

Broadway Halls Care Services Limited

# Broadway Halls Care Home

## Inspection report

The Broadway  
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West Midlands  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Broadway Halls is a residential care home providing personal and nursing care to up to 83 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 53 people using the service.

Broadway Halls accommodates people across four separate floors, each of which has adapted facilities.

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

People's medicines were not always managed safely. Several medicines administration records contained unexplained gaps in recording.

Risks to people's health and safety had not always been identified and managed. People had not always received consistent support to reduce their risk of pressure sores.

The provider's recruitment practices needed to be improved.

The provider's systems and processes to assess and monitor the service were not always effective or robust to enable improvements to take place.

People told us they felt safe. Staff sought consent prior to carrying out care tasks.

There were systems and processes in place to protect people from the risk of abuse. When things went wrong, the manager carried out investigations and lessons learnt were shared with staff. Relatives told us they were informed when things went wrong.

People were supported to eat and drink. However, feedback from people about the food was that it could be better.

Staff worked with other agencies to ensure people received a joined-up approach to their care.

Staff told us they felt supported by the management team and people spoke positively about the new manager.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was good (published 14 May 2019).

## Why we inspected

This inspection was prompted by concerns we received in relation to inadequate staffing levels, wound management, record keeping, pressure relief and incidents not being shared with relevant agencies. We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Broadway Halls on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

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

We have identified breaches in relation to the management of medicines, staffing and the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Broadway Halls Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector, a specialist advisor who was a qualified nurse 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.

#### Service and service type

Broadway Halls is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broadway Halls is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since May 2022 and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 reviewed on-going monitoring such as information received. We used all this information to plan our inspection.

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#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the manager, the regional support manager, the deputy manager and the clinical lead.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not always managed and stored safely.
- The temperature of the medicine's fridge was not consistently monitored to ensure medicines were being stored according to the manufacturer's recommendations. We identified five unexplained gaps in recording for the month of July 2022 and 15 gaps for the month of August 2022. Failure to store medicines at the correct temperature can mean they do not work as intended or make them unsafe to take.
- One person received their nutrition via a percutaneous endoscopic gastrostomy (PEG) tube. A PEG feeding tube is a way to give food, fluids and medicines directly into the stomach where people are unable to eat and drink. The person's feed packs were stored in their bedroom. The temperature of this room was not being monitored or recorded which could compromise the integrity of the feeds.
- We identified two people who were prescribed patches for pain management. Staff had not been provided with information and guidance about how to rotate the locations where these patches were applied. Rotating the application site is important to avoid sensitivities developing and thinning of the skin. There were also no records in place for staff to record their checks on whether people's patches were still in situ. These checks are important as patches are prone to falling off or accidentally being removed by the person. We did not identify any impact as a result of this.
- Several people's medicines administration records (MAR) contained unexplained gaps in recording. In addition, the running stock balances for some people's medicines were not accurately recorded. Which increased the risk of people not receiving their medicines as prescribed. There was no information to account for these unexplained discrepancies or any records of associated investigations into these. We raised this concern with the manager who told us they would follow this up at a matter of priority.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety had not always been assessed and mitigated.
- One person was at increased risk of developing pressure sores and needed regular help from staff to reposition themselves.
- We found two containers of thickening powder in an unlocked cupboard in the kitchenette on the nursing floor and one such container in an unlocked cupboard in the kitchenette on the dementia floor. This increased the risk of people being harmed through accidental swallowing of thickener. The latter thickening powder was several months past its expiry date, which meant people were at risk of receiving an out of date thickening agent.

We found no evidence people had been harmed; however, the provider had failed to assess, monitor and mitigate risks to people's health, safety and welfare, including the safe management of medicines. This was

a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks associated with people's individual needs had been assessed and plans put in place to manage these. This included risk assessments in relation to people's risk of falls.

#### Staffing and recruitment

- There were systems in place to monitor the staffing levels at the service. Staffing levels and deployment of staff meant people's needs could be safely met.
- The manager explained they used a dependency tool to determine how many staff were needed on each floor. This tool was reviewed weekly, or sooner in response to changes in people's needs.
- People and relatives raised concerns about staffing levels. One person told us, "There is one carer at night per floor; it's not enough." Another person explained staff had not come in a timely manner to support them with their personal care needs resulting in them having an accident. A relative said, "I don't feel as safe as I did earlier in the year; there are less and less staff." Another relative told us, "It really is noticeable that there are not enough staff. [Person] is on the nursing floor and there are usually only two members of staff rushing around."
- Staff also expressed concerns about staffing levels. One staff member told us, "Staffing levels could be improved on." Another staff member said, "I think staffing levels are very poor."
- The provider ensured prospective staff underwent a Disclosure and Barring Service (DBS) check prior to commencing work. DBS checks provide details about a person's criminal record. This information helps employers make safer recruitment decisions.
- However, improvements were needed in the provider's recruitment practices. We found gaps in the employment histories of five members of staff had not been explored with them. The manager assured us they would work with the relevant staff to address this immediately.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe living at the home, and their relatives were confident in their loved ones' safety.
- One relative told us, "[Relative] does feel safe. If they ever had any issues or were worried about anything, they would tell me."
- Staff we spoke with knew how to recognise the signs of abuse and how to escalate any related concerns. One staff member said, "I'd report concerns to my manager and go higher if nothing was done."
- There were systems in place to enable staff to record and report incidents and accidents, and to ensure action was taken to reduce this risk of reoccurrence.
- Lessons had been learnt when things had gone wrong. The manager explained that learning from incidents and accidents was shared at staff meetings and daily stand up meetings.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The visiting arrangements enabled people to maintain contact with their loved ones.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home and kept under review to identify any changes in these.
- Individualised care plans had been developed, based on people's assessed needs, to ensure the care delivered achieved effective outcomes for people.

Staff support: induction, training, skills and experience

- Staff received support from the management team and were given training to enable them to support people safely and effectively.
- Staff confirmed they received an induction when they joined the service to help them understand and settle into their new roles.
- Staff felt supported in their roles and attended one-to-one supervision meetings. However, some staff felt these supervisions were not frequent enough. The manager had an action plan in place to improve the frequency of staff supervision.

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

- People provided negative feedback about the food. One person told us, "The quality is poor, it does not vary much." Another person said, "The food is horrible." The manager advised she would discuss this feedback with the chef.
- Where people were at risk of dehydration, their fluid intake was monitored. However, where daily fluid intake targets had not been achieved, it was not always clear how this had been addressed.
- We observed staff encouraging people to eat and providing physical assistance when needed.

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

- The home had been adapted to meet the needs of the people living there. This included handrails to help people move independently around the home, and signage to help people orientate themselves.
- Relatives were happy with the cleanliness and design of the home. However, they felt a few minor improvements could be made. One relative told us, "The home is well cared for. [Relative] has all of their things surrounding them in their room."

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

- Staff worked with other agencies to ensure people received a joined-up approach to their care.

- Relatives told us their loved ones were supported to access healthcare services. One relative told us, "The staff will call the doctor if [relative] is not so well." Another relative said, "[Relative] has had a few hospital admissions. I am confident that the staff will contact the GP when needed."
- People told us they could access external healthcare services when required. One person said, "I have been to the dentist and had my eyes checked."
- Care records evidenced involvement from external professionals, such as speech and language therapists, district nurses, the mental health team and general practitioners.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff sought their consent before carrying out tasks. One person said, "Yes, they knock on the door and always ask". Another person told us, "I have capacity to tell them if they are not doing something that I want, that has never been a concern."
- Staff had a basic understanding of the MCA and awareness of how to support people in their best interests. We observed staff offering people choices and gaining their consent before carrying out tasks.
- Care plans detailed whether people had a DoLS authorisation in place and when this was due to expire.

# Is the service well-led?

## Our findings

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

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

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

- The provider's systems and processes to assess and monitor the quality and safety of the service were not always effective and did not always result in improvements being made.
- Medicines records were audited on a monthly basis. We reviewed the medicines audits for June, July and August 2022. These audits had identified the need for people's 'as required' (PRN) medicine protocols to be reviewed. PRN protocols are used as a tool to support good practice, and to minimise risk and encourage the consistent administration of PRN medicines. However, no action had been taken to address this.
- The medicines concerns identified during this inspection regarding the management and administration of people's medicines had not been identified as part of the most recent medicines audit.
- The provider's quality assurance systems and processes had not enabled them to identify where people's fluid intake was below their daily target and ensure appropriate action was taken. We identified two people who required their fluid intake monitoring. On occasions where their fluid intake was below their target level, there was no evidence this had been escalated to seek guidance or advice.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service, their relatives and staff.
- Most people felt involved in running the service and listened to.
- Relatives felt involved in their loved one's care. One relative told us, "I do get a monthly telephone call asking me if I have any issues or concerns and the staff will tell me things about [relative]."
- Staff told us the management team were approachable, supportive and they felt comfortable raising any concerns they may have. One staff member said, "We are told if we have done a good job and thanked."
- Staff told us staff meetings regularly took place and if they were unable to attend in person, they could join the meeting remotely.

Continuous learning and improving care; Working in partnership with others

- Care records evidenced involvement from external professionals across health and social care.

- The manager had an action plan in place and was working with commissioners to make improvements across the service. This action plan outlined who was responsible for completing each action, the target completion date and progress made to date.
- Relatives told us they thought the new manager was making improvements across the service. One relative said, "There is a new manger now, who seems good. She responds to my emails and that makes a difference to me. She has said that her door is always open." Another relative told us, "I have only met the new manager once. She introduced herself and seemed very nice. She seems to be getting things done. For example, a new activities person has been employed for the ground floor."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities in relation to the duty of candour, and the requirement to be open and honest when things go wrong.
- Relatives told us they were informed when things went wrong. One relative said, "[Relative] has had an occasional fall, but the staff will always let us know." Another relative told us, "[Relative] has had a few hospital admissions. The staff will always contact me and let me know."
- The provider made notifications to the relevant external agencies as required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and mitigate risks to people's health, safety and welfare, including the safe management of medicines.

**The enforcement action we took:**

Issued provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service.

**The enforcement action we took:**

Issued provider with a warning notice