Care Quality Commission

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Broad Oak Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 January 2016 and was unannounced.

Broad Oak Manor Nursing Home provides accommodation and care to 27 older people including those who require nursing care and may live with dementia. There were 17 people accommodated at the home at the time of this inspection.

We last inspected the service on 02 May 2014 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on sick leave on the day of this inspection, the care team manager deputised in the registered manager's absence.

People felt safe living at Broad Oak Manor Nursing Home. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff had the skills and knowledge necessary to provide people with safe and effective care and support. Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives commended the staff team for being kind and caring. Staff were knowledgeable about individuals' needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day and people's privacy and dignity was promoted.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People's care was provided by staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were supported to enjoy a healthy and balanced diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's care was planned and kept under regular review to help

ensure their needs were met.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

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Broad Oak Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating under the Care Act 2014.

This inspection took place on 21 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, one relative, two care staff, one nurse and the care team manager. Subsequent to the inspection we spoke with four relatives to obtain further feedback on how people were supported to live their lives. We also 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 care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Broad Oak Manor Nursing Home. One person said, "I feel really safe here, I think that is such a big part of why I am happy here." Another person told us, "I feel safe. This is because there are good carers, we have regular fire drills and everything just works!" A relative of a person who used the service told us that they felt people were safe. They said, "If something is not right they deal with it and they call me if anything is wrong."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed on a noticeboard in the communal area and accessible to staff and visitors alike.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, mobility frames, slide sheets, mechanical hoists, shower chairs, handling belts and bedrails. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example, the risks identified with use of wheelchairs included the potential entrapment in wheels and foot plates.

There was clear information available for staff to follow when assisting people to transfer via means of a mechanical hoist. For example, there was information about the hoist to be used, the relevant sling to be used and specific detail about how the sling should be attached to the hoist depending on which transfer was needed. For example, for assisting a person to reposition from sitting to reclining in bed.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. Relatives told us that the staff employed to work at the home were of a high calibre. One person said, "The staff are absolutely marvellous, second to none. They are amazing at what they do."

People who used the service told us that there were enough staff available to meet their needs. Relatives of people who used the service agreed however, some relatives shared concerns with us about the high usage of agency staff because it was felt that they would be less familiar with the home and with people's care and support needs. An example given was at a recent weekend where there were four agency care staff on duty. A person told us, "The regular staff are so good, kind and caring which is why we notice it so much when they are not there." We discussed this with the management team who were able to demonstrate that three of the agency care staff had worked at the home regularly for periods in excess of three months and the nurse in charge was a permanent staff member. They said they had used the same agency for the past 10 years and had consistent staff who were familiar with people's needs and understood the way the home functioned. The care team manager acknowledged that recruitment of permanent staff was high on the

agenda however said that it was vitally important to ensure the right people were recruited to post.

People received care and support when they requested it. We heard call bells ringing when people requested care and support and we noted that these were responded to in a timely manner. People showed us pendants that they wore around their neck to enable them to call for support as and when they needed it. They told us that they did not have to wait for support and said, "The carers come very quickly." They then pressed the button on their pendant to demonstrate and a staff member arrived within a minute.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We saw evidence that boxed medicines were checked weekly. We checked a random sample of boxed medicines and found that stocks agreed with records maintained.

Staff were confident to tell us what they would do in the event of an emergency such as a fire. They told us that they had received fire awareness training and a fire alarm test took place on the day of this inspection with all staff gathering at the fire assembly point. A fire evacuation chair and mattress was available on the top floor of the home and the care team manager reported that all people who were cared for in bed had their own evacuation sledges under their mattresses.

Good

Is the service effective?

Our findings

People and their relatives made positive comments about the skills, experience and abilities of the staff who provided support. A person who used the service told us, "They [staff] are marvellous, really good at what they do and so kind." A relative told us, "Without a shadow of the doubt we are very happy with the care provided for [relative]."

Staff received training to support them to be able to care for people safely. The care team manager told us of various training elements that were being undertaken by members of the staff team. This included the basic core training such as moving and handling and safeguarding as well as National Vocational Qualifications and team leader certificates. They told us that staff were supported to access additional training for example, a member of the nursing team had requested syringe driver training. It was acknowledged that this was a good element of training to support end of life care so all of the nursing team did this training. A member of the care staff team had indicated an interest in hospitality and concierge training. This had been provided and the person had moved into a mixed role of reception and hospitality work alongside some care shifts.

Staff members confirmed that they had received the training they needed to support them in their roles. A recently recruited staff member told us that they had received all the basic core training as part of their induction before they started to work with people. The care team manager and staff confirmed that people had a minimum of four one-to-one supervision sessions per year and more if they wished. Staff told us that the supervision sessions included work and personal issues and that they felt empowered to ask for additional supervision sessions with their line manager as often as they wished. Staff told us, "They [Care Team Manager] are really approachable; we can go to them about anything big or small. They never make you feel incompetent, you are always learning in this job. They are a great manager, they are well liked." Another staff member said, "The manager is so supportive, I have never worked for such a supportive manager. They are everywhere; they are always available for support and guidance out of hours too." This showed us that staff were confident in the support provided for them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The care team manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection one application had been made to the local authority in relation to a person who lived at Broad Oak Manor Nursing Home and this was pending

authorisation at the time of this inspection.

People told us that they enjoyed the food provided for them and we noted that they received appropriate support to eat. One person told us, "The food is nice, if you don't like what is on offer, they will give you something else like ham and eggs for example." Another person said, "The food is lovely, we can have a cooked breakfast every day if we want." Relatives told us that people's nutrition and hydration needs were well catered for. One relative told us, "The food at Broad Oak Manor is excellent, [relative] loves it"

Staff sat with people with people whilst discretely assisting them to eat their lunch. We heard a person ask if they could have more juice, staff responded by saying, "You certainly can, would you like apple, mixed berries or orange?" This showed us that people were confident to ask staff members for what they wanted and that staff offered people choice.

We noted that the menu list that staff used to document people's meals choices was pre-printed with individuals' likes, dislikes, or allergies. This helped staff to support people with making appropriate choices. Staff made sure that each person had their meal in accordance with their wishes and we heard them ask people if they'd had enough to eat or if they wished to have some assistance.

Assessments were undertaken to identify if people were at risk from poor nutrition or hydration. Care plans contained information about alternative methods for calculating people's height if they were not able to be measured. For example to measure between the elbow and wrist. There were alternative methods for estimating a person's BMI using the mid-upper arm circumference measurement. This meant that if people were not able to be weighed and measured it was still possible to calculate the potential risks of poor nutrition or hydration.

People's health needs were met. A person's relative told us, "They are very good with healthcare support; they will get the GP out day or night if they are at all concerned. I feel very relaxed that they are looking after [relative] so well." We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist. People who used the service told us that they had the opportunity to see a doctor once a week when they visited the home. A person was accompanied to attend a hospital appointment on the day of the inspection, an extra staff member had been rostered on duty to support this. Another person told us of the forthcoming health appointment and that arrangements had been made for a staff member to accompany them. This showed that people's health needs were prioritised and supported.

Good

Is the service caring?

Our findings

People told us they were cared for in a kind and sensitive way by staff who knew them well and were familiar with their needs. A person who used the service told us, "The carers are not just helpful, they are really caring." Another person said, "We have really lovely carers."

Relatives told us that they thought all the staff were very nice. One person said, "I can't praise highly enough the reassurance we get. It is a very professional service that they provide in a kind and caring way." Another relative said, "They are so caring, [relative] is so much happier than they have been for a long time." Relatives told us that they were able to visit at any time of the day and were always welcomed by staff.

The environment throughout the home was warm and welcoming. The communal lounge was homely and cosy adorned with people's own photographs and belongings. People's individual bedrooms were personalised with many items such as cushions pictures and lamps. One person told us how they had bought their own armchair into the home and they said this made them feel so comfortable and at ease.

We noted that people were relaxed and comfortable to approach and talk with staff, there was a culture of mutual respect. We observed staff interacting with people in a warm and caring manner asking them if they felt warm enough and if they were comfortable. We heard staff reassuring a person who had been calling out from their room. The staff member had a little chat with the person about some recent family news. The person was then reassured and settled.

Staff were knowledgeable about people's individual support needs. People and their relatives where appropriate, were fully involved in the planning and subsequent review of the care provided. Relatives confirmed that they were involved and the care team manager reported that new recording mechanisms were in the process of being introduced to ensure that this involvement was evidenced. Information about people's specific religious beliefs and requirements was clearly documented within their care plans and in their personal rooms.

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

Good

Is the service responsive?

Our findings

People and their relatives told us that the care provided was centred around people's individual needs. One relative said, "Broad Oak Manor has been amazing, it is very much a 'person led' service and is a home from home for [relative]."

The provider had developed a grade II listed barn conversion in the grounds to provide a reception area, a restaurant and a place for people to relax in and spend time with friends and family. People were able to dine in the barn and take their visitors to the barn for meals and coffee mornings. People told us that they enjoyed summer barbecues held at the home, they told us of a Christmas party and that they enjoyed the film afternoons held in the barn. They told us that it was nice to have the facility of the barn because they could take their visitors there for a meal or just for a coffee.

There was a range of opportunities for activity and stimulation provided. For example, a person who used the service facilitated such events as bingo and group word search sessions. The activity calendar showed us that there were regular film afternoons held in the communal barn, cheese and wine parties and trips to the local town. People had access to a hairdressing salon and manicurist services on-site. People who used the service told us that they were actively encouraged to participate in physiotherapy sessions to help maintain their physical fitness. A relative told us, "[Relative] is not just stuck in front of the TV, they are always trying to do things to keep them occupied."

Care plans were detailed and provided staff with the guidance they needed to provide safe and consistent care. For example, a care plan showed that a person who was cared for in bed was only able to sit out in their chair for a short while once the nursing staff had assessed their pressure areas to help ensure they were not at risk of developing a pressure sore. The person was anxious because every movement caused them pain and the care plan contained guidance about how staff could provide reassurance for the person. This showed that people's care plans had been developed specifically around their individual needs. In another person's care plan we saw a guide to support staff to communicate with a person after they had suffered a stroke.

We saw that individualised information had been gathered about people's preferences for care. For example, that they may wish to have an early morning hot drink in their bedroom. There were pen pictures of individuals that provided staff with an overview of people's likes and preferences. For example, one person's pen picture stated that they had a strong personality, that they enjoyed debating on politics and that they were a very independent and proud person.

Detailed care plans supported staff to provide consistent care in line with people's personal references. For example, a care plan for a person who was not able to participate in their personal care delivery stated, "Staff must inform [person] of any action or movement throughout all aspects of their personal care." The care plan went on to state, "[Person] is able to choose what to wear once they are shown what is in their wardrobe. In the past [person] liked to be colour coordinated. Staff to ensure that the person is assisted to put on make-up and perfume daily if they choose."

All the care plans were kept under regular review to help ensure they continued to accurately reflect people's needs. The care team manager told us that relatives were involved with planning and reviewing people's care when the person did not have capacity to do so themselves or did not wish to do so themselves. Relatives confirmed that they had been involved, one person said, "Staff always let us see [relative's] care plan and we are always involved in the regular reviews of their care. Nothing is hidden from us." Another relative told us, "They review [relative's] care on a regular basis and we are constantly involved. They regularly ring me to let me know if anything about their care changes and the outcome of any routine health checks such as dentist, optician or chiropodist." The care team manager reported that a new format of review documentation was being introduced at this time which would include evidence of relatives' involvement.

There were whiteboards in people's rooms which facilitated relatives' communication with staff. These were also used to advise staff about specific choices for people. For example one person wished to watch a specific TV programme and this had been marked on the whiteboard with the appropriate channel and time so that staff could ensure the person did not miss the program. The care team manager told us of another person who liked to watch a specific TV programme which a member of the care staff also enjoyed. The staff member saved their break until the programme was on and they watched the programme together with a hot drink and biscuits.

We received mixed views from people and their relatives when we asked if they were aware how to raise a formal complaint. People told us that they were not aware how to raise formal complaints however, they did tell us that they had nothing to complain about and would be happy to raise anything with the staff should they need to. The care team manager told us that each person had information about complaints in their rooms. However, they said that they would ensure that this topic was covered at the forthcoming residents' meeting.

People's relatives told us that they did know how to raise concerns, one person said that this had been clearly explained to them when their relative had moved into the home. Some relatives told us that they had raised some issues directly with the management team and these had been responded to appropriately. The care team manager acknowledged that issues raised verbally were not always recorded as complaints however, they undertook to develop a mechanism of capturing these issues as part of the over arching quality assurance processes.

The care team manager advised us that they had received three complaints in the past 12 months. We reviewed records for two of these and found that they had been managed in a timely manner and in accordance with the provider's policy and procedures.

Good

Is the service well-led?

Our findings

People and their relatives told us that they had confidence in the management team and were all very positive about how the home was run. They were also complimentary about the care team manager and the registered manager and said they were approachable and demonstrated strong leadership. One person said, "It is well managed, it feels like they listen to us, we're pretty happy here."

During our inspection the registered manager was on sick leave however, the care team manager was very knowledgeable about the day to day running of the service and was able to deputise. The care team manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We saw minutes from a recent meeting where a range of topics had been discussed including documentation, furniture, uniforms, wheelchairs and rotas. We also noted that feedback from people who used the service was shared with the staff team. For example, it was shared that people had expressed that they were content at Broad Oak Manor and always received great kindness and care from all the staff.

There were management meetings held weekly between the registered manager and the care team manager to discuss such issues as recruitment, the results of the audits undertaken and what actions had been identified as a result of the audits. The management team routinely met with the provider monthly to discuss the performance of the service and any matters arising. However, the provider had an office on site and had frequent presence in the home. The provider's policies and procedures for Broad Oak Manor were currently being reviewed to ensure that they remained fit for purpose and the goal for completion was the end of February 2016.

Members of the management team undertook regular walks about the home to continuously assess and monitor the quality of the service provided. There was a range of checks undertaken routinely to help ensure that the service was safe. These included weekly water temperature checks, weekly safety checks on bedrails, weekly inspection of the nurse call bell system, weekly check of the room temperatures and daily, weekly and monthly fire checks. A medicines audit had been undertaken by the pharmacy supplier in June 2015, no major concerns had been noted. The registered manager undertook spot checks of medicines and regular weekly audits were undertaken by the nursing staff.

A person who used the service told us that regular meetings took place for people to share their views about the service provided. They said, "We had a resident meeting recently, but we haven't got a lot to say as we can't find anything to complain about." The minutes of a meeting held on 11 December 2015 showed that

people were advised of new fire safety equipment that had been put in place and people were informed that a member of staff would demonstrate how the equipment worked during the forthcoming month. Some relatives had requested for the times of the midday meal to be changed, we saw that this matter was discussed with the people who used the service and their opinions had been respected. There were notices on the dining tables to remind people of the date of the next residents' meeting.

Satisfaction surveys were distributed regularly to people who used the service and their relatives. We reviewed results from a recently completed survey and noted that the feedback was monitored with compliments passed on to the staff team and any less than positive feedback followed up. For example, a person had commented that their meals were too large and that they would prefer smaller portions. Records showed that this matter had been discussed with the catering staff and appropriate action had been taken.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.