



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Broadway Nursing And Residential Home

**22-32 Flemington Avenue
Liverpool
Merseyside
L4 8UD**

Lead Inspector
Jeanette Fielding

Unannounced Inspection
15th October 2007 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Broadway Nursing And Residential Home
Address	22-32 Flemington Avenue Liverpool Merseyside L4 8UD
Telephone number	0151 270 2073
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Flightcare Limited
Name of registered manager (if applicable)	Brenda Henry
Type of registration	Care Home
No. of places registered (if applicable)	48
Category(ies) of registration, with number of places	Old age, not falling within any other category (48)

SERVICE INFORMATION

Conditions of registration:

1. 38 Nursing 10 Personal Care in an overall total of 48.
2. One named person under the age of 65 years.

Date of last inspection 21st August 2006

Brief Description of the Service:

Broadway Nursing and Residential Home was originally a school building that has been converted into a care home, which provides nursing and residential care for 48 older people.

Broadway Nursing and Residential Home is owned and managed by Flightcare Limited.

Bedroom accommodation comprises of 43 rooms of which 28 have en-suite facilities.

Communal space within the home comprises of a large dining room and two lounge areas. Residents' also have access to a garden area at the front of the building.

The fees at the home range between £329.50 and £405.50 dependent on the level of care required.

SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection was conducted on one day over a period of eight hours. It involved meeting with the homes manager, the examination of records, discussion with trained nurses and care staff, meeting with service users and visitors to the home and a tour of the building. The manager had completed a questionnaire giving information about the current state of the home prior to the inspection.

What the service does well:

The home employs a well trained staff team to provide care and support to the service users. The environment is bright and pleasant and all areas are decorated and furnished to a good standard. Meals are good and service users confirmed that they were appetising and well presented.

What has improved since the last inspection?

Care plans and staff records have improved to provide all necessary information. The décor within the home has improved through redecoration and refurbishment.

What they could do better:

Work should continue to review the documentation with a view to providing greater improvements. Care should be taken to ensure that the Medication Administration Record sheets contain all information in relation to the medications administered. The provision of an improved camera would assist in maintaining more detailed information in relation to the recording of wound management.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 and 3.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

A detailed assessment of prospective service users is undertaken to ensure that the home can meet the service users care, health and social needs.

EVIDENCE:

The home has a detailed Statement of Purpose and Service User Guide. These documents have recently been reviewed and updated and give full information regarding the services and facilities offered by the home. A copy is displayed in the entrance area of the home and further copies are available from the office on request.

Prospective service users are assessed prior to their admission. The manager, the deputy or one of the qualified nurses will visit the service user in their own home or in hospital as appropriate to undertake the assessment. The pre-

admission assessments inspected were found to be detailed and contain full information about the service users needs. Information is gathered from the service user, their family and any other person involved in their care. Details regarding their care, health and social needs are gathered to enable a plan of care to be prepared and to give the home the opportunity to obtain any necessary equipment that is necessary to meet those needs.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Care plans are detailed and informative to ensure that staff have sufficient information to ensure that they can meet service users specific needs.

EVIDENCE:

Care plans are prepared within 24 hours of admission to the home and are reviewed within 72 hours to ensure that all care needs are identified and can be met. The records held in the home show that all care plans are reviewed each month or more frequently as necessary.

Care plans inspected show that all care needs are identified and sufficient information is recorded to give staff full details of how those needs are to be met. Details include personal hygiene, mobility, moving and handling, tissue viability and wound management. Some of the wound management records would benefit from more wound photographs being placed on the files to give

greater evidence of improvement. The camera currently in use would benefit from replacement as the pictures held on files were poor. The manager is currently reviewing the documentation being used to record the care given to the management of wounds and discussion took place regarding the various types of documentation that can be used. Risk assessments are in place together with risk management plans to remove or reduce those risks. Records are held of visits made to and by other healthcare professionals including GP, dietician and district nurse.

The home has a detailed policy and procedure to be followed for the administration of medications. This information is readily accessible for all staff. Medications were found to be stored, administered and disposed of in accordance with the policy. All medications are administered to service users by one of the qualified nurses. None of the service users currently accommodated administers their own medications. Care should be taken to ensure that the number of Paracetamol administered to service users is recorded when the GP prescribes one or two tablets. Two staff should sign the Medications Administration Record (MAR) sheet to indicate the accuracy of handwritten entries. One member of the nursing staff is designated as the person responsible for dealing with the ordering and disposal of medications to avoid the risk of error. This system was recently put in place and this member of staff is liaising with the dispensing pharmacist to remove any potential risks or errors. The medication room and trolleys were clean and organised. Discussion took place with the manager with regard to training night care assistants in the use of controlled medications. Only one qualified nurse is on duty at night and so care assistants are required to verify the accuracy of controlled medications. This training would further enhance the protection of the service users. This training could be given by the qualified nurses in-house and evidenced on the staff files.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

A range of activities is provided to give social stimulation to the service users.

EVIDENCE:

The home employs an activities co-ordinator to provide activities and social stimulation for the service users. She is employed for 20 hours each week, over four days, and is flexible to provide activities to suit individual service users. A programme of activities is prepared and the plan is displayed on the notice board in the entrance to the home. Board games, music, singing, cinema shows and crafts. Some service users have recently enjoyed trips to local shops and to local pubs. Service users spoken to said they enjoyed the activities and were free to choose whether they participated.

Ministers of religion visit the home each week and an ecumenical service is held each Sunday for service users who wish to attend.

The home also receives visits from the library each month and service users said that they welcomed the opportunity to choose their own books from a good range. One lady said that the librarian knew the type of books that she liked and would always bring something enjoyable.

Visitors are welcome to visit the home at any time but are requested not to make visits late in the evening unless by prior arrangement. One visitor spoken to said that she was always made welcome by the staff and would often spend several hours in the home with her relative.

Meals are served in the main dining room or in the service users own bedroom as they wish. Menu follows a four week rota and are changed according to season. The menu showed that a varied and nutritious diet is offered. A choice of meals is always available. Snacks are offered between meals. The dining room is pleasant and tables are attractively laid and provided with condiments. The meals served on the day of the inspection smelled appetising and were attractively served. Service users said that they enjoyed the meals and could always choose something different if they wished. The kitchen was clean and organised and food stocks were good.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The home has a good adult protection policy to ensure that service users are protected from abuse.

EVIDENCE:

The home has a good complaints procedure which is displayed on the notice board in the home and also detailed in the Statement of Purpose. The procedure provides for detailed records of complaints to be held together with records of the findings and outcome of complaints. The manager is currently reviewing the complaints documentation to ensure that any complaints can be more clearly recorded. No complaints have been made to CSCI since the last inspection.

All staff are given training on adult abuse during their induction training programme. 70% of the staff have been given formal training on adult protection and arrangements have been made for all other staff to be given in-house updated training for those staff who are awaiting formal training. The home also has a whistle blowing procedure to enable staff to pass concerns to the manager or owner in confidence. All staff are aware of the adult protection procedure and those spoken to during the inspection were able to demonstrate

their knowledge of adult protection procedures and of the action that they would take in the event of abuse being suspected.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 24 and 26.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Continued investment has improved the quality of the environment to provide service users with a homely and pleasant place to live.

EVIDENCE:

Broadway Nursing and Residential Home was originally a schools building that was converted into a care home. All accommodation and services are provided on a single level and gives full access to all areas for service users and visitors who have mobility difficulties or require to use a wheelchair.

Bedrooms are extremely large and all service users are accommodated in single bedrooms. Five of the bedrooms are sufficiently large, and are

registered, to accommodate a married couple or persons who wish to share but will only be made available on request.

Bedrooms are extremely well furnished and it is evident that service users, their family and the staff, have made every effort to personalise the rooms to reflect the individual preferences and lifestyle of the service users. Twenty eight of the bedrooms are provided with en-suite facilities. Discussion took place with the owner who gave details of further planned improvements to the home.

The main lounge is located at one end of the home, with the dining room at the other. Both rooms are extremely pleasant and are decorated and furnished to a good standard.

The home provides a garden which is well maintained and provides seating for those who wish to use it. Ramps are provided to give access to the garden. Car parking is provided at the front of the home.

The home is extremely well maintained and the corridors have been redecorated since the last inspection. This provides a bright and pleasant environment.

Health and safety issues, together with repairs, are addressed as soon as they are identified. All staff have responsibility for reporting health and safety issues and necessary repairs.

The laundering process has damaged some of the pillows within the home, resulting in them becoming lumpy and uncomfortable. Arrangements have been made to replace these.

Assisted bathing facilities are provided by the home, together with moving and handling equipment, appropriate for the needs of the service users.

The home was extremely clean throughout and there were no unpleasant odours.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The home has a robust recruitment procedure to ensure that service users are protected.

EVIDENCE:

The home provides qualified nurses and care assistants to provide care to the service users. The home also employs housekeeping and catering staff. Maintenance staff are employed by the company which owns the home and will provide the relevant duties in each home as necessary.

The staff rota shows that the home is employing and deploying staff in sufficient numbers to meet the needs of the service users.

The home has a robust recruitment procedure. All prospective staff are required to complete an application form prior to being called for interview. Two references are taken together with checks through the Criminal Record and Protection of Vulnerable Adults Bureaux. Evidence of qualifications and training is required to be produced and gaps in employment history are investigated.

Staff files have improved since the last inspection and now contain all necessary information. The company is reviewing all staff files, and those staff who have worked at the home for over four years, will have their criminal record bureau checks retaken as a matter of company policy.

Many of the staff have worked at the home for a number of years and spoke and demonstrated loyalty and commitment to the service users and each other.

There has been some turnover of staff recently, with some staff leaving to undertake nurse training. At present, the home employs 30% of the care staff with NVQ at level 2, although other staff are working towards this.

Training opportunities are made available for all staff with recent training for nurses including care pathways, syringe drivers and PEG feeding. One member of the nursing staff who had undertaken tissue viability training has taken a promotional position at another home owned by the company and so none of the staff hold this qualification. It would prove beneficial if other nursing staff members undertook this training. The company has now employed a training officer who arranges and provides training on all aspects of care.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The manager is well supported by all staff to provide a quality service to service users.

EVIDENCE:

The manager of the home is a qualified nurse who has extensive experience in the management of a care home for older people. She holds an NVQ at level 4 in management and is planning to undertake mentorship training. The deputy manager holds a mentorship qualification and is also a very experienced nurse.

Both staff and service users spoke highly of the management of the home and said that everyone was approachable and professional in their manner.

It is evident from observation, the records held in the home and from discussion with staff, service users and visitors, that the service users are the first priority in any decision made, and that everyone did all they could to make service users comfortable.

Service users may request that small amounts of money are held in the home. Secure facilities are used for this purpose and appropriate records maintained.

The home's Fire Log book showed that all tests are made on fire detection equipment on a regular basis and that staff receive regular fire drill training.

All equipment used in the home is tested on a regular basis and safety certificates inspected were found to be well maintained and up to date.

Regular staff meetings are held to provide a forum for the dissemination of information. All staff are given regular supervision to identify training needs and to give them the opportunity to meet and talk with their line manager on a one to one basis.

Service users meetings are held and relatives are welcome to attend. Regular quality audits are undertaken through questionnaires and one to one chats with service users and their relatives to further enhance the service provided.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	X
22	X
23	X
24	3
25	X
26	4

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP8	A replacement camera should be provided to improve the quality of wound records.
2.	OP9	Details should be recorded as to the number of Paracetamol that are administered to service users when the GP prescribes 'one or two'.
3.	OP9	The signatures of two staff should be recorded on MAR sheets to indicate the accuracy of handwritten entries.
4.	OP9	The training of care staff, particularly those working at night, in the administration of controlled medications should be considered.

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