellent. We saw a wide range of social activities was planned and organised and people were informed of these via the poster displays and the monthly newsletter. People described celebrating Easter with parades and parties, Christmas, Mother's Day, Halloween and a Burns Night. Visiting entertainers including 'visiting pets' visited the home. On the day of our inspection three people told us of a planned trip the following week. We saw some people enjoyed a flower arranging session and a musical exercise session. Reminiscence packs had been developed by staff and we saw these in use by people who were enjoying discussing 'the good old days'. We observed staff play board games and support people with their individual interests.

A team of dedicated activity coordinators planned and delivered a full programme of activities for each day of the week. There was good links with the local community which included local schools and the local

dementia society being actively involved with people. There was a 'gentlemen's club' which was led by a male member of the activities team. People told us that they enjoyed visits to the local park, places of interest and shopping. Feedback from people and their relatives about how people's leisure and social needs were responded to was exceptionally positive. One relative said, "My mom 'comes alive' when she's doing the music activities, it is the most important thing; stimulation, and the staff are great". A person new to the home told us, "I had no idea you could have so much fun". Throughout the course of the two days we visited we saw that people were actively engaged with a variety of interesting activities. Our observations of the activity staff showed them to be very interactive with people; lively, encouraging and inclusive. As several people told us, "They are a credit to the home".

We saw that people were aware of the complaints procedure which was displayed. People told us they were confident to raise any concerns. One person said, The manager walks around every day and specifically asks us if there's anything we're not happy with. I've raised meals sometimes and she always comes back with an answer". We saw that a record of complaints was maintained which showed the registered manager was investigating and responding to complaints.

Good

Is the service well-led?

Our findings

Since our last inspection in June 2015 the registered manager had improved the monitoring and checking processes so that people's care plans were up to date and reflected risks to their safety and how these should be managed.

People, relatives and staff all told us that the home was well run and that the registered manager set high standards. A person who lived at the home said, "I moved here specifically because of its good reputation and I haven't been disappointed". A relative told us, "It's a quality home; right staff, right attitude, high standards".

There was a leadership structure that staff understood. There was a registered manager in post and a deputy manager who was a registered nurse and the clinical lead for the home. We saw that the registered manager was visible on each of the floors and staff told us they could approach her with any difficulties.

This was a large home where the registered manager was reliant on good channels of communication to keep them up to date with what was happening in the home. We saw that there were good systems for sharing information such as the daily 'Flash Meetings'. Minutes of these showed that the registered manager acted to follow up on any concerns raised. The registered manager completed a walk round document twice weekly and this was also carried out by designated staff on other days. She told us this promoted ownership, responsibility and accountability within the team for decisions made.

The registered manager promoted an inclusive culture via weekly meetings with the recreation and leisure team to ensure people were being provided with a stimulating environment. Meetings with heads of departments meant everyone was kept informed of changes and required standards. Staff told us that they were updated at handovers between each shift in which they discussed people's needs. Staff said they understood what was needed during the day and that their responsibilities were made clear. Staff were very knowledgeable about the needs of the people they were caring for. They told us there were platforms in which they could discuss their practice and refresh their skills; staff meetings and group supervisions had enabled them to develop their care practice. We received positive comments from staff on all of the floors about working at the home. All of them were positive about working in the home, the training and support they received and felt that the management style was open and supportive.

The registered manager had notified us of all of the issues that they needed to. The registered manager had completed a Provider Information Return (PIR) within the timescale we asked. This showed that the provider was meeting legal requirements. The PIR also showed us what improvements had been made and we saw this was reflected at this inspection visit.

The provider had a whistleblowing policy in place and staff we spoke with were able to confirm that they were aware of this and knew how to use it if they needed to. Staff understood their role and responsibilities in reporting poor practice.

The use of technology such as IPads had enabled care staff to communicate and update accident and incident records. We saw that risk management plans were in place to guide staff to care for people safely. These records were up to date which meant people had the support and the equipment they needed to maintain their health and safety. For example care plans provided guidance as to how to support people with behaviours that were aggressive and challenging. Incidents of this nature were recorded in incident report records and provided an overview for the registered manager so that action to support people was taken. The monitoring records for people at risk of losing weight were completed regularly and with sufficient detail to ensure staff could identify if people were continuing to receive adequate amounts of the correct foods. Staffing levels were arranged to take into account the higher dependency needs of some people. Staff reported that this had 'Improved' and that there were, 'Positive impacts for people'.

The registered manager carried out a range of audits to check on the quality and safety of the home. This included audits on the arrangements for people's medicines. Written protocols to ensure people only had their medicines when they needed them were in place. We also saw that monitoring and recording of injures and use of body maps was consistently checked. Care plans had been improved to ensure people's preferences and routines were captured so that people received consistent personalised care.

People and their relatives told us they were regularly involved and consulted about the service. Meetings were held on a monthly basis and meetings for family and relatives were held quarterly. People told us that they felt included and were able to share their views on the home. Feedback from the provider's questionnaires and minutes of meetings was consistently positive. The provider was utilising new initiatives to support people with their needs. For example they were training their leisure and recreation staff to develop interactive skills so that people could benefit from a stimulating environment.