

Priory Court Developments Limited

Broadway Care Home

Inspection report

26 Broadway
Blackpool
Lancashire
FY4 2HE

Tel: 01253401809

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Broadway Care Home provides nursing or residential care for up to 30 older people. Bedrooms are on the ground and first floor and there is a passenger lift available. A ramp is provided at the front of the building. The home is situated in the south of Blackpool in a residential area close to South shore shopping centre. At the time of the visit there were 23 people who lived at the home.

At the last inspection carried out on the 12 April 2016 the service was rated Good. At this inspection we found evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with people who lived at Broadway and relatives and comments were positive in relation to care and support provided by the staff team. One person said, "Very well cared for. Didn't think it would be as good as this when I first came in it's fabulous, wouldn't go anywhere else."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during their daily routines and delivery of their care. These had been kept under review and were currently being updated.

Staff had been appropriately recruited, trained and supported. They had skills, knowledge and experience required to support people with their nursing care and social needs.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they received their medicines as prescribed and when needed. We found appropriate arrangements were in place for the safe storage of medicines.

We looked around the building and found it was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. One person who lived at the home said, "Very caring people all of them."

The service had information with regards to support from an external advocate should this be required by people they supported.

People who lived at Broadway told us staff who supported them treated them with respect, patience and dignity. One person said, "They're very nice, they make us as happy as they can."

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment. One person we spoke with said, "[Activity person] is fantastic and puts such a lot of effort into providing social events."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Broadway Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Broadway is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 01 May 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 01 May 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioning department at Blackpool Council and Healthwatch Lancashire/Blackpool. Healthwatch Lancashire & Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection visit we spoke with a range of people about the service. They included seven people who lived at the home, two relatives/visitors and two independent auditors who were visiting. We also

spoke with the registered manager, two nurses, the cook and three care staff. In addition we spoke with the activity co coordinator. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of Broadway, medication records of two people, recruitment and training arrangements of staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Broadway told us they felt safe in the home and how they were cared for by nurses and care staff. Relatives also told us they felt comfortable and confident their relatives were safe at Broadway. Comments included, "Definitely safe. Lovely girls here like a big family. We (residents and staff) all help each other." Also, "Yes, 'because I can always hit them back (joking and laughing), as safe here as you'll ever be."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records confirmed training for staff was provided and updated when required. Staff spoken with confirmed they had received safeguarding vulnerable adults training. They told us they understood their responsibility to report any concerns they may observe and were aware of the whistleblowing process. A staff member said, "I would not stand for any kind of abuse and would report or use the whistleblowing procedure every time."

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The registered manager continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. One person who lived at Broadway said, "Yes enough staff and they come straightaway to the buzzer." In addition the management team continued to follow good, safe recruitment procedures that were in place at the last inspection.

The service continued to complete risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We looked at medicines and administration records and procedures. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. Controlled drugs were administered and records looked at confirmed correct procedures were being followed. This was to ensure people received their medicines on time and safely.

We looked around the building and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

We looked at evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at Broadway received effective care because staff had a good understanding of their nursing and care needs. In addition we found evidence in records and talking with staff they were well trained. For example one staff member said, "Not a problem at all we are well supported to access training all the time." Training continued to be ongoing to all staff to enhance their skills and development, as was the case at the last inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed during our visit people were not deprived of their liberty or restricted.

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment a plan of care was developed with the person at the centre of the discussions with family for staff to follow. Care records contained information about people's current needs as well as their preferences. Consent had been agreed by the person or family and documentation was there to confirm this.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. One person who lived at the home said, "They can get a nurse or GP as needed."

People who lived at Broadway told us they enjoyed the meals provided for them. If something was not to a person's liking then choices were available. This was confirmed by people we spoke with. Comments about the quality of meals included, "They give me good food. I'm up early, I look forward to my breakfast, tea and hot toast." Also, "Sometimes I have my breakfast in my bedroom, sometimes in the dining room. If people have a birthday they make a fuss of you and make you feel like the Queen." The staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. People's food and fluid intake were monitored and their weight regularly recorded.

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

We arrived at breakfast time and spent time throughout the day observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We found many examples of staff being patient, caring and sensitive to people's needs. For example they were never rushed and if someone required time spent with them they did that. One staff member said, "We are always encouraged to sit and chat that is our main job." A person who lived at the home said, "Very well cared for didn't think it would be as good as this when I first came in. It's fabulous, wouldn't go anywhere else. They're very nice, they make us as happy as they can."

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their needs and any nursing input required as well as their wishes and preferences. Daily records completed were up to date and informative for staff to follow. We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their current needs.

The registered manager and staff documented people's diverse needs and assisted them to maintain their different requirements. For example, they recorded each person's religion, along with details about whether they were practicing and how they wished to maintain their spirituality. We saw equality and diversity was extended to all personnel. For example information outlined no staff should be subject to unlawful discrimination on the grounds of gender reassignment and sexual orientation. This intended to give staff confidence they worked in a safe and non-prejudiced environment. We found a good example of staff supporting people in a non-judgemental attitude in written responses from relatives and friends. One wrote, 'Thank you for being sensitive and non-judgmental. Your staff respected [resident] and continued to respect her choices. This was a huge part of [resident] identity as a gay person.'

We observed staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on all doors before entering. Staff also addressed people as they wanted to be. People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details should people and their families require the service. This ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

During our inspection visit we found staff and the registered manager provided care and support that was focused on individual needs, preferences and their routines. For example we observed people expressed their views and were listened to. One instance we observed a person wished to go outside and sit in the garden a staff member reacted and escorted the person in the garden where they sat and talked with each other. This enabled people to make informed choices and decisions about their care and support. The person said, "I love it in the garden."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

An activity programme took place daily as well as outside entertainers. The service employed a designated activity coordinator who had experience of supporting people to follow their hobbies and interests. One person we spoke with said, "[Activity person] is fantastic and puts such a lot of effort into providing social events." Another person said, "There is always something going on. The lady who does activities is very good."

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us they did not have anyone on end of life care. However staff had been allocated in 2018 training in 'end of life care'. This was confirmed by staff members we spoke with and documentation we looked at. One staff member said, "I know end of life training is coming up." This showed the registered manager understood the importance of providing end of life support and how this should be delivered and people cared for.

There was a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. No complaints had been received since the previous inspection. People who lived at the home and relatives we spoke with knew how to make a complaint. They told us they would not hesitate to raise concerns with the registered manager if they had any issues.

Is the service well-led?

Our findings

People who lived at Broadway and relatives told us they felt the home was managed well and was well led. For instance one relative said, "[Registered manager] always makes herself available and keeps us informed."

We found Broadway had clear lines of responsibility and accountability. The registered manager, nurses and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. This was confirmed by talking with staff, relatives and people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The management team had a range of audits in place to continually monitor and improve the standard of the home. They employed independent auditors (compliance team) who provided audits for the service and recommended where improvements could be made. We spoke with two auditors who told us they visited on a regular basis and made recommendations when necessary. For instance a recent infection control audit identified individual bin liners to be installed in bedrooms. This was addressed and implemented by staff. Regular audits had been completed reviewing medication procedures, the environment and care records.

Relatives, staff and people who lived at the home were encouraged to complete annual surveys to give their opinions on how the service was run. We looked at the completed surveys from Feb 2018. They were positive, any negative response would be analysed by the registered manager or owner and action taken. One response from a relative included, 'Homely and a very caring environment.' In addition staff and resident meetings were held on a regular basis and minutes kept of the meetings. Suggestions would be discussed from meetings and ideas implemented if agreed.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals including G.P's and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.