

Broughton Lodge Care Home Limited

# Broughton Lodge

## Inspection report

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Date of inspection visit:  
21 March 2023

Date of publication:  
18 May 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Broughton Lodge is a residential service providing personal care for up to 18 older people some of whom are living with dementia. The service consists of an adapted building, which includes individual bedrooms, communal spaces and an accessible outdoor space. At the time of our inspection there were 16 people using the service.

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

People told us they felt safe with the care and support they received. However, despite mostly positive feedback, we found shortfalls with the management of people's risks and quality assurance systems which placed people at increased risk of harm.

Systems in place to monitor the quality and safety of the service did not identify and address the shortfalls we found during the inspection.

Not all risks to people had been sufficiently assessed. People received their medicines safely and as prescribed, however we found some minor issues with the management of medicines.

Staff had received safeguarding training and understood their responsibility to report any concerns. Appropriate staff recruitment procedures were in place; however, recruitment records were not always well documented. There were enough staff to keep people safe and meet their needs. Staff followed safe infection prevention and control measures.

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.

Staff told us they felt supported and morale within the staff team was good. People and their relatives spoke positively of staff and told us they were satisfied with the service.

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

The last rating for this service was good (published February 2019). There have been two targeted inspections since this inspection, published July 2020 and February 2022. These did not change the rating.

At our inspection published July 2020 we recommended that the provider review the published guidance on developing care plans for people with specific behavioural support needs. At this inspection we found sufficient action had not been taken in response to this recommendation.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Broughton Lodge

## 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.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

#### Service and service type

Broughton Lodge 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. Broughton Lodge is a care home without 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 a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 13 relatives. We spoke with 5 members of staff including the registered manager. 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 3 people's care records and 5 people's medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

At our inspection published February 2019 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.

### Assessing risk, safety monitoring and management

At our inspection published July 2020 we recommended the provider review the published guidance on developing care plans for people with specific behavioural support needs. At this inspection we found sufficient action had not been taken in response to this recommendation.

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where people's risks had not been sufficiently assessed and there was a lack of detailed guidance in place for staff to follow to mitigate the risks.
- For example, where a person demonstrated specific behaviours, we found there was no appropriate care plan or risk assessment in place for staff to know how to support the person and manage the risk.
- Where people had swallowing difficulties and were at risk of choking, we found the risk had not been fully assessed and documented in care plans and there was a lack of clear guidance for staff to follow. People had been assessed by a Speech and Language Therapist (SaLT), however there was no specific choking risk assessment in place and not all staff we spoke to were sufficiently aware of the risks.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager who responded promptly. During the inspection we were told staff would complete additional training and we were sent updated records of risk assessments and guidance for staff.
- Regular checks on the environment and equipment were conducted. This included areas such as fire and gas safety.

### Using medicines safely

- People received their medicines safely and as prescribed. However, we found some minor issues which meant medicines were not always managed in line with national guidance.
- Medicines administration records (MARs) were completed with no gaps in recording identified. However, some hand-written entries on MARs had not been signed or checked by another member of staff to ensure the transcribing had been completed accurately, which is good practice.
- Guidance was in place for medicines prescribed 'as required' (PRN). However, we found some examples

where PRN guidance required more detail for staff to know how and when to administer each medicine. We brought these issues to the attention of the registered manager who responded promptly and updated these records.

- Staff who administered medicines had been trained to do so and their competency had been assessed. The service had an up to date medication policy in place and medicines were stored appropriately.
- People and their relatives told us they were satisfied with the support they received with medicines. One relative said, "Yes, [person] has the correct medication."

#### Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of an application form, DBS checks and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, where 2 employment references could not be obtained in line with procedure, we found the reasons were not clearly documented and records of staff interviews were not detailed.
- We raised this with the registered manager and during the inspection the provider updated their recruitment procedures, we were told appropriate records would be maintained for any future recruitment.
- We observed there were enough staff to keep people safe and meet their needs. However, feedback about staffing levels was mixed, most people and relatives told us staffing levels were sufficient. A person said, "I think so yes." A relative said, "Yes, as far as I can tell they have the correct number of staff on duty." However, some relatives told us staffing levels needed to improve. A relative said, "No, I think there could be more, they seem to be stretched and always in a bit of a rush."
- The registered manager told us staffing levels were assessed and regularly monitored with the use of a dependency tool, records confirmed this.
- People were supported by a consistent staff team. A Person said, "They change a bit, they know me yes." A relative said, "Yes, familiar faces, they know me when I go which gives me confidence."

#### Preventing and controlling infection

- The service was clean and well maintained. A relative said, "Yes, it is, [person's] room is always clean every time I go."
- 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 provider was supporting visits in line with the government's guidance.

#### Systems and processes to safeguard people from the risk of abuse



- People were protected from the risk of abuse.
- People and their relatives told us they felt safe with the care and support they or their relative received. A relative said, "Yes, [person's] safe and they always phone me if things change."
- People told us they could raise any concerns with staff. A person said, "No problems, [staff] very obliging, they are doing very well."
- Staff had received safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's care records documented their consent to care. Care plans contained a record of mental capacity assessments and best interests' decisions.
- We observed, and people and their relatives confirmed, staff sought people's consent before providing support. A person said, "Oh yes." A relative said, "Yes, I've seen them doing this with [person]."
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff had completed training and demonstrated an understanding of the MCA in line with the key principles.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and included details of the event and actions taken by the service. An analysis of accidents and incidents was undertaken by the service to identify any patterns or trends.
- The registered manager explained how following any incident they would notify the relevant authorities and share lessons learned with the team to help prevent any reoccurrence.

# 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 inspection published February 2019 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had systems in place to monitor the quality and safety of the service, including care plan, infection control and accident and incident audits. However, we found these systems and processes were not effective at identifying and addressing the issues we found during the inspection.
- Where care plan audits had been completed, these did not identify and address the shortfalls we found with people's risk assessments as detailed in the safe section of the report.
- We found sufficient action had not been taken following a recommendation made at a previous inspection (published February 2019) relating to care plans for people with behaviours that might challenge.
- Medicines audits did not identify and address the shortfalls we found with medicines prescribed as required and handwritten entries on MARs.
- We were told the service completed a checklist for each staff recruitment file, however the registered manager confirmed the checklist had not been completed for the files we reviewed. Therefore, the shortfalls we found with recruitment records were not identified and addressed.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm to their safety and wellbeing. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and provider told us they would make improvements to their auditing procedures to ensure they were more effective at identifying issues. Following the inspection, the provider sent us an updated care plan audit.
- Other management audits completed did identify areas for improvement and detailed actions taken in response.
- Where issues were identified during the inspection the management team acted promptly to make improvements.
- Despite the shortfalls identified, people and their relatives told us they felt the service was well managed. A relative said, "Yes, from what I see of it, the registered manager pops into say hello when I visit. She also phones and emails me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people□

- The management team promoted a positive culture, which supported the delivery of person centred care and support. There was a friendly atmosphere within the service. Staff knew people well.
- Staff told us they felt supported by the registered manager and morale within the staff team was good. A staff member said, "Yes, doors always open. Other members of staff will support you. We're one big family." Another staff member said, "A happy bunch, we all get on and can talk, never had any problems."
- People and their relatives knew the registered manager and owners and spoke positively of the staff team. A person said, "Nice people, I'm being looked after. The staff make one hell of a difference, they are good with people."
- Overall people and their relatives told us they were satisfied with the service. A relative said "Yes, very happy. They are good at keeping in touch with me and [family members]. I would recommend Broughton Lodge to others."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to engage people and their relatives in the service. People, relatives, staff and professionals were asked for their feedback via satisfaction surveys, responses were seen to be positive.
- Records showed people attended resident's meetings to share their feedback about the service.
- There was effective communication between management and the wider staff team. Regular staff meetings and daily handover meetings were taking place. A staff member said, "Yeah, we have them quite often. Always about improving. If anyone has any concerns, it will get brought up in the meeting."
- The service worked in partnership with health and social care professionals. A health professional who works with the service told us, "[registered manager] and team know the residents needs well and adapt to meet their needs where necessary, they are very good at communicating and letting me know when they have residents that need our input."

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 registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people had sufficient risk management plans in place to provide safe care and support.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.