

Cygnnet Care Services Limited

Broughton Lodge

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Broughton Lodge is a residential care home providing accommodation and personal care for up to 20 people. At the time of our inspection 12 people were living at the home. Broughton Lodge is also registered to provide personal care to people living in their own homes; at the time of our inspection one person was receiving personal care in their own home.

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

The service was not consistently meeting the principles of Right support, right care, right culture.

Right Support -

The design of the service and accommodation was not effectively meeting everybody's needs. Broughton Lodge was institutional in style; it was large and not domestic.

Staff told us many interactions between people who lived at the home were poor and were a significant cause of their anxiety and incidents. The risk that people posed to each other was reduced by staff following strict protocols and at times intervening. However, this did not promote people naturally interacting with each other and having the opportunity to form positive everyday relationships.

Some of the adaptations to the environment had not considered people's experience.

Some areas of the home were more homely, and people had been supported to decorate and personalise their bedrooms with things that were important to them. Independent advocacy was available for people.

Right Care -

The service operated within the principles of the MCA when supporting people to make significant decisions; using the best interest decision principles. However, in more day to day matters, people's perspective and opinions were not always sought.

In their interactions staff showed a warm, caring respectful approach towards people. People's family members told us that their relatives were cared for and treated well. One person's relative told us, "They seem excellent in caring, genuinely caring and supportive." Staff spoke to and about people in a dignified and respectful manner; especially when describing times when things have gone wrong.

People received effective and creative support when accessing community healthcare services.

There were a range of initiatives in place that matched different people's communication styles to help the provider and registered manager listen to people.

Right culture -

Some aspects of the culture within the service were not positive. The service had not consistently promoted ordinary living and had not always dignified people as equal citizens. This was reflected in how the provider had not always considered the experience of people living at the home.

People's accommodation and care was focused on keeping people safe and was not focused on effectively listening to them and the promotion of people having control over their lives and living an ordinary lifestyle.

Opportunities for learning and improving the care provided were at times lost and not explored or acted upon.

There was evidence that some people had benefitted from the accommodation, care and support provided at Broughton Lodge. Some people had recently moved from Broughton Lodge into their own homes and other people were ready to do this and were planning this move.

Care staff were very positive about their roles. The provider had ensured that a series of checks and audits had taken place at the home to ensure the service provided for people was safe. The registered manager and provider were exploring different ways to support people in the least restrictive manner possible. There had been a recent reduction in physical interventions from staff members.

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

Rating at last inspection and update

The last rating for this service was good (published 9 January 2019).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the service providing person-centred care and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We made recommendations regarding reviewing incidents and working with stakeholders to review people's accommodation needs and choices.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Broughton Lodge

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 Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to people's family members to gain feedback about their experience.

Service and service type

Broughton Lodge 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.

Broughton Lodge also provides care and support to people living in their own homes using the supported living model, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two registered managers, registered with the Care Quality Commission; one for each regulated activity (The care home and personal care in people's own homes). 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 a short period of notice of the inspection to give time for some people who lived in their own homes and their care was provided by Broughton Lodge to give their consent to a visit from an inspector.

Inspection activity started on 16 May 2022 and ended on 24 May 2022. We visited the office location on 16 and 20 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams; we also communicated with the local fire and rescue service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with, communicated with and observed the care and support of eight people who lived at the home. An Expert by Experience also spoke with eight relatives of people who lived at Broughton Lodge about their experience of the care provided.

We spoke with thirteen members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and a sample of people's medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found; for example, we looked at 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant all aspects of the safety of the service had not been considered. There was an increased risk that people may receive inappropriate support that did not respect their rights.

Learning lessons when things go wrong

- A system was in place to learn lessons when things went wrong, at times this had been effective in reducing immediate risks and there had been some reduction in physical interventions. However, information about incidents was not always gathered in a manner that ensured as much learning took place as possible. First-hand accounts of experienced staff members were not always gathered and recorded.
- Incidents were discussed at managers meetings and the provider arranged for a monthly review of incidents; these reviews looked at some possible causes. However, they had not looked for some indicators and patterns; for example, incidents involving specific staff or housemates, clusters of incidents close together, or incidents at certain times and during particular activities. This meant that not all possible information was available to be able to learn lessons and improve.

We recommended the provider review how they gather, record and review information regarding incidents when things go wrong.

Systems and processes to safeguard people from the risk of abuse

- People were mostly protected from the risk of abuse. However, the provider had not considered the impact some of the protocols in place had on safeguarding people's dignity and respect.
- People's family members told us they felt that their relatives were safe at the home. One person's family member said, "I think she is safe because they are very responsive and don't hide anything." Another person's family member told us, "I think he is safe because he loves it." Also, another relative said, "He does not have much speech, so we rely on observing his feelings and he showed us he was happy from his body language."
- The service had a regular visit from an independent advocate who told us were involved in any safeguarding alerts that had been raised. The advocate told us they found staff at the service; "Open and candid", if anything had gone wrong when supporting a person. Staff had received regular safeguarding training and were knowledgeable about safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Risks were not always responded to in a manner that supported people to be safe, whilst respecting them as individuals and upholding their dignity.
- For example, the anticipated risk that people posed to each other was reduced by staff following strict protocols. However, at times these prevented people from naturally interacting with each other and having the opportunity to have everyday interactions with others and form positive everyday relationships.
- Staff told us many interactions between people were poor and were a significant cause of their anxiety

and incidents; meaning at times staff physically intervened, people stayed in their rooms or went outside. Staff told us about the support they provided at these times; one staff member told us, "I feel people are safe... we are alert to risk and know what needs to be done and who needs to be where." Another staff member said, "Staff are very good at avoiding peer on peer risk."

- There was a series of risk assessments on the home's environment and helping people to remain safe in the unlikely event of a fire at the home.
- Each person had an individualised risk assessment that identified the level of support the person needed. This provided guidance for staff on how to support them to be safe in a variety of situations that may occur. Staff received regular training on how to physically intervene when necessary to help ensure people were safe. The registered manager and provider were exploring different ways to support people in the least restrictive manner possible. There had been some reduction in physical interventions from staff members.
- If people became upset and acted in a way that risked causing harm to themselves or others, staff engaged with health professionals and explored if the person was in discomfort or pain and had any unknown health concerns that may be the cause. One person's family member told us that this approach had been really helpful for their relative; they said, "I feel confident that staff really monitor her well."
- People's family members described Broughton Lodge as a place of safety and told us they had no concerns regarding people's safety.

Staffing and recruitment

- There were enough staff deployed to meet people's needs safely.
- The provider had assessed safe staffing levels based upon people's needs and reviewed these to ensure they had been met. The size of the staff team had recently increased by recruiting new staff members.
- There remained a significant number of staff vacancies. The staff team was complemented using agency staff. Agency staff had an induction and received training on how to safely provide care and support for people. The aim was to repeatedly use the same agency staff members.

Using medicines safely

- People's medications were managed safely.
- Each person had a medication profile that included guidance for staff on when to support people to take 'as and when' required medication (PRN). The provider ensured staff had the necessary skills and competencies to administer medication safely. They also had a series of checks in place to ensure medication management systems were safe.
- There were monthly medication reviews to help ensure the service operated in line with the best practise principles of STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines). This helped ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Preventing and controlling infection

- The service had effective infection prevention and control measures in place. The home's environment was very clean, and the building was well maintained.
- The use of the building had been changed during outbreaks of COVID-19 to reduce high traffic areas. Staff used PPE effectively and disposed of it safely.
- People had been supported to help them understand the risks from COVID-19. There was an easy read and pictorial document available regarding coronavirus.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of some people's care and support was not always consistent with the desired long-term positive outcomes.

Adapting service, design, decoration to meet people's needs

- The design of the service and accommodation was not effectively meeting everybody's needs.
- The home was split into three areas called "units". Each area operated like a separate household, the internal doors between these different areas and some communal areas were secured and each area of the home had its own secure outdoor space.
- Staff described times of increased risk between people. For example, a lot of people and staff used the corridors in the morning and people gathered at mealtimes. Staff reduced this risk, in a way that did not promote a pleasant mealtime experience. For example, for many people dining tables were arranged in a way that meant people were facing into the corners of the room or facing a wall. Also, people eating together with high numbers of staff meant that they ate with several staff closely standing and observing. The atmosphere this created was intense.
- Some of the adaptations to the environment had not considered people's experience. For example, some televisions were encased in cabinets with no provision for the transmission of sound or external speakers. The experience of people watching the television in this way was not taken into account. In one household, the lounge was not big enough and did not contain enough chairs for everybody to freely use it; staff told us this would not happen anyway due to risks. Also, in a lot of people's bedrooms the windows were completely frosted, making the room gloomy and meaning people could not see out of them; and bedroom doors had observation windows that could be opened and used by staff to look inside people's bedrooms. The registered manager told us that only one person was assessed as needing these observations to help them stay safe.
- Broughton Lodge was in a rural setting. Some people's family members told us the rural setting, public transport links and the distance from people's home communities made visiting more difficult. One person's family member told us, "It is rather secluded, and it is hard to get to."

This is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured that the accommodation and care provided was appropriate, met people's needs and reflected their preferences.

- Some areas of the home were more homely, and people had been supported to decorate and personalise their bedrooms with things that were important to them. One family member told us, "They are making it a bit more homely, which I think is nice." People's sensory needs and preferences had been incorporated into some aspects of the service design.
- People living in their own homes had been supported to choose accommodation that met their needs

and preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been an improvement in assessing people's needs and deciding if the home was best placed to provide people's care and accommodation in line with their needs and current best practice guidance.
- This service was developed before the CQC started applying the principles of Right Support, Right Care, Right Culture and its predecessors. The registered manager told us the building had been inherited from a time when a more intensive and institutionalised model of care had been provided.
- One senior staff member told us if some people living at the home had their needs assessed now, it would be unlikely it would be identified as the best place for them. They told us they now assess if this is the best place for people to live and if this is where the person wants to live. This had led to some people not being offered a place at Broughton Lodge as they did not think it met the person's needs and choices.

We recommended the provider work collaboratively with stakeholders to review people's individual accommodation needs and the mix of people living closely with each other; to ensure everybody's needs and choices were met and the home was operating in line with current best practice.

Staff support: induction, training, skills and experience

- Staff received appropriate support to enable them to be effective in their role.
- New staff underwent an initial period of assessment of their skills and approach. These new staff were then matched to support people whose needs and preferences they best met.
- Staff told us that they felt well supported in their roles. The provider had a programme of key training which was completed by all staff, with additional bespoke training for each staff role. Agency staff participated in the induction and training programme as appropriate.
- People's family members told us they thought staff had the rights skills and experience. One person's family member told us, "I think the staff are well trained, professional and always very caring."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a balanced diet.
- If needed, people had an eating and drinking care plan and risk assessment. These outlined for staff what support a person needed to maintain a balanced diet.
- There was a four-week rolling menu with a variety of food options that people had helped to plan. People were supported to choose a meal once a week that they cooked themselves with support.

Supporting people to live healthier lives, access healthcare services and support

- People received effective and creative support when accessing community healthcare services. Staff from different disciplines had worked together as a team to achieve this. They also worked in partnership with local healthcare services to trial and adapt people's healthcare to ensure it met their needs. This support was person centred and helped people to be as healthy as possible.
- People's family members told us that staff supported people effectively with healthcare needs. One person's relative told us they felt involved and "Worked together in partnership with staff to help the person get the most out of all medical appointments."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service operated within the principles of the MCA when supporting people to make significant decisions; using the best interest decision principles. However, in more day to day matters, people's perspective and opinions were not always sought.
- The registered manager had oversight of any restrictions that were in place when providing people with care and accommodation and the legal authorisation for them.
- Independent advocacy was available for people. Staff had supported one person to appeal their DoLS. This had enabled the person to exercise their right to the appeal process.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff in their interactions showed a warm, caring and respectful approach towards people.
- Staff spoke to and about people in a dignified and respectful manner; especially when describing times when things have gone wrong. We saw that when things were going wrong and people were doing things that may be a risk to themselves or others, staff treated people with dignity and respect in their approach and interactions with them.
- People's family members told us that their relatives were cared for and treated well. One person's relative told us, "They seem excellent in caring, genuinely caring and supportive." Another person's family member said, "Staff are always caring and respectful."

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

- People were supported to express their views at times in a variety of ways. For example, there were communication tools available in different parts of the home to support people making choices. Also, staff had supported people to express their views about key events and celebrations that had happened at the home.
- There were a range of initiatives in place that matched different people's communication styles to help the provider and registered manager listen to people. These included an independent advocate being at the home and regularly spending time with people and a people's council that met each month to obtain people's feedback. Some people liked a more formal process of giving written feedback and meetings being arranged in a structured way; these were also made available.
- The provider had explored with people what sensory experiences were important to them. Some people had been involved in helping to plan the décor of one area of the home. This was planned and arranged in stages to help people adjust to differences and new things in their home.
- Staff at times were creative in helping people to make smaller but important decisions. For example, one person was supported to put together a playlist of their favourite music to help them relax on journeys. Staff helped another person pick clothes for the summer using pictures. Another person had a coloured clock that helped them recognise different parts of the day and use to this information to help them make choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated by staff in a manner that promoted their dignity. Some people had recently increased their independence and now lived in their own homes. People had been supported to develop social skills during a social skills group held at the home.
- People had been supported to learn and develop their independence with preparing their own food. Many

people were regularly supported to plan a meal of their choice, learn about ingredients, shop for the ingredients and cook the meal with support from a staff member. This supported people learning new skills, increase their independence and confidence; and enjoying a meal of their choice.

- Some people had developed a relationship with staff where they were able to tell staff when they needed medication that may help them with times of high anxiety. This promoted people having control over key decisions rather than this resting with staff members. It also helped people develop their independence and dignified them as partners in their care.

- Steps had been taken to help ensure any physical restraint from staff was the minimal amount of intervention to help a person remain safe, for the least amount of time and happens in a manner that helps the person remain safe and dignified. During any incidents that happened, staff continued to speak with people in a dignified and calm manner; for example, staff members interacted with and counted with people to help them become calm and focused.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection we rated this key question good. At this inspection this key question has now changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The effectiveness of people's care plans being responsive to their needs and preferences was mixed.
- Each person had an individualised and detailed care plan. Staff were knowledgeable about the significant details in people's care plans.
- It was evident that many staff had close, positive relationships with people. However, for some people, staff had an overreliance on routine and structure. This didn't empower staff to assess situations, listen to people and respond by making adaptations to people's care. One staff member told us they thought a cause of some risky incidents was one person "pushing back on their routine."
- Care plans had a focus on reducing risks and reducing triggers that may lead to a person doing risky things. Care plans did not always focus on listening to people, increasing their choice and control or trying to work out what a person was trying to communicate by their actions.
- There were regular reviews of people's care plans and activity timetables; with a review of short and long-term care targets. However, some people's care goals and independent living skills, didn't always match what was known to be important to them. Most people were supported to plan one bigger, more significant event for each month, such as visiting a theme park. An independent advocate was often involved in these regular reviews of people's care.
- People's family members told us they felt involved in planning people's care. One family member told us, "I'm very happy so far because he has a team of caring staff working with him with a team of professionals constantly observing and updating records for improving his care plans and progressing expectations when he is ready."
- Some people had been supported by staff to explore their interests and passions in very creative ways. It was evident and people told us that they had benefitted from this and this was very important to them. During COVID-19 staff tried as much as possible and in some creative ways, to replicate things people had enjoyed before the pandemic. Some people had been supported to increase their independence and move on to receive care in their own home in a community of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided for people in a wide variety of ways including signs, timelines and social stories (Social stories are used to help people plan and make decisions regarding events that are going to happen

in the future). This helped ensure that people have information about their accommodation, care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The accommodation and care provided for some people limited the opportunities for them to develop relationships with others. The service had activity co-ordinators; but activities often did not focus on people developing relationships with others.
- A number of people had not developed any relationships within the community or with other people living at the home. Some people's activities gave them limited opportunities to get involved in their community; one person went to a fast food restaurant once a week; another person went to a coffee shop once a week, which staff described as, "something to look forward to." Other people had been supported to explore being involved in their chosen community; being supported to participate in regular events that they looked forward to.
- People were supported to maintain family relationships. People's family members told us they always felt welcome when visiting their relatives at Broughton Lodge. One relative said, "I am always made welcome on my visits. They keep me well informed and staff are always nothing but helpful and caring and respectful of [Name]." People's family members told us that staff were very good at helping them to keep in touch with people during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- The provider had a system in place for recording and acting upon complaints or concerns. The registered manager and other senior staff were open to discuss any concerns people may have and adapted their approach to make it easier for some people to raise a concern.
- People's family members told us they had confidence that any complaints or concerns were well received, and the registered manager or other senior staff acted upon them. One family member told us when they raised a concern that staff asked for more information and listened to their concerns. Another family member told us they were reassured by the response to a concern they raised. They told us, "They looked into it and sorted it."

End of life care and support

- Nobody at the home was receiving end of life support. People's care plans showed that end of life wishes had been discussed with the relevant person.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always promote high quality, inclusive and person-centred care.

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

- Some aspects of the culture within the service were not positive. The service had not consistently promoted ordinary living and had not always dignified people as equal citizens.
- Broughton Lodge was institutional in style; it was large and not domestic; at times there could be up to 50 people including staff in the home; this was with the home operating at 60% of its potential capacity. Most people lived in an area of the home with single bedrooms off a long corridor, with the feel of institutional accommodation. One person's family member described their relative as living on a ward.
- Parts of the home were referred to by staff in a manner that was not ordinary and did not promote their dignity. For example, different areas of the home where people lived were referred to as 'units', a secure entrance area was called the 'air lock', people when going out were referred to as going 'off house' and having a 'community access day', also part of the grounds that people used was referred to as the 'MUGA', which stood for multi-use gated area.
- At the home, the provider had dress code policy for staff. Staff were provided with a dark uniform that incorporated a corporate logo; they also wore identification lanyards, and many had keys and panic alarms visible. This highlighted staff as being different to people living at the home and made people stand out as different in their community. When a number of staff were out together with one person this compounded these differences. At times a number of staff stood together in groups, in dark uniform with arms folded observing people, this did not promote a relaxing atmosphere.
- The style of accommodation was not always effective in meeting people's needs and reflecting their preferences. People's accommodation and care was focused on keeping people safe and was not focused on effectively listening to them and the promotion of people having control over their lives and living an ordinary lifestyle.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not effectively monitored the quality of the service, including the quality of the experience of people living at the home.

- There was evidence that some people had benefitted from the accommodation, care and support provided at Broughton Lodge. Some people had recently moved from Broughton Lodge into their own homes and other people were ready to do this and were planning this move. One person told us that they had enjoyed living at Broughton Lodge and were hoping for a new home soon.
- One person had been supported to find support and accommodation that increased their independence.

However, the person had decided to stay at Broughton Lodge a while longer and was still working with staff on gaining confidence. The COVID-19 pandemic had meant that some people's plans had taken longer than initially anticipated.

- The registered manager described the home as providing care and accommodation for people who had experienced a crisis and received intensive support in order to prevent admission into hospital. Some people's family members often told us that their relative came to Broughton Lodge following the breakdown of other services.
- Care staff were very positive about their roles. One staff member told us, "I love it; it's rewarding." The provider had a plan that focused on staff wellbeing. This included weekly social breakfast events, resilience training which helped staff cope with problems and to provide areas within the building where staff could have some time out. There had been a recent reduction in staff turnover rates, which helped provide consistent support for people.

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

- The provider had ensured that a series of checks and audits had taken place at the home to ensure the service provided for people was safe. Some of these had been thorough and effective, such as the infection control audit and the application of the mental capacity act. However, there was very little in the providers audits that looked at the quality of accommodation and support from the perspective of people living at the home. The providers audits had not highlighted aspects of the accommodation, compatibility of people living at the home and the culture of the service that had detracted from the principle of ordinary living.
- The providers quality audit noted that staff recorded the use of restraint and recorded that these incidents were "monitored through governance" and "managers reviewed all incidents." However, the reviewing of incidents had not encouraged staff to gain and record the perspective of the person being supported.
- Senior staff had not engaged effectively with other experienced staff who provided care and support for people in the reviewing of incidents that happened at the home for learning. One senior staff member told us that staff were not encouraged to give their opinions about incidents that had happened; to only state the facts of an event. Some staff told us that they would like to be involved in reviewing incidents that happened; they told us there was a focus on keeping people and staff safe during these times, but not a focus on listening to people.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not effectively assessed the quality of people's experience when living at the home.

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

- The provider had a series of initiatives that helped them engage with people using the service, people's family members and staff.
- People's family members told us they felt involved and that communication with staff at the home was effective. People's family members spoke positively about the key worker arrangement where they had a main point of contact with a staff member familiar to both them and the person supported. Staff had an agreement with each family member regarding how often they would like to receive information and how they communicated. One person's family member told us, "Staff are very good at keeping in touch... If we have a query, we call them, or email and they are always quick to respond."
- The registered manager arranged for a regular Broughton Lodge newsletter to be made available, giving updates on what had been happening at the home.
- Most staff were positive about the management team and the registered manager. One staff member told

us, "We have really good relationships with the management team." Staff members told us that their welfare was looked after, particularly during the period of the COVID-19 pandemic and they felt listened to. The provider sought feedback from staff about their role in a variety of ways. This had led to several changes in the way staff worked.

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

- The provider understood and operated in line with their obligations under the duty of candour obligations. They had been open and worked collaboratively with relevant parties, when something significant had gone wrong at the service.

Continuous learning and improving care

- Opportunities for learning and improving the care provided were at times lost and not explored or acted upon. The opinions of experienced staff members were not effectively sought.
- There was a system in place for recording incidents, identifying opportunities for learning and making improvements. This system was fragmented and was not effective in gathering, recording and assessing information to enable senior staff to be effective in their roles.
- We looked at how one incident that happened during our inspection and how this was recorded, assessed and learned from. Key information about this incident was not explored and the final management view of the incident differed greatly from what had taken place.

Working in partnership with others

- Staff at Broughton Lodge effectively worked in partnership with others in delivering people's care and accommodation.
- People's family members told us that they were involved in regular reviews of the care and support their relatives received. The registered manager had prompted reviews of people's care and accommodation with the funding authorities. They had been flexible in helping to ensure that these reviews took place.
- Advocates who worked alongside the service described staff as "open and candid" when discussing things that may have gone wrong when supporting people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured that the accommodation and care provided was appropriate, met people's needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not effectively monitored the quality of the service, including the quality of the experience of service users living at the home.