Lancashire County Council

Broadfield House Home for Older People

Inspection report

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Date of inspection visit: 29/10/2014
Date of publication: 31/03/2015

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

Overall summary

Broadfield House is situated in Leyland. The home comprises of four units and can accommodate up to 45 people requiring support with their personal care needs. On the ground floor there is a short stay assessment unit and a ten bedded dementia care unit. The first floor comprises of accommodation for older people and people living with a dementia related illness. The units are linked and can share activities, but each has its own space including bedrooms, dining and lounge areas. A passenger lift is available for access to the upper floor. There is a pleasant garden area and ample parking spaces are available. A wide range of amenities are accessible within the local community. Broadfield House is owned by Lancashire County Council and is regulated and inspected by the Care Quality Commission.

This unannounced inspection was conducted on 29th October 2014 and was carried out by one inspector from the Care Quality Commission, who was accompanied by an Expert by Experience. An Expert by Experience is a

Summary of findings

person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. At this inspection this was achieved through discussions with those who lived at the home, their relatives and staff members, as well as observation of the day-to-day activity.

We conducted a Short Observational Framework Inspection (SOFI). This methodology has been introduced, so we can observe a small group of people for short time frames over a selected period of the day. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Broadfield House. We observed some good practices and positive interactions by staff members.

The manager of the home was on duty when we visited Broadfield House. She had been in post for a short period only and therefore at the time of our inspection had not made application to the Care Quality Commission to manage this location. However, we established the application process had commenced. 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 and associated regulations about how the service is run.

At the time of this inspection there were 43 people who lived at Broadfield House. We were not able to converse with some of those who used the service, because they were living with dementia. However, we did manage to speak with others and some of their relatives. We received positive comments from everyone we spoke with. We also spoke with three staff members and the manager of the home. We looked at a wide range of records, including the care files of three people who lived at Broadfield House and the personnel records of two staff members. We observed the activity within the home and looked at how staff interacted with people they supported.

One person told us, "I am very happy here. I am not afraid. I've got a good place to live and I don't want to be anywhere else. These staff would not harm anyone."

People who used this service were safe. The staff team were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home.

Although relevant checks had been conducted to ensure new staff members were suitable to work with this vulnerable client group, information was not always easy to find. We had difficulty in establishing when some evidence was requested or received. Therefore, a clear audit trail was not always evident.

The premises were safe and maintained to a good standard. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. However, evidence was not available to demonstrate that people who lived at the home, or their relatives, had been involved in making decisions about the way care and support was being delivered. We made a recommendation that systems be reviewed to ensure the manager could demonstrate people had been enabled to be involved in the planning of their care.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and strategies had been recorded. However, assessments had not been conducted within a risk management framework for one person who lived at the home, who had a specific safety need. People were supported to maintain their independence and their dignity was consistently respected. Staff were kind and caring towards those they supported and individual interaction was an important aspect of life at Broadfield House.

Assistance was provided for those who needed help with their meals. This was done in a dignified manner and the dining experience was pleasant. However**,** we recommend that people who live at the home are consulted about the food and beverage choices, so that more varied options are available.

Summary of findings

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

Staff spoken with told us they felt well supported by the manager of the home and although she had been in post for a relatively short period of time, they were confident she would maintain a stable management structure, which would enhance the quality of service provided.

Summary of findings

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

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Broadfield House. Relevant checks were conducted to make sure only suitable people were appointed to work with this vulnerable client group. However, recruitment records could have been retained in a more organised way to demonstrate when information was requested and received.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Broadfield House.

The premises were maintained to a good standard and infection control protocols were being followed, so that a safe environment was provided for those who lived at Broadfield House.

On one occasion we noted a separate assessment had not been conducted within a risk management framework, when a potential risk had been identified.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed.

The menu offered people a choice of meals and their nutritional requirements were met. Those needing assistance with eating and drinking were provided with help in a discreet manner.

Is the service caring?

Good

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age, disability or belief. However, evidence was not available to show people had been supported to plan their own care. Staff members told us they had completed a nationally recognised training programme for end of life care.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Is the service responsive?

Good

This service was responsive.

Summary of findings

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and person centred, incorporating documents, entitled, 'What is important to me' and 'How I can be best supported'. Staff anticipated people's needs well. However, the management of risks could have been better for one person who lived at Broadfield House.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

This service was well-led.

Staff spoken with felt well supported and were very complimentary about the way in which the home was being run by the new manager.

There were some systems in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified. However, staff files were not well organised, which made it difficult to find some information and therefore a clear audit trail in this area was not evident.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at the home. These included GP's, district nurses, chiropodists and specialist medical teams.

Broadfield House Home for Older People

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 16 August 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 29 October 2014 and was carried out by one inspector from the Care Quality Commission, who was accompanied by an expert by experience, who had experience of care services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager of the home had completed 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. Before our inspection we reviewed the information provided within the PIR.

We asked people who were involved with the service for their views about the overall operation of the home, such as GPs, community nurses, a dietician, a chiropodist, a pharmacist and a physiotherapist.

During this site visit we spoke with several people who used the service and some relatives. We interviewed three members of staff and tracked the care of three people who lived at the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We conducted a Short Observational Framework Inspection (SOFI). This methodology has been introduced, so we can observe a small group of people for short time frames over a selected period of the day. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Broadfield House. We looked at a wide range of records, including three care files, a variety of policies and procedures, training records, medication records, two staff personnel records and quality monitoring systems.

Good

Is the service safe?

Our findings

We spoke with eight people who lived at the home. They all said they felt safe living at Broadfield House. They told us they were 'well cared for' and some described staff as, 'lovely', 'very helpful' and 'friendly'. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. They were chatting and laughing together in a respectful way, sharing the occasional joke. People who lived at the home looked happy and content. One person commented, "The staff are just great. I don't know what I would do without them." However, one person we spoke with expressed his dissatisfaction about there being key pads on the doors to leave the building, although he was aware of the code to use in order to exit the home. He felt it was 'wrong' to have key pads installed, stating, "I'm in a prison." This issue was discussed with a deputy manager at the time of our visit, who said a balance was in place to meet the needs of all the people who lived at the home and explained the individual difficulties which could sometimes be encountered if this type of lock was not in place.

Details about new employees had been obtained, such as application forms, written references and police checks. This helped to ensure only suitable people were appointed to work with this vulnerable client group. However, staff records were not well organised, which made information difficult to find.

Systems and equipment within the home had been serviced in accordance with manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks were regularly conducted, such as the emergency lights, fire alarm points, moving and handling equipment and hot water temperatures. This helped to ensure people were protected from harm. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection.

Policies and procedures were in place to guide staff in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Lliberty Safeguards (DoLS). The MCA and DoLS are legal safeguards to protect the human rights of those people who may lack the capacity to make certain decisions for themsllves.

Staff told us they were confident in reporting any concerns they had about the safety of those who lived at the home. One member of staff commented, "I wouldn't have any concerns about reporting it if I felt someone wasn't being treated right." A person who lived at the home told us, "The staff are fine. If they weren't I would open my mouth. I wouldn't hesitate to say something if I wasn't happy or if the staff were nasty with me."

Records showed that staff had completed safeguard training workbooks. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the safety of someone who lived at the home.

Assessments within a risk management framework had, in the main been introduced, so that people were protected from harm. However, although the plan of care for one individual identified that he was at risk of falling and appropriate strategies were recorded within this document, a specific separate assessment had not been implemented.

Records showed people were able to make informed choices about taking risks and were provided with relevant information to ensure they were fully aware of the possible outcomes of their decisions. Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner.

At the time of our visit we toured the premises and found the environment to be maintained to a good standard of safety. The fire evacuation procedure was displayed next to the fire board in the reception area of the home and a 'plan your escape' leaflet supported the actions to take in the event of a fire. A business continuity management plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency, such as a power failure, a flood, severe weather conditions or an epidemic.

Personal Emergency Evacuation Plans (PEEP's) were in the process of being developed. This would help to ensure people were evacuated from the building in the most effective way, should the need arise. Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the home.

Good

Is the service safe?

We were told the external lights had been repaired on the day of our visit and following health and safety advice, the rubbish bins had been relocated outside, in order to promote the safety of those needing to access the grounds of the home during the darker evenings.

The pre-inspection pack identified 19 medication errors had been made within the last twelve months. This was considered to be an excessive amount. We discussed this with the manager of the home at the time of our visit. We noted medication audits were conducted every week and any errors were identified, which were supported by an action plan and discussed with the staff member concerned, who received further training and supervision, dependant on the potential impact of the error.

Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. They confirmed that managers conducted regular medication audits. This information was supported by records seen.

We recommend that a formal audit of staff files is conducted, so that an organised system is operated, with information being accurately recorded and therefore making details easily accessible.

We recommend that separate assessments are always conducted where risks are identified, which outline the strategies implemented to help to protect those who live at the home.

Good

Is the service effective?

Our findings

At the time of this site visit there were 43 people who lived at Broadfield House. People told us they were happy living at the home and that their needs were being met by a kind and caring staff team.

The manager of the home told us about recent changes that had taken place at Broadfield House. Needs assessments for those transferring from hospital into a community assessment bed were conducted by professionals within the community in conjunction with the home. There were 20 places available on this dedicated unit and those allocated a place usually remained at Broadfield House for 14 days, where they received support from the home and community services to regain the ability to safely return to their own homes.

Systems were in place which enabled the provider to effectively examine the performance of Broadfield House and to assess improvements in the standards of care provided, in accordance with The National Institute for Health and Care Excellence (NICE) guidance. The NICE quality standards help to raise awareness among care staff, as to their roles and responsibilities in relation to supporting people to live well with dementia. The manager and staff team were knowledgeable about supporting those with a dementia related illness and they had received training in this specific area.

One external professional who responded to our request for feedback about the quality of service provided indicated that there were a lot of agency staff utilised and therefore people were not getting continuity of care. We looked at the staff duty rotas and found agency staff were used to fill shift vacancies, due to sickness or annual leave. On the day of our inspection we established that one agency worker was working during the day and another during the night. The manager told us that the same agency staff were utilised, whenever possible, in order to provide continuity of care. One member of staff told us, "It is hard work here, but I like it. We could do with more staff. There are times when we have a lot of agency staff."

The manager of the home told us agency staff were given an induction before they commenced their first shift. However, she confirmed these were not formally recorded. We were subsequently provided with a written 'Health, Safety and Wellbeing' induction checklist for agency staff, which had since been introduced.

One member of staff commented, "New staff have an induction and then they do some shadowing shifts until they get to know what people need." Another told us, "We get loads of training. We have to do first aid, food hygiene, enablement, safeguarding, fire safety, infection control, health and safety and moving and handling. I have also completed the six month dementia care training through the University of Sterling." We were told one member of the staff team was the nominated 'dementia care champion', who was responsible for ensuring staff were appropriately trained and making sure that relevant information was disseminated to the staff team. Records seen supported this information.

The Mental Capacity Act (MCA) was being effectively applied for those suffering from a dementia related illness and records showed that best interest decision meetings were held, with Deprivation of Liberty Safeguard (DoLS) applications being made, as was deemed necessary. This helped to ensure people's freedom was not being unnecessarily restricted and their care and support was being provided in the best possible way. The MCA and DoLS are legal safeguards to protect the human rights of those people who may lack the capacity to make certain decisions for themsllves. One person told us she had virtually complete freedom, within reason to do as she pleased. She said she could spend her day how she wanted. She commented, "Because I know what I want to do." Other people we spoke with confirmed that they were not restricted in any way.

One relative we spoke with had visited Broadfield House for 15years. She told us she had 100% confidence in the home, the staff and the wellbeing of the people who lived there. She said, "If there was any problem or nonsense, believe me I would let them know."

During our visit to Broadfield House we conducted a Short Observational Framework Inspection (SOFI). This methodology has been introduced, so we can observe a small group of people for short time frames over a selected period of the day. This enabled us to observe and record the day-to-day activity within the home and helped us to

Good

Is the service effective?

look at the interactions between staff and those who lived at Broadfield House. We found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

Staff spoken with told us they had regular individual supervision meetings and annual appraisals with their line managers. Records showed these covered areas such as, review of work performance, staff training, support and development. This helped to make sure the staff team delivered an effective service. One member of staff told us, "You can ask to have extra supervisions if you want them or if you are not sure about something."

People's nutritional needs were being met. This was supported by risk assessments to reduce the possibility of malnutrition. People's weight was monitored and action was taken, should the results vary significantly. The menu of the day was displayed within the home, showing a choice of meals were available. Records showed that one day every three weeks was 'the resident's choice day', when everyone who lived at the home was able to make their own individual choices of meals served, which as far as possible would be prepared for them.

We sampled lunch in the dining room with three people who were eating in this area. They told us the food was good, which was evident by the empty plates, but they said there was little choice. We heard one person comment, "This rice pudding is good. It is lovely and hot." We saw people being given alternative options to the menu of the day, at their choice. One person told us, "The meals are generally good. If it looks nice and tastes good I am happy." People were observed being asked if they would like something else to eat or if they had eaten a sufficient amount.

Although it was evident some food and beverage options were available, these were not wide and varied choices. For example, following lunch people were offered a choice of tea or apple juice and we observed a staff member asking one person who had requested a sandwich, "What would you like on your sandwich, tuna or egg?"

Whilst we were in the dining room we noted the office phone to be ringing. A care worker was assisting one person with her meal and another was busy serving lunches. Both care workers chose to ignore the telephone and carry on with their duties. One commented, "It's not very nice to leave someone in the middle of their lunch. Whoever it is will phone back later." This showed that staff were committed to delivering the service in a professional way and without disturbance from external sources.

During the course of our inspection we toured the premises and found them to be suitable for the people who lived there. Small display boxes were attached to the wall outside each person's bedroom door. These contained photographs and items of memorabilia to help them with orientation and individuality. The majority of bedrooms were individualised, with photographs and personal items on display. However, one person's bedroom, although clean and well maintained, was void of any personal items, such as ornaments, photographs, memorabilia and pictures. This was discussed with the manager at the time of our visit and explanations were provided in relation to the personal choice of the individual.

Picture signage on the dementia care unit was clear for directions to communal areas, such as bathrooms and toilets. The cutlery and crockery provided for people with a dementia related illness was specifically designed to help them to recognise dining implements, to aid in promoting independence and to distinguish between the plate of food and the dining table. We were told one person who lived at the home had visited the factory where the specialised equipment was manufactured, and he had helped to choose the designs for Broadfield House. This information was supported by photographs seen.

Good

Is the service caring?

Our findings

We saw staff treating people with respect and providing assistance in a kind and caring manner. Staff members and those who lived at Broadfield House seemed to have easy and friendly relationships. People did feel that staff listened to them and considered their wishes. However, there was no evidence available to demonstrate the plans of care had been generated with the involvement of the person who used the service, or their relative.

Relatives we spoke with told us the staff team were very caring and attentive to the needs of those who lived at Broadfield House. We established that bedroom doors were generally kept unlocked, although people had the choice to lock their door, if they wished. People told us their privacy and dignity was always respected and this was observed during our visit to this location. We saw staff members knocking on bedroom doors and waiting to be invited in before they entered.

During the course of our inspection we observed the 'handover' from the staff team going off duty and the staff team coming on duty. This was well organised and co-ordinated by the manager of the home. Relevant information was passed from one team to another on each unit with discussions pursuing, as staff members felt necessary. This helped to ensure all care workers were provided with up to date information about the people in their care.

Staff we spoke with were fully aware of people's needs and how they wished care and support to be delivered. We saw staff members anticipating people's needs well and those we spoke with confirmed they were given the opportunity to make some decisions about the care and support they received.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. People looked well presented and were appropriately dressed. We saw staff members chatting with people respectfully and those who required personal care were assisted in a dignified way. One person told us, "The staff are smashing. They really do help me to manage as best I can. They don't rush me and they are very pleasant."

Prior to our inspection, information had been received by the Care Quality Commission about continence products being unavailable for those who needed them. We discussed this with the manager of the home and two staff members. We established there had been a problem with the delivery of continence aids, but this had been resolved. A delivery had arrived the previous day and another was expected on the day of our visit. This information was supported by a telephone conversation between the manager and the supplier. Records showed continence assessments had been conducted and staff members we spoke with confirmed that people's dignity had not been compromised due to a problem with the delivery of continence products, as interim supplies had been sourced from the local pharmacy.

Policies and procedures incorporated the importance of providing people with equal opportunities, despite their age, religion, race or disability. This was confirmed through our observations and by talking with staff and those who lived at the home. Some staff who worked at the home had completed the full six steps to success end of life care programme, which showed a commitment to embedding best practice for 'end of life' care.

At the time of our inspection we were told that no-one who currently lived at the home had developed a pressure wound. However, we noted that specialised equipment was available for the prevention of pressure sore development and for assisting in moving and handling techniques.

We recommend a system be implemented to show people have been given the opportunity to be involved in planning their own care, or that of their relative.

Good

Is the service responsive?

Our findings

People we spoke with told us their health care needs were being met. Records showed a wide range of external professionals were involved in the care and support of those who lived at Broadfield House, so that people received the health care and treatment they required. We asked 20 of these people for their feedback about the quality of service provided. We received five responses, of which four provided us with consistently positive comments.

One GP's surgery, submitted a collective feedback response, which stated, 'Broadfield House provides an excellent service. It is well run, well-staffed and well led. The staff are very caring towards their clients and despite the fact that they often receive acutely ill patients, they very effectively risk assess them and seek medical attention appropriately. They communicate well with medical staff and are always welcoming. They show great concern for their clients. It is always a pleasure to visit patients at Broadfield House. We have nothing bad whatsoever to say about Broadfield House.' We were told a GP routinely visited the home every week to see any people who may need medical advice, but that additional visits were also available on request.

We saw several situations where staff responded in a positive way towards people who used the service. For example, a member of staff responded well to one individual who was becoming anxious. The care worker helped to defuse the situation in a caring and dignified manner. Another example was at lunch time when one person, after eating her soup told a care worker, "I am full now. I don't want anything else to eat." The care worker politely responded by saying, "Perhaps that's because you had a nice lie in today and had a late breakfast. Would you like a yoghurt then and have something else later on?" The individual accepted this and was then asked what flavour of yoghurt she would prefer.

We randomly selected the care records of three people who lived at the home, who had quite different needs. These files were well organised, making information easy to find. We chatted with the people whose records we examined and discussed the care they received. People told us they were very happy with the care and support delivered by the staff team.

Needs assessments had been conducted before people moved into the home. This helped to ensure the staff team were confident they could provide the care and support required by each person who went to live at Broadfield House.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. The needs of people had been incorporated into the plans of care. Regular reviews of needs had taken place and care was evidently provided in a person centred way. We found the plans of care to be well written, person-centred documents. This helped the staff team to develop a clear picture of what people needed and how they wished their care and support to be delivered.

People who lived at Broadfield House told us they were satisfied with the level of leisure activities available at the home. A programme was displayed on the activity board. We were told this programme was designed in accordance with people's individual wishes. Activities provided included, 'fit as a fiddle', tea parties, gardening, food tasting, games and theme days.

We discussed the provision of activities with the activity co-ordinator, who was enthusiastic and eager to provide people with pastimes they enjoyed. We saw care staff interacting well with some people on an individual basis, which helped them to remain interested and to maintain their individuality. Others were reading or were involved in small group activities, such as playing board games and dominoes. One person told us she enjoyed the mobile library visiting, because she was a 'book worm.'

We saw people being offered a variety of choices throughout the day. One care worker asked those in the lounge area, "What music would you like to listen to today?" Another asked one person, "Would you like to play dominoes?" We observed this care worker speaking in a very loud voice, because this individual was hard of hearing. However, this evidently distracted other people in the lounge area, who were complaining about the noise, because they wanted to listen to the background music. The care worker said she thought the person's hearing aid was not working properly. This was discussed with the manager at the time of our visit, who assured us she would address the situation.

Good

Is the service responsive?

Notices showed weekly church services were held by the vicar of the Church of England and we were told the priest from the local Roman Catholic Church visited regularly. A large glass cabinet was prominently positioned within the home, which contained a display of autumnal features designed by the people who lived at the home.

One person we spoke with told us that life at Broadfield House was 'OK'. She added, "What else can I do? I keep forgetting things." This individual involved herself in most activities. She enjoyed watching the television, especially the soap operas. We saw her later participating in a group word game.

Relatives we spoke with told us that staff and the management team always listened to their views and dealt promptly with any concerns they may have. One resident gave us a good example of a request she had made, which was under discussion at the time of our inspection. Most people we spoke with told us they would know how to make a complaint, should the need arise. Others, who lived at the home said their relatives would speak on their behalf, if they were unhappy about anything. A complaints procedure was available at the home and a system was in place for any complaints to be recorded and addressed in the most appropriate way.

Good

Is the service well-led?

Our findings

The current manager of Broadfield House had been in post for a relatively short period of time. She appeared enthusiastic to provide a good quality of service for the people who lived at the home and was eager to support her workforce to deliver the care people needed.

We spoke with a staff member who said, "Lesley (the manager) is very approachable. I like her a lot. I am sure she will be a good manager."

We noted the home's Statement of Purpose was displayed in the reception area, which clearly outlined the aims and objectives of Broadfield House and the Service User's Guide told people about the facilities and services available at the home. We were told these leaflets were issued to all interested parties. Together this information helped people to make an informed choice about accepting a place at Broadfield House.

The general mood in Broadfield House was of a committed and happy workforce and there was a good atmosphere. The surroundings were comfortable with no unpleasant smells. The residents, relatives and staff members we spoke with all considered Broadfield House to be a good home.

The home focused on a culture of openness and transparency. This location was operated by Lancashire County Council and the organisation had developed a good system for assessing and monitoring the quality of service provided, which identified any shortfalls, so that actions could be taken to better any areas in need of improvement.

The visions and values of Broadfield House were in accordance with the National Association for Providers of Activities for Older People (NAPA), which stated, 'To support front line care staff to enable older people to live life to the full in the way they choose with meaning and purpose.'

Staff we spoke with told us the manager conducted periodic checks on practices and systems adopted by the home. These included obtaining feedback from people involved with the service and through the auditing processes. Records seen supported this information. It was established that staff meetings were held periodically. This allowed relevant information to be disseminated to the staff team and encouraged workers to discuss any topical issues in an open forum.

We noted the manager had an 'open door' policy. This allowed those who used the service, their friends and relatives, staff members and stakeholders in the community to discuss any concerns or areas of good practice with her at any time.

A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who lived at Broadfield House.

A variety of information leaflets were available in the home, which provided people with details about additional services available to them and which gave explanations about certain aspects of care and support. These covered areas such as, the translation services, dementia care, advocacy and safeguarding people. The ethos and philosophy of the home told people, 'Our provision of care focuses on the needs of each individual resident.'

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. Evidence was available to show some external entertainers visited the home and occasional trips out were organised to local places of interest. This helped people to maintain links with the local community.

One member of staff told us she had worked at Broadfield House for four years, but had worked in many care settings over the past 18 years and she believed Broadfield House to be the best, in relation to the conditions and level of care offered to people. She stated, "I am very happy here." It was clear that the provider asked staff for their feedback about working at the home. This enabled staff to raise any issues. Another staff member stated, "The manager is very approachable."

We recommend the manager of this location submits an application to the Care Quality Commission for registration, as soon as practicable.