



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Broadway Residential Home

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

Lead Inspector
Andrea Morris

Unannounced Inspection
15th January 2007 10:30

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 Residential Home
Address	22-32 Flemington Avenue Liverpool Merseyside L4 8UD
Telephone number	0151
Fax number	0151 226 2212
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Flightcare Limited
Name of registered manager (if applicable)	Sharon Rogan
Type of registration	Care Home
No. of places registered (if applicable)	17
Category(ies) of registration, with number of places	Old age, not falling within any other category (17)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 20th February 2006

Brief Description of the Service:

Broadway Residential Home is a care home that provides personal care and accommodation for up to 17 older people.

Broadway Residential Home is located on the same site as Broadway Nursing Home and is one of six care homes owned by Flightcare Limited.

The home is located in the Norris Green area of Liverpool and is close to local amenities and within easy access to bus routes.

The home is a single storey building, which has been converted from an old school into its present day function as a residential care home. There are 17 single bedrooms, two of which have en-suite facilities. All the bedrooms are particularly spacious and the majority contain additional items of personal furniture.

Communal space within the home consists of two lounges, a small lounge and a larger lounge with a dining area. The home also benefits from a well-maintained garden that residents' can easily access.

SUMMARY

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

This inspection was an unannounced inspection that took place over 4 hours. During the inspection a selection of documentation was examined, including care files, medication, health and safety certificates, staff personnel files, training records and financial records..

The inspector toured the home and spoke to residents, staff, the deputy manager, the home manager and the proprietor.

What the service does well:

The home is well managed, staff are provided with leadership.

Residents report they are happy living in the home and staff are respectful and helpful.

Records are well maintained and certificates relating to Health and Safety are made available for inspection.

Medication is well managed and audits are completed to monitor practices carried out by staff.

Recruitment and staff files are managed well, and practices are safe.

What has improved since the last inspection?

Continuing development of care plans is maintained. All care plans and risk assessments are reviewed and maintained appropriately.

All staff now hold an NVQ2 or above in care.

Staff continue to receive training in all aspects of care, training records are maintained to a good standard.

What they could do better:

There have been no requirements or recommendations made in this inspection.

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.

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 at least once during a 12 month period.

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

1, 2, 3, 4, 5, 6

Residents' are only admitted following a full assessment of there needs, this ensures the residents' safety and interests are promoted.

EVIDENCE:

The homes statement of purpose and service user guide contains all the relevant information as required. A copy of each is available upon request from the admin office, copies are also being placed in residents rooms and being made available for potential residents when visiting the home.

All residents' admitted to the home is in receipt of a written contract, this clearly identifies the individuals terms and conditions of residency.

The manager or deputy manager carries out a pre-admission assessment of all potential clients. No resident is admitted without prior assessment; this ensures residents' needs can be met.

Potential clients are encouraged to visit the home; they can if they choose stay for an afternoon or a meal at no additional charge.

The home maintains records of all other healthcare professionals attending the home and delivering care. The chiropodist visits 6 weekly. The home accesses

support from other specialists such as dietician, diabetic and tissue viability nurses as necessary.
The home does not provide intermediate care.

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 at least once during a 12 month period.

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

7, 8, 9, 10, 11

Care files are maintained to a good standard. Reviews of care are carried out monthly; this ensures residents' care is correct.

EVIDENCE:

A selection of care files were examined and found to be maintained to a good standard. Care plans and risk assessments are reviewed on a monthly basis. Evidence was seen of other healthcare professionals involvement in residents care.

The homes medication policy is adequate. A random selection of residents' medication was examined and found to be recorded correctly. Drug stocks are controlled well. A clear audit trail is evident and staff have received training in medication administration. Controlled drugs are maintained safely and records were found to be correct.

Residents' who spoke with the inspector stated they felt staff treated them well. Many praised the staff and stated they enjoyed living in the home. Residents' also reported that the staff are professional and friendly towards them.

The homes policy relating to Care of the Dying remains relevant and contains all the necessary information for staff. Since the last inspection staff have

received training in Care of the Dying and records relating to the training were seen.

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 at least once during a 12 month period.

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

12, 13, 14, 15

Residents' are assisted in maintaining contact with their families and friends; this promotes their emotional well-being.

EVIDENCE:

Activities are carried out on a regular basis by the activities organiser who is employed for 10 hours per week in an afternoon . Residents stated that they were able to choose if they wanted to participate and that staff respected their wishes.

Activities are designed around the residents' preferences and are varied. Visiting entertainers attend the home on a monthly basis. Bingo was being played on the day of the inspection and several residents had participated. New documentation is being introduced to ensure all activities either accepted or refused are recorded for each individual resident.

The home operates an open visiting policy; the Roman Catholic Church visits weekly, other dominations visit upon request.

All residents' stated they enjoyed the food. Menus are on a four weekly rota. They were seen to be well balanced and nutritious. Residents are able to choose additional food if they do not wish to take the options provided.

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 inspected at least once during a 12 month period.

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

16, 17, 18

Staff receive regular training in adult protection, this assists in safeguarding residents from potential harm.

EVIDENCE:

The policy for complaints is displayed in the entrance area; copies are available upon request. There has been no complaints to the Commission for Social Care Inspection. All complaints received in the home are recorded along with the action taken and the achieved outcome.

Residents' entering the home are placed on the electoral role. Residents' are able to attend the local polling station as it is always placed on the homes grounds, alternatively they can access the postal voting system.

Residents are able to receive their post un-opened. Any resident requiring assistance can have staff open post, this is always done in front of the resident.

All staff receive training in adult protection on an annual basis. Adult protection training is also covered during the induction period. There have been no adult protection issues in the home since the last inspection. The home has a copy of the Liverpool Adult protection policy in the home.

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 at least once during a 12 month period.

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

19, 20, 21, 22, 23, 24, 25, 26

The home is maintained to an adequate standard, this assists in providing a safe and pleasant environment for all residents.

EVIDENCE:

The home is maintained to an adequate standard. Evidence of a re-decoration programme was seen. There are plans to redecorate the main corridor and to replace the carpet also. Residents' are able to access the garden area safely via ramps. Handrails are fitted throughout the home.

All bathrooms are well maintained. Staff are able to have access to hoists to promote residents' safety at all times.

Many residents' rooms were seen. The rooms are large in size and many residents' have been able to bring in pieces of furniture to provide a sitting area also. All rooms were found to be personalised and residents stated this helped them to settle in and made it feel more homely.

The home was found to be clean and free from any unpleasant odours.

Residents stated they found the home a pleasant environment to live in, one resident stated she 'loved' her room and enjoyed spending time in it.

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 at least once during a 12 month period.

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

27, 28, 29, 30

The procedure for recruitment is satisfactory and assists in promoting residents' safety and protection.

EVIDENCE:

The staff rota was examined and found to be accurate. The home does not use agency staff on a regular basis.

A selection of staff files was examined; the policy for recruiting staff assists with promoting residents' safety. All staff are CRB (Criminal records bureau) checked. Staff files contained the necessary information and staff were screened appropriately prior to commencement of employment.

Training files for all staff were maintained; staff receive training through the in house training system. Training is also sourced from outside agencies as necessary.

Staff since the last inspection have received training in First Aid, Fire training, patient handling, adult protection and care of the dying.

Training records are held in each staff file.

100% of the care staff hold NVQ2 or above in care. All certificates were available for inspection.

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 at least once during a 12 month period.

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

31, 32, 33, 34, 35, 36, 37, 38

The home is well managed; staff receive guidance and support thus promoting high standards of care.

EVIDENCE:

The manager is registered with the Commission for Social Care Inspection. The manager holds the NVQ4 in management. Staff who spoke with the inspector stated the manager is fair and a team player. Residents' who spoke with the inspector stated the manager was approachable and helpful. The home is audited annually by ISO 9001 (Quality assurance group). The home also sends out its own internal audit questionnaire to both residents, their families and staff on a regular basis. Comments made are addressed wherever possible. Since the last inspection the Company has introduced an internal audit of homes to be completed by the managers, this assists in ensuring standards are maintained and developed as necessary.

Staff receive supervision sessions on a regular basis. All staff receive an annual appraisal.

Fire records were examined and found to be accurate. Staff receive regular fire drills to ensure they retain knowledge.

The homes certificates relating to Health and Safety were examined and all found to be in date and appropriate.

The home holds residents personal money as requested by residents securely, residents are able to access their money as they wish, records relating to personal finances were checked against money held all documentation and finances were found to be correct.

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	3
3	3
4	4
5	3
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
9	3
10	3
11	3

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	3
18	4

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

STAFFING	
Standard No	Score
27	4
28	4
29	4
30	4

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

Commission for Social Care Inspection

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