

Longwood Lodge Care Limited

Broom Lane Care Home

Inspection report

Broom Lane
Rotherham
South Yorkshire
S60 3NW

Tel: 01709541333

Date of inspection visit:
27 April 2021

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15 September 2021

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

Broom Lane Care Home provides personal care to older people with a range of support needs, including dementia. It accommodates up to 60 people, and had no vacancies at the time of the inspection.

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

We were assured people were being cared for safely. The provider had demonstrated a high regard to the risks presented by the ongoing COVID-19 pandemic. Risk assessments had been undertaken, and there was a comprehensive testing programme in place for staff and people using the service, as well as for their visitors. Relatives described how they were supported to undertake testing before visiting their loved ones, and said staff were kind and supportive during this process.

Medicines were managed safely, and the provider had an effective system in place for overseeing, analysing and preventing untoward incidents.

Staff told us they understood their responsibilities in relation to safeguarding, and people using the service and their relatives told us they felt safe when receiving care.

Staff gave us a mixed picture of management within the home, with some telling us they felt management to be open and supportive, but others telling us changes were being made which they felt they couldn't challenge. We shared this feedback with the management team, who told us they would implement an anonymous survey of staff to gain their feedback about changes and understand any concerns staff may have.

Recruitment was undertaken safely, with appropriate background checks before staff started work.

Governance arrangements were robust, and identified and addressed any areas for improvement or shortfalls. There were clear, accurate audit trails of this process.

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 March 2020)

Why we inspected

The inspection was prompted due to concerns received about how the provider was ensuring care was delivered safely in a way that met people's needs, and about the provider's governance arrangements. A decision was made for us to inspect and examine those risks. As this was a focussed inspection, we reviewed the key questions of safe and well led only. Ratings from previous comprehensive inspections for other key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains good.

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

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

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 conducted by one inspector.

Service and service type

Broom Lane 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

We gave the service short notice of the inspection. This was because we needed to be sure the inspection could be inspected safely during the ongoing COVID-19 pandemic.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We also looked at any concerns people using the service or staff had raised with CQC prior to the inspection. 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

Inspection activity commenced on 26 April and finished on 4 May. We visited the service on 27 April 2021.

We spoke with two people using the service and five people's relatives. We also spoke with ten members of staff including the home manager.

We looked at care records for five people using the service. We looked at training and recruitment records for staff. We also reviewed various policies and procedures, the medication management arrangements, the stems in place to manage the risks presented by the COVID-19 pandemic and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- There were systems in place to monitor and act upon any suspected abuse.
- The provider had taken the correct action when incidents of suspected abuse occurred, ensuring notifications were made to CQC and taking steps to prevent any recurrence.
- Staff had received training in safeguarding, and were confident they would know how to appropriately report any concerns. One said: "We are very strict on anything like that, as we should be."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- There were risk management plans in each person's care record, reflecting all the risks that a person may present or be vulnerable to. These were detailed and regularly reviewed.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, by making appropriate referrals to external healthcare professionals.
- When people's needs changed, risk assessments were updated to reflect this.
- The home manager described how they had identified a high number of falls within the home. They therefore implemented a training programme for staff around falls safety and awareness. They told us this training had more than halved the number of falls due to improving staff knowledge and awareness.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met. Some staff told us they felt understaffed at times when the deputy manager was carrying out managerial tasks rather than care tasks. The home manager acknowledged this had been an issue and said it was because they were relatively new in post; they had implemented supernumerary shifts to alleviate this.
- When people requested assistance staff were on hand to provide it; the provider's most recent survey of people using the service and their relatives showed that everyone who responded was "happy" or "very happy" with how responsive the staff team were to their needs.
- Staff were deployed in sufficient numbers, in accordance with people's identified needs. The home manager told us this was reviewed regularly.
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified.
- Staff handling medicines had received medicines training and told us they felt confident when carrying out medication related tasks.

- Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. At this inspection it has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was employed within the provider organisation as an area manager. A new manager was in post and they were planning to apply to register.
- Governance arrangements within the service were robust and effective.
- There was a system of management meetings in which attendees assessed developments within the service and identified areas for improvements. There was also a regular, formal analysis of incidents so that continuous improvements could be achieved.
- There were a range of audits in place, which managers used to monitor the quality and safety of the service provided. The audits were linked to action plans to ensure ongoing improvements.

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

- People and their relatives told us they were happy with the home. One person commented that the service was "all nice" and relatives told us the communication had been good during the COVID-19 pandemic. One relative told us they had noticed some very positive changes made by the new manager, which they described as promoting dignity.
- Staff gave a mixed picture about management support, with some saying they found the management team to be open and approachable, but others telling us they felt changes were implemented without explanation and they were unable to challenge them. In response to this the management team told us they would implement an anonymous survey of staff to enable staff to raise any concerns they have.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had various systems in place to obtain feedback from people using the service, their relatives, and care staff. This included a three-weekly online meeting for families and an open door approach for staff.
- Records showed the provider worked in conjunction with other agencies when providing care and support, making referrals as required and liaising with external professionals