

Flightcare Limited

Broadway Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Broadway Nursing is a care home providing personal and nursing care to 41 people living with different health needs, including dementia, at the time of the inspection. The service can support up to 48 people in one adapted, single-floor building.

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

People living at Broadway Nursing and their relatives told us that their experience of using the service was overall positive. Staff planning and deployment to ensure people's needs were met could at times be improved. We made a recommendation regarding this, as well as staff support through supervision and training, which the registered manager was addressing. The service environment and people's medicines were overall managed safely, however we identified some improvement needs.

Since the last inspection, the service had introduced new electronic care plans. In a short period of time, staff had transferred existing knowledge of people onto the new documents. These provided rich and detailed information which showed particularly good person-centred knowledge and care. One person told us, "They are not intrusive, but they also always make sure I am ok. They have given me confidence again, which at this stage in my life I think is quite important."

People, relatives and staff were involved in the development of the service. We heard about a family-like atmosphere. An overall long-standing staff team ensured not just people living at the service were looked after, but their relatives as well. Staff were honest that the new electronic system was a big change for them and not everyone was sure about its benefits. However, staff, along with people and relatives, were also complimentary about the ongoing and reliable support from the well-respected registered manager.

We found that through external learning opportunities the registered manager had developed their confidence and creativity in supporting the team in different ways. They also worked in partnership with a variety of health and social care professionals to achieve positive outcomes for people. This included the registered manager leading a particular project on ensuring good hydration for people. The service listened to people's thoughts around the food and made changes to achieve continuous improvement. People's specialist diets, including faith-based requirements, were catered for well.

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

A new care quality manager was working closely with the registered manager to continuously develop a clearly changing service. Staff were honest about the pressures of their work, but also praised the overall positive, hardworking team morale. This was evident in the improvements that had been achieved, resulting in the service's first overall good rating

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 January 2019). At the last the provider was in breach of regulations regarding safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Broadway Nursing

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Broadway Nursing 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 five people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior staff, nursing and

care staff, the activities coordinator and the facilities manager. We spoke with the new care quality manager, who is the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included multiple people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe.

Staffing and recruitment

- Staffing needed to be reviewed to ensure people's needs were met quickly and consistently. We received mixed feedback about this from people, relatives and staff.
- A long-standing staff team helped to promote consistency in people's care. During holiday periods however, the service had at times experienced staff shortages.
- Managers had recognised the changing needs of people and the fact this needed to be addressed by a review of staff planning and deployment. Recruitment was ongoing.

We recommend the service continue to review their staff planning and deployment, to ensure sufficient staffing levels to meet people's needs.

- Staff were recruited safely using appropriate employment checks.

Assessing risk, safety monitoring and management

At the last inspection we found the provider was in breach of regulations, as at times high risk areas had not been secured. We found at this inspection that this had been rectified and the provider was no longer in breach of regulations.

- Regular checks were carried out to ensure the safety of the premises. We identified a few additional water safety checks required, which the provider was addressing.
- Storage of items needed to be addressed, to ensure for example that equipment no longer in use was kept away from public areas. The provider was addressing this.
- Risks to people's health and safety had effectively been assessed based on their individual needs and circumstances.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Broadway Nursing. One person told us, "Oh, I would not be here if I did not feel safe." Relatives felt their loved ones were safe and well cared for.
- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns.
- The registered manager kept the Care Quality Commission (CQC) informed of and up-to-date with safeguarding investigations they had carried out.

Using medicines safely

- People told us staff supported them well with their medicines and that they received them on time.
- At times morning medication rounds took a long time and did not finish until after 11am, although people still received their medicines at the right time. The registered manager and provider were reviewing what additional support could be offered to help with this.
- We checked whether different medicines matched the stock levels recorded. Most of them did, however we asked the service to investigate one discrepancy.

Learning lessons when things go wrong

- The registered manager used analysis maps to reflect on events and learn lessons, to prevent reoccurrence. We discussed that this needed to be done consistently, as a couple of months of analysis were outstanding.
- Accident and incident forms had consistently been completed by staff and actions to take had been identified.

Preventing and controlling infection

- The service appeared clean and hygienic. Personal protective equipment, such as gloves and aprons, was available and worn by staff when required.
- Relatives commented positively about the cleanliness of the service and staff looking after their family member's personal hygiene.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service's management overviews showed that staff supervisions and some training were overdue. However, training sessions had been booked to rectify this within the next month and most staff had had at least two supervisions in 2019.

We recommend the service utilise their management overviews to plan training and supervisions effectively, to ensure timely completion and ongoing staff support.

- People felt staff were competent in their roles and echoed the comment of, "The staff are very good."
- Staff felt well supported by the registered manager. Through their network learning, the registered manager had identified new, more informal ways to engage the staff team.

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

- People's needs were assessed prior to moving into the service. The registered manager worked with people, families and professionals to reassess needs when required.
- Staff completed reflective records following incidents of behaviours that challenge, to think about what may have led to them. We considered with managers how with support these reflective tools could be used increasingly to promote proactive support to people.

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

- People had enough to eat and drink. We heard positive comments regarding the service's support to people's specialist diets. The registered manager led on a 'good hydration' project.
- The electronic care planning system supported consistent recording of how much people had to eat and drink, as well as flagging of weight concerns. These were referred to specialists when required. People were consulted on their specialist nutrition and their wishes were respected.
- The lunchtime experience was positive and we saw different relatives visiting and getting involved at mealtimes. The service sought feedback regarding food and mealtime experience and acted on this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a variety of professionals to maintain people's health and wellbeing. We received positive feedback from professionals about how staff engaged with them.
- People saw a doctor or other health professional when they needed to.

- People's oral health was assessed as part of their personal care and mandatory oral health training had been booked for all staff, delivered by the local clinical commissioning group.

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

- People's bedrooms had been decorated to their taste and preference. Refurbishment of the service was ongoing.
- Additional hand rails had been installed since our last inspection to make the service more accessible. Additional orientation aids that might help people living dementia had been ordered.

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. We found that they were.

- Staff checked people's consent before providing care.
- We saw examples of completed mental capacity assessments for specific decisions and appropriate DoLS applications to the local authority.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with dignity and respect. People's comments about staff included, "The staff, they are lovely", "The carers are very nice" and "I feel safe and well cared for here".
- One person told us about the reasons why they were living at Broadway Nursing and that the service had exceeded their expectations. This included the way in which staff cared for people, with sensitivity and good humour, even when people were going through difficult times.
- Relatives also felt that their family members were well looked after. They told us, "The staff are very caring, no concerns", "[Relative] had never looked so well until they came here" and also added, "They look after us as well as the residents, we are part of the family."
- We observed warm and caring interactions. People were chatting happily with staff and it was clear that both knew each other well. There was a long-standing staff team, of whom several had been at the service for 30 years.

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

- People and their families were involved in planning of and decisions over care. Care plans were developed together during admission. One person said, "They let you bring in what you want and is important to you, not just a couple of things."
- Care files contained rich and detailed person-centred information, which was contributed to by people and relatives.
- Information was available to signpost people to independent advocacy services, should they require someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible, or to regain their independence. One person told us, "I cannot think of any faults at all. They have given me confidence again, which at this stage in my life I think is quite important."
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.
- We observed staff respecting people's privacy, in the way they approached them or knocked on their bedroom doors before entering.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- New electronic care plans had been introduced. These contained a lot of person-centred information and meaningful review when people's needs changed.
- People's likes, dislikes, history and rich person-centred detail had been transferred onto the new system in a relatively short period of time. These detailed care plans helped to guide all readers to provide effective, person-centred care.
- Staff had mixed feelings about the new care plans. We understood they were a big change to staff's working and staff felt at present they took up a lot of their time. However, staff confirmed that they received ongoing support from the registered manager who listened to any concerns.

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.

- Care plans contained very detailed information of how to support good individual communication with people.
- Each person had a service user guide in their room that contained important information, such as the complaints procedure. We discussed with managers that this could be made available in different formats, to make it easier to read and understand.

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

- A range of activities was on offer for people to take part in. Not everybody wished to get involved in group activities, but the activities coordinator also spent time with people on an individual basis.
- People confirmed they were happy with this and one told us staff appreciated they liked their own space. They said, "[Staff] are not intrusive, but they also check on me regularly to make sure I am ok."
- Person-centred activities were being further developed and more trips out into the community had taken place for people.
- The new care plan system also identified people's shared interests and helped them to connect. WiFi was available for people, to use the internet and help stay in touch with others.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint and felt these were resolved. People

and relatives felt listened to.

- The registered manager logged complaints and took appropriate actions.

End of life care and support

- We received positive feedback from professionals regarding staff's responsiveness when supporting people at the end of their lives.
- A variety of information was available for people and relatives regarding end of life care. The service was working with a local hospice to continuously develop staff's practice.
- Information about people's needs and wishes at the end of their life was included in different care plans. We discussed with managers how this could be summarised in one detailed plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others;

At the last inspection we recommended that the service review the way in which it supports staff and their performance. At this inspection we found the necessary improvements had been made.

- The registered manager took part in local network learning to develop their practice. This had helped them to reflect and develop, including finding new ways of engaging with staff in creative, positive and supportive ways.
- We received positive feedback about the registered manager and their leadership from everyone we spoke with. Together with the care quality manager, the registered manager described a focus on developing a culture of involvement and ownership.
- We discussed positive examples of how the service supported people's diversity and an information board in the reception area championed equality matters.
- The registered manager understood their regulatory requirements. Notifications about specific events had been sent to CQC and inspection ratings had been displayed prominently.
- We received positive feedback received from professionals and commissioners regarding stakeholder comments.

Continuous learning and improving care

- A variety of audits and quality checks were in place to develop the service, completed by the registered manager as well as the new care quality manager.
- Staff recognition schemes, such as employee of the month and observation of good practice were in place. We discussed with the registered manager the more consistent use of these.
- The registered manager and care quality manager were reviewing staffing and support arrangements, to respond to the changing needs of the service.

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

- Regular meetings took place for people, relatives and staff, who felt listened to by the registered manager. This included more relaxed coffee mornings, that had been well received.
- A residents committee and regular newsletter kept people and relatives informed and provided

opportunity to get involved in the service.

- A long-standing staff team described how much the service had changed, but that staff worked together to meet people's increasingly complex needs.
- 'You said we did boards' showed how the service had listened to the comments from people and relatives and acted on them. Relatives visited their family members at different times and got involved in the service, speaking of a family like atmosphere.
- We read a relative's praise for staff's "respectful, friendly, happy and dignified" care. They stated how much the service had celebrated their family members return to the service after a stay in hospital. They added their relative told doctors they would "give a million pounds to be back in Broadway".