

Broughton Lodge Care Home Limited

Broughton Lodge

Inspection report

88 Berrow Road
Burnham On Sea
Somerset
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Tel: 01278782133

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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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 10 January 2019.

Broughton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to provide personal care and accommodation up to 18 people. The home specialises in the care of older people including people living with dementia. At the time of the inspection there were 17 people at the home which included people receiving respite care.

At the last inspection in November 2017 the home was rated requires improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective and well led to at least good. An action plan was received by CQC and at this inspection we saw that actions planned had been put into practice.

At this inspection we found improvements were needed to make sure people received care which was person centred and provided social stimulation. People were not always supported to take part in age appropriate activities. One person said, "There's nothing wrong with the place. Staff are lovely but I do nothing all day. I do feel lonely but I make the best of it." One visiting relative said about the activity programme, "This is an area which needs improving."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection the registered manager was not available but the provider was available throughout the day.

People told us the registered manager was open and approachable and they felt able to raise concerns or complaints. People felt safe and staff knew how to recognise and report any suspicions of abuse. Staff were confident the registered manager would take action to make sure people were protected if they reported any concerns.

People were 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. Staff worked in accordance with up to date guidance to make sure people's legal rights were protected.

People told us staff were kind and patient and our observations during the inspection confirmed this. Staff

spoke respectfully to people and provided care in an unhurried manner.

People were happy with the food provided and told us there was always a choice of meal. One person said, "We get nice food." Another person told us, "No complaints about the food."

People's health was monitored by staff and people had access to healthcare professionals according to their individual needs. People's medicines were safely administered and clear records were kept of medicines administered or refused.

The provider was committed to making on-going improvements to the service and facilities offered at Broughton Lodge. There were ways for people to express their views and make suggestions about the home.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by adequate numbers of staff to keep them safe.

Risks of abuse to people were minimised because staff knew how to recognise and report suspicions of abuse.

People received their medicines safely from staff who had received specific training.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received up to date training.

People had access to healthcare professionals according to their individual needs.

People were happy with the food served at the home.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and compassionate.

People and their representatives were involved in decisions about their care.

Is the service responsive?

Requires Improvement ●

The service was not totally responsive.

There was lack of social stimulation for people because staff worked in a task focussed way.

People did not always have opportunities to take part in age

appropriate activities and were not supported to pursue their hobbies.

People were confident that any complaints made would be taken seriously and responded to.

Is the service well-led?

The service was well led.

People lived in a home where the registered manager and provider had a commitment to on-going improvements.

People were consulted with, and were able to make suggestions.

Staff felt well supported which helped to create a happy and relaxed atmosphere for people to live in.

Good ●

Broughton Lodge

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.

This inspection took place on 10 January 2019 and was unannounced. It was carried out by one inspector 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.

Before the inspection we looked at information we held about the service. This included previous inspections reports, action plans and notifications.

During the inspection we spoke with 12 people who lived at the home and five visitors. We spoke with five members of staff. The provider was available throughout the day.

Some people who lived at the home were unable to fully verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included two care plans, medication records, three staff personal files, minutes of meetings and records relating to quality assurance.

Is the service safe?

Our findings

At the last inspection we rated this question requires improvement. This was because we found that improvements were needed to make sure staff were safely recruited and appropriate checks had been carried out.

At this inspection we found improvements had been made and all staff were checked before they began work. The registered manager had implemented a checklist for all existing staff files to enable them to carry out audits. However, the checklists had not been used for new files which would have made subsequent audits easier to carry out. The provider informed us they would make changes to the system to make sure information in new files gave clear evidence of how their systems had been implemented. This would help to ensure that the recruitment process was always followed.

People were protected from the risks of abuse because staff knew how to recognise and report any suspicions of abuse. Staff spoken with said they would not hesitate to report any concerns to the registered manager. Staff were confident that action would be taken to make sure people were kept safe. One member of staff said, "You can always talk to the manager."

People told us they felt safe at the home. One person said they felt safe because, "There's people around all the time." Another person told us, "It's nice here because no one is ever rude to you. There's nothing frightening here."

People received care safely because staff carried out risk assessments and took action to minimise identified risks. For example, one person had a risk assessment regarding a particular health need and associated behaviour, and a plan to minimise the risks had been put in place. Other people had risk assessments regarding their risk in relation to falls or pressure damage to their skin. Where people were assessed as being at high risk, appropriate equipment and support was in place to minimise these risks.

People were supported by adequate numbers of staff to meet their needs and keep them safe. When we asked people if they thought there was enough staff one person replied, "Yes normally enough staff" and another person said, "I don't feel rushed." During the inspection we observed people received support when they requested it and call bells were answered promptly.

People received their medicines safely from staff who had received training to carry out the task. People were happy with how their medicines were managed by staff. One person said, "I don't worry about it." Another person told us, "Staff sort that [medicines] out for me." Since the last inspection the provider had created a new room for the safe storage of medicines and some practices had been improved to make sure they were in accordance with best practice guidance.

People's medicines were well recorded when they were administered or refused by people. This helped staff to monitor the effectiveness of prescribed medicines and creams. We looked at a sample of records, including records for medicines which required additional security, and noted that records kept matched

stock held.

All accidents and incidents were recorded and, where appropriate, action was taken to prevent reoccurrence. Action included making sure people had suitable equipment to promote independence. Although accidents were looked at by the registered manager there was no system to fully analyse these to identify trends and patterns. This had been identified by the provider who was planning to put a new system of analysis in place.

People were protected from the spread of infection because there were cleaning routines in place and staff had received training in good infection control practice. Staff had access to personal protective equipment such as disposable gloves and aprons. Some shortfalls in hand-washing facilities at the home were identified and the provider took immediate action to rectify these.

Is the service effective?

Our findings

At the last inspection this question was rated requires improvement. This was because some staff had not received up to date training and some people's capacity to consent to aspects of their care had not been appropriately assessed.

At this inspection we found people were being cared for by staff who had received up to date training, including training about the mental capacity act. Staff also received supervision from a more senior member of staff to enable them to discuss their work and identify further training needs. This helped to ensure they had the basic skills to effectively support people. Staff spoken with felt they had good access to training and people thought staff were competent in their roles. One person said, "Staff are very good. Very helpful."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications where people required this level of protection.

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. We found that staff always worked on the presumption that people could make their own decisions. If a person was not able to make a decision then the staff told us they involved family members to support the person and ensure any decisions were made in the person's best interests.

People's legal rights were protected and care plans showed where another person had the legal authority to make decisions on behalf of a person. Where people did not have personal representatives to support them, independent advocates were appointed. One advocate visited two people during the inspection. One member of staff told us, "Most people have capacity or a family member with authority to make decisions."

People's needs were assessed to make sure Broughton Lodge was able to meet their needs. From initial assessments care plans were put in place to show how their needs would be met. Some care plans were very basic in their guidance for how staff should support people. For example, one care plan outlined the person's physical and mental health needs together and the guidance for staff was 'Make sure they have their medication.' However, in another care plan for how staff should support a person with a physical health need there was clear guidance including pictures.

People were cared for by a small staff team who knew them well. Staff told us they used care plans,

meetings and handovers to make sure they kept up to date with people's needs. One visiting relative told us, "I have observed the staff over the past four years. They know the people and how to help them."

People's nutritional needs were assessed and met. People were happy with the food provided at the home and told us they were always offered a choice of meals. At lunch time on the day of the inspection we saw meals were well presented and appetising. People ate well with many people happily accepting second helpings. One person said, "We get nice food." Another person told us, "No complaints about the food." One visiting relative commented, "There's a good selection. I have eaten here myself and can't fault it."

People healthcare needs were monitored and they had access to professionals according to their individual needs. People told us, and records confirmed, they had access to a range of professionals such as GPs, community nurses, chiropodists and opticians. One person told us, "The doctor will come here to see you if you need them. An optician comes and so does a chiropodist." A visiting relative said how good the staff were at keeping them up to date with any healthcare issues. They also gave an example of how the staff had identified an issue, quickly sought advice from a GP and made sure the person had prompt treatment.

People lived in a home where the provider was committed to making on-going improvements to the fabric of the building to create a homely and pleasant place for people to live. Broughton Lodge is a large older style house and some areas were tired and in need of refurbishment. The provider took over the home approximately two years ago and during this time has begun to up-grade areas and furnishings. They informed us the plan is on-going and they are including people who live at the home in making choices about décor and furnishings.

Is the service caring?

Our findings

People were treated with kindness and compassion.

Throughout the inspection we saw staff spoke with people in a kind and respectful manner. Where appropriate, staff used gentle touch to offer reassurance and encouragement to people. When they helped people with their mobility, such as helping a person from a wheelchair to an easy chair, they did so at the person's pace. One person told us, "Staff are very kind to me."

Staff responded appropriately when people were upset or distressed. At one point in the day we saw staff comforting a person who was upset and tearful. They spoke kindly and calmly until the person had calmed. One visiting relative said, "I have seen staff managing tricky moments in a very calm manner."

Staff helped people to maintain contact with friends and family and visitors were always made welcome at the home. One visitor said, "I come in whenever I want to." Another visitor told us, "They support me as well."

People's independence was respected and a number of people said how staff had enabled them to maintain their skills and therefore some independence. One person told us, "I like to do things for myself but I know they are always around if I need them." Another person commented, "I like to do what I can. I know I need help with things like putting my shoes on as I can't bend. The girls [staff] help."

People's privacy was respected and each person had a single room where they could spend time alone, or with visitors, if they wished to. People had been able to personalise their bedrooms with pictures, ornaments and small items of furniture. One person said, "They always knock on my door before entering." Another person told us, "Sometimes I like the peace and quiet of my room."

Staff supported people with personal care. There were assisted bathing facilities on each floor but no walk-in shower. This meant people were not able to choose between a bath or a shower. One person said staff supported them to use the downstairs bath but they found that at times other staff walked in to use the bins in this room which compromised their privacy and dignity. The provider assured us they would take action to address these issues.

People and their representatives, felt involved in decisions about their care and the running of the home. Some care plans we saw had been signed by people and some people told us they remembered having a care plan but didn't know how often it was reviewed. People told us they were able to express their opinions at resident's meetings and at other times with staff. One visiting relative said about the meetings held at the home, "Very informative as the manager is usually there."

Is the service responsive?

Our findings

People received care that was responsive to their needs but improvements were needed to ensure all care was person centred and not task focussed.

Throughout the inspection we saw staff were kind to people and spoke respectfully. However, when staff were not assisting people there was very little social stimulation. For example, during the morning a number of people were sat in the main lounge with the television on. There were no staff present in the lounge except when they were assisting with a task such as collecting orders for lunch or helping a person into a comfortable chair. At lunch time staff served meals to people but there was very little social interaction or laughter.

There was a lack of opportunity for people to maintain their hobbies or interests. There were some organised activities in the home but there was no evidence these were planned around people's wishes or interests. Some activities were not age appropriate which was disrespectful to people. For example, on the afternoon of the inspection a member of staff asked people if they would like to do some colouring. Some people joined in the activity and coloured in pictures from a children's book. One person told us, "I can't stand the childish games." One person laughed and told us, "I have become good at colouring. I never thought I would say that at my age."

Care staff were responsible for providing activities and people and visitors told us they felt this was an area which required improving. One person said, "Could do with more. No daily activities. Could do with something." Another person said, "There's nothing wrong with the place. Staff are lovely but I do nothing all day. I do feel lonely but I make the best of it." One visiting relative said about the activity programme, "This is an area which needs improving."

Care plans contained very limited information about people's hobbies which did not support staff to provide activities in accordance with people's interests. One care plan we read contained a brief life history but no information had been written under the heading of hobbies. The section regarding cultural, intellectual and religious well-being had not been completed which meant staff had no recorded information to inform their practice.

Throughout the year social events were arranged for people and their families. We saw photographs of people enjoying these events. The provider told us they aimed to provide a social event at least four times a year and felt these had been very successful in supporting people and their friends and family to enjoy time together and form new friendships. There were also regular music sessions and a monthly all faith religious service which people said they valued.

People were able to make choices about their day to day routines and staff respected people's individual preferences. People told us they were able to choose what time they got up and when they went to bed. One person said, "I like to get up at about 7am, and that's what I do." Another person said, "I like someone to help me to bed at about nine. My choice and they help me."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's care plans contained information about their communication needs and staff said they would aim to support anyone who required specialist help with communication. A number of people wore hearing aids and the lounge was fitted with a hearing loop to assist these people.

Staff responded to changes in people's needs and where appropriate provided care to people at the end of their lives. Care plans gave some information about the care people would like to receive at the end of their lives and where they would like to be cared for. At the time of the inspection one person was being cared for in bed. They appeared warm and comfortable and staff completed records to show they had checked on their comfort, assisted them to change position and offered food and drinks regularly.

People felt able to raise concerns and complaints. One person said, "I could speak to any of the girls [staff]." A visiting relative told us, "I can always speak with someone if I have a worry." One person said when they had raised an issue they had been very happy with how their concerns had been handled.

Where complaints had been made, thorough investigations had been carried out and the registered manager had met with the complainant to ensure they were satisfied with the outcome. Lessons had been learned and changes made where complaints had highlighted shortfalls in the service. For example, one complaint had raised issues about cleanliness and new cleaning schedules had been put in place.

Is the service well-led?

Our findings

At the last inspection this question was rated requires improvement. This was because, although the provider had quality monitoring systems in place they had not been effective in identifying shortfalls.

The provider had owned the home for approximately two years and demonstrated a commitment to ongoing improvements for the people who lived there. They told us they had already made several improvements to record keeping, including ensuring care plans were more personalised. They had also made changes to routines to make sure people had more choice about their day to day lives. However, the provider was aware that further changes were needed to make sure care was always person centred and not task focussed.

At this inspection we found most issues raised by us had already been identified by the home's quality assurance systems and there were plans in place to show how these would be addressed. For example, there was no robust audit of accidents and a new system was being put in place. Some parts of the home required refurbishment and redecoration and the provider had begun to carry out work and had plans in place to further up-grade the building.

The provider told us they aimed to provide a personal and consistent service to people. This ethos was put into practice by staff who knew people well. One person told us, "I can do what I want." A visiting relative said, "One thing I like is the continuity of staffing."

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

The registered manager was open and approachable. People, visitors and staff said they could always discuss things with the registered manager or ask for advice. All the people we asked knew who the manager was but few knew who the provider was. One person said, "The manager is lovely." Another person commented, "I have never met the owner." A visiting relative told us, "The manager has been so supportive. They did a very comprehensive initial assessment and it's ongoing. I get kept up to date every time I visit. If there's a problem, always a phone call."

People were consulted about the care they received and the running of the home. There were annual satisfaction surveys and meetings for people. One visiting relative told us they had completed a survey and following this the registered manager had contacted them to discuss some comments made. They told us, "The manager listened and did something about it."

The registered manager acted on suggestions made by people. One person told us about the resident's meetings they had attended. They said, "We asked for rice pudding on the menu and we got it. We suggested decorations for Christmas and they did it." Another person said, "Meetings are very useful. Chance

to mention anything to the manager."

People were cared for by staff who felt well supported and were happy in their jobs. This helped to create a relaxed and comfortable environment for people. One member of staff told us, "It's a lovely place to work. Everyone works together, proper team work." Minutes of staff meetings showed these were more of a chance to share information than make suggestions and the provider had therefore arranged a meeting with staff later in the month to ask their opinions about changes and how improvements could be made.

People lived in a home where identified risks were monitored and minimised. The home was fitted with a fire detection and alarm system which was regularly tested and serviced. Each person had a personal evacuation plan and the provider had arrangements with another local care home if people needed to be evacuated in an emergency situation, such as a fire.

A maintenance person was employed who carried out regular tests to promote people's safety. These included testing water temperatures and electrical appliances.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.