

The Broad Group Ltd

# The Broad Group - 85 Bath Road

## 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 Broad Group - 85 Bath Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Broad Group - 85 Bath Road provides accommodation and care for up to five people, across three floors. There were three people living at the home at the time of our inspection.

At the last inspection in March 2016 the services was rated 'Good'. At this inspection we found the service remained 'Good'. The evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People continued to enjoy living at the home and to have their safety needs met by staff who knew their individual safety risks well. Staff understood when people's safety needs changed and responded to these, so people could maintain as much independence as safely possible. Checks were made on the suitability of staff before they came to work at the home, to promote people's safety.

There were enough staff to care for people. More staff were being recruited to meet the needs of people coming to live at the home. Action was taken to manage people's medicines safely and to reduce the chance of infections occurring. Systems were in place to monitor and learn from any accidents and untoward incidents, if these occurred.

People and their relatives were encouraged to meet staff and visit the home so they could make informed decisions about moving in. Staff considered the advice of other health and social care professionals when assessing if they could meet people's care and well-being needs.

We saw people were confident to ask for the help they wanted. People's relatives were complimentary about how staff used their skills and knowledge to care for their family members. The training staff had been supported to do matched the needs of the people living at the home. We saw staff used these skills so people's individual needs were met, and so people were empowered to make their own decisions where possible.

Some people liked to make their own drinks and to decide what they would like to eat with support from staff. Staff understood the links between people's health and nutrition. Staff supported people to have

enough to eat and drink so they would remain well. People's relatives told us they were confident staff would assist their family members to enjoy the best health possible. People's relatives advised us they were consulted about important health decisions for their family members.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The compassionate approach of staff was highlighted by people's relatives, and we saw people enjoyed spending time with the staff who cared for them. Staff spoke warmly about the people they supported and wanted them to be happy. People were encouraged to make their own day to day decisions about the care they wanted. Staff made this as easy as possible for people, by using their preferred methods of communication. Staff promoted people's right to dignity, independence and privacy in the way they cared for them.

Care was planned to reflect people's individual preferences and needs. Staff checked to make sure people's preferences had not changed over time. When this happened, staff adapted their plans to meet people's emerging needs. The views of people's relatives and other health and social care professions were listened to, to help to ensure people's care was planned in the best way for them.

None of the relatives we spoke with had wanted to make any complaints about the care provided, as they considered it to be good. We saw there were systems in place to support people to raise any concerns they had or to make any complaints.

The registered manager spent time providing care to people, so they could be assured people were receiving good quality care. People's relatives and staff told us any suggestions for developing people's care further were listened to.

Checks were made by the provider and registered manager so they could be sure the people benefited from living in a home where planned development was focused on the experiences of people who lived there, and responded to their changing needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Broad Group - 85 Bath Road

## 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 checked whether the provider is meeting 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 for the service under the Care Act 2014.

This comprehensive inspection took place on 17 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. Not everyone at the home was able to speak to us directly. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. We spoke with two people's relatives to find out their views of the care provided to their family members. We also spoke with the registered manager, a care staff member and the provider's representative.

We reviewed three people's care records, saw the way people's medicines were managed and looked at staff recruitments checks. We saw records which showed us how the registered manager monitored the quality of the care provided and the actions they took to develop the service further. This included questionnaires completed by people and their relatives, minutes of staff meetings and records showing how incidents were monitored. We checked people's health records, so we could be sure people were receiving the care they needed. We saw there were procedures in place to support people and other agencies to raise any complaints they may have.

## Is the service safe?

### Our findings

When we inspected the service in March 2016 this key question was rated as 'Good.' At this latest inspection we found the rating for this key question remains 'Good'.

People let staff know if they wanted any help with their safety and accepted support from staff. People's relatives were complimentary about the care staff took to support their family members to remain as safe as possible. People benefited from living in a home where systems were in place to support their safety. This included regular checks on the safety of the premises. We saw fire prevention specialist were visiting the home on the day of our inspection, so the registered manager could be assured people were living in a safe environment.

Staff knew the risks to people's safety. One staff member explained these included risks when people were away from the home doing things they enjoyed. The staff member explained how they supported people to stay as safe as possible when travelling. The registered manager gave us an example of extra support given to a person when they were recovering from an operation. This included ensuring the person had access to the equipment they needed to move around the home safely.

Records showed us staff considered people's individual safety needs when planning their care, and demonstrated staff reviewed the best way to help people as their risks changed. We saw staff promptly assisted people with the support they wanted, such as assistance to move safely around the home.

People's relatives and staff were confident the registered manager would act if they raised any concerns for people's safety. Staff understood the different types of abuse and knew what action they would need to take in the event of any concerns.

There had been changes to the staffing since our last inspection. One relative told us this this had not adversely affected their family member, as staff had quickly got to know their family member and their safety needs well. Staff told us there were enough staff to care for people, and to ensure there was sufficient time to assist people to do things they enjoyed doing.

The registered manager gave us examples of times when staffing was increased to meet people's needs. This included if people were anxious or unwell. The register manager advised us they were currently recruiting additional staff, as a new person was coming to live at the home. We saw people did not have to wait if they wanted assistance from staff.

People were supported to have their medicines as prescribed, by staff who had been trained to do this, and whose competency had been checked. Staff gave us examples of actions they had taken to ensure people's medicines were reviewed regularly, so people would enjoy the best well-being possible.

We saw systems were in place to help to ensure people had any additional medicines they needed. This included if people wanted any extra medicines to address any pain they were experiencing. We saw staff

monitored people's well-being if their medicines changed. We also saw there were checks undertaken on the way people's medicines were administered.

People and staff worked together to reduce the chance of people acquiring infections. Staff explained they supported people to clean and tidy their rooms, and to ensure laundry items were promptly and safely dealt with. Staff understood the link between infection control and the promotion of people's health. We saw staff had been provided with the equipment they needed to reduce the risk of infections, such as gloves.

There had not been any accidents involving people living at the home since our last inspection. We saw there were systems in place to review any untoward incidents, such as people becoming anxious and these had been used to drive through improvement in the care provided. The registered manager and the provider's representative also provided care to people. The registered manager explained they used this as an opportunity to check people's care was being provided safely and that people were experiencing the best well-being possible.

## Is the service effective?

### Our findings

When we inspected the service in March 2016 this key question was rated as 'Good.' At this latest inspection we found the rating for this key question remains 'Good'.

People and their relatives were involved in assessing the care required before people came to live at the home.

The registered manager gave us an example of the way they supported both people and their families to explore if the care offered at the home would meet their needs. The registered manager told us people and their families were encouraged to visit The Broad Group - 85 Bath Road, and they also met with people at their current homes, so informed decisions about moving in would be made. The registered manager said this helped them to understand best way to care for people, and to ensure this led to positive experiences for all people living at the home when new people moved in.

Records we saw showed us staff had considered the information provided by other health and social care professionals when assessing people's needs.

People's relatives were complimentary about the way staff used their skills and knowledge when supporting their family members. Staff gave us examples of the training they had done and confirmed this had helped them to develop the skills they needed to support people. We saw the types of training staff attended reflected the needs of the people living at the home. We also saw staff used their skills when caring for people. This included communicating with people in their preferred ways.

People were supported to have enough to eat and drink and to remain well. People chose what they wanted to eat and drink. Some people enjoyed assisting with making their own drinks and preparing meals. Staff understood the links between nutrition and hydration and people's overall health. Staff gave us examples of the difference this had made to people living at the home. For example, one person had a desired weight reduction, which was helping to maintain their general health.

We saw staff had been given guidance on the best way to support people to have good nutrition and that staff worked together to ensure people were supported to achieve their nutritional goals. We also saw staff encouraged people to have enough to drink.

There were systems in place to support staff to work together, and with other organisations, so people would receive the care they needed. Staff told us they communicated information at the start and end of each shift, so they could be sure people would have the care they needed. The registered manager explained they worked with other organisations so people would have the care they needed. For example, to ensure people were supported when they went for health appointments. Health professionals such as chiropodists came to the home provide care to people, so their needs would be met.

People's relatives were positive about the support their family members had to enjoy the best health

possible. This included support to attend rheumatology clinics and to see mental health specialists. Health passports were in place to support good outcomes for people being cared for by external health professionals.

One person was keen to show us their room, and smiled when we looked round it with them. We saw people's bedrooms reflected their interests. Specialist equipment was in place to support people's sensory needs being met. For example, light indicators were used to let people know staff would like their permission to enter their rooms. We also saw the home had been decorated in a way to meet people's sensory needs and to celebrate a significant event.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had followed the right processes so people's freedoms were protected and they were supported in the least restrictive way.

## Is the service caring?

### Our findings

When we inspected the service in March 2016 this key question was rated as 'Good.' At this latest inspection we found the rating for this key question remains 'Good'.

People's body language told us they were comfortable and relaxed with staff who assisted them. All the relatives we spoke with told us staff were compassionate and kind. One relative highlighted how positive it was some staff had similar sensory backgrounds, and explained this helped their family member to build strong bonds with them. Staff said their focus was to developing trusting relationships, so people would have a good quality of life and enjoy living at the home. We saw this happen throughout the inspection.

We saw people wanted to involve staff in their day, and this was reciprocated. For example, people were excited and pleased when a member of staff came back to the home, and the staff member spent time with them. People were valued by the staff caring for them. To show this, staff took time to communicate with people in their preferred ways, at their pace, and by showing people they respected what was important to them.

Staff encouraged people to make their own day to day choices. We saw staff sought people's opinions and encouraged them to make their own decisions. These included how they might enjoy spending their time, and what they would like to eat and drink. One staff member gave us an example of how they checked if people were really making their own choices. The staff member explained this had given one person the confidence to decide to change some of the things they used to enjoy doing.

We saw staff listened and respected people's choices, so people had the care they wanted. Records showed us staff had identified things which were important to people, such as their families, interests, their likes and dislikes, and how they liked to be reassured and cared for.

People's rights to dignity and independence were respected by staff. One staff member explained some people enjoyed the independence of doing some elements of their personal care. The staff member explained this was respected. We saw staff were respectful towards people when caring for them.

## Is the service responsive?

### Our findings

When we inspected the service in March 2016 this key question was rated as 'Good.' At this latest inspection we found the rating for this key question remains 'Good'.

People continued to let staff know what care they wanted and how they liked this to be given. People's relatives told us they were involved in decisions about planned care. For example, one relative told us they had spoken with staff regarding planned holidays. The relative said they were planning with staff to reduce the duration of family holidays, as their family member had shown they would prefer this. The relative told us this was because their family member enjoyed the structure of the care provided at the home, and enjoyed spending time with staff. Another relative told us they had been consulted regarding a key decision about their family member's life, so their family member had the support they needed to maintain their health.

Staff told us their views on people's changing needs were listened to and people's care planned to reflect this, so people would continue to be offered the care they needed. This included in relation to interesting things for people to do, as their needs changed. We saw staff supported people so their individual, changing needs were met. For example, a dedicated area had been set up for one person, so they were still able to enjoy doing things as their mobility needs changed.

We saw staff knew people's care preference and spent time communicating with people so they could be sure people were involved in decisions about their care. Records we saw showed us staff had considered people's individual interests, need for independence and preferences when planning their care. We also saw people were encouraged to decide how they wanted to feel safe. For example, if they wanted to plan to lock their own rooms.

We found people's care was provided in ways which reflected with the principles and values of Registering the Right Support Guidance. These included providing care in a small and homely setting, where people's independence was promoted. People and staff gave us examples which showed people had easy access to local services. For example, some people were supported to enjoy spending time away from the home swimming, or attending community based sensory activities.

None of the people or their relatives we spoke with had wanted to make a complaint about the care provided, as they were happy with the support given. We saw there were systems in place to manage and monitor complaints if these were made.

## Is the service well-led?

### Our findings

When we inspected the service in March 2016 this key question was rated as 'Good.' At this latest inspection we found the rating for this key question remains 'Good'.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People showed us they were happy living at the home and knew the registered manager well. People's relatives were positive about the quality of the care provided, and communication from staff. One relative told us how lucky they felt because their family member lived at a home where they were cared for so well. Staff told us they felt listened to, and were very confident if they made any suggestions, or raised any concerns, the registered manager would address these. The registered manager explained their aim was to make sure people were settled, content, felt safe and saw The Broad Group - 85 Bath Road as their home.

We saw the registered manager spent time with people, either directly supporting them or asking them about their wishes and encouraging them to make their own decisions. By doing this, the registered manager was assured people were getting the care they wanted, in the best way for them.

Staff were supported to provide good care to people through regular discussions and meetings with the registered manager. One staff member explained this gave them confidence people's care needs were met.

People benefited from living in a home where their emerging needs influenced how the home was run and care developed further. Staff had been kept up to date with plans to develop the home further. This included the recruitment of additional staff, as new people came to live at the home.

The registered manager told us they planned to review the training provided to staff as new people come to live at the home, so they would be assured people would get the care they needed. The registered manager explained as part of this, they would be further developing how information technology was used to support people, as they had identified one person who was coming to living at the home enjoyed using this. The registered manager told us they were also planning to further develop processes for supporting people so they were empowered to decide what care they might like towards the end of their lives.

People and their relatives were encouraged to provide feedback on the quality of the care provided. We saw people's feedback forms were in pictorial formats, so people would be supported to communicate their views. One relative told us about suggestions they had made for improving their family member's care further. The relative said the registered manager and staff had been open to their suggestions which had been acted on, so their relative would continue receive the support they needed.

We saw the responses provided by people and their relatives in the quality surveys had been positive.

The registered manager explained they used the time they spent caring for people as an opportunity to check people were having the care they needed, and the home provided a safe and welcoming environment. The registered manager also reviewed any untoward incidents, such as people becoming anxious. In addition, the registered manager checked people had the medicines they needed as safely as possible. The records we saw confirmed checks on the quality and safety of care at the home were undertaken, so they could be sure any lessons would be learnt.

The provider supported the registered manager to provide good care through regular quality assurance visits and checks. We saw the provider's representative and registered manager spent time reflecting on the best ways to meet people's needs. For example, through discussions about the best way to support staff to develop the skills and knowledge they needed to care for people.

The registered manager gave examples of the way they worked with other organisations so people would get the care they needed. These included health consultants and professionals and other providers of services, which offered enjoyable things for people to do. This provided people with opportunities to do interesting things, further enhance their physical health and enjoy an enhanced sense of well-being.