Bupa Care Homes (CFC Homes) Limited

Broad Oak MaNor Nursing Home

Inspection report

Broad Oak Close, off Arnolds Lane
Sutton at Hone
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Kent
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Date of inspection visit: 11 and 16 February 2015
Date of publication: 15/04/2015

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

Overall summary

Broad Oak Manor provides accommodation, personal and nursing care for up to 42 people. The building is a period property with a modern annexe and accommodation over two floors. There is a passenger lift giving access to all floors in the main part of the building. There is a stair lift providing access to bedrooms in the annexe. There are three lounges, a dining room and an accessible well-maintained garden and grounds.

There is a registered manager at the service. 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 was run.

Summary of findings

When we last inspected the service on 31 January 2014, we found that there was breach of the Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. Systems were not in place to make sure that people were always asked for their consent to aspects of their care and treatment. We asked the provider to take action to make improvements and we found that these actions had been completed.

The provider had taken reasonable steps to make sure people were safe. People told us they felt safe living at the service. Staff had completed training in how to protect people and knew the action to take if they suspected abuse. Staff understood the whistleblowing procedure and knew who to report any safeguarding or whistleblowing concerns to.

Risks to people's health and safety were assessed and measures put in place to always try to avoid them. There were environmental and individual risk assessments, staff understood the guidance they were given on risk prevention and how to put it into practice.

Information about accidents and incidents was recorded and analysed, so that staff could put measures in place to try to prevent them happening again. People were provided with the equipment they needed to keep them safe.

Staff knew how to protect people in the event of an emergency and they had guidance to follow if needed.

Sufficient staff were employed in each area of the service each day to meet people's needs and keep them safe. People were familiar with the staff and staff understood people's individual needs and preferences. The provider followed safe recruitment practices to make sure staff were suitable to work at the service.

Systems were in place for the safe storage and administration of medicines. People received their medicines when they needed them.

Policies and procedures were in place that staff understood and followed correctly to make sure they protected people from the risk of cross infection.

People's needs were assessed before they moved to the service. People were involved whenever possible in planning their own care. The staff responded to people as individuals and met their needs because they knew them well.

People and relatives told us that staff looked after people well and their health needs were met. Staff made sure they contacted health professionals when necessary and followed the advice health professionals gave them. People told us, "They looked after me wonderfully when I've been ill" and "They do worry about you when you are not well".

Staff were kind and caring. Relatives told us, "I hear kindness when I listen to the staff talking to others, it is all good", and that the care was, "Above and beyond". Staff told us they had time to talk with people. A member of staff told us, "We provide the best day we can for them". The provider made sure that there were sufficient staff on duty to meet people's needs. Staff were well trained and supported. Staff told us that the registered manager and senior staff were approachable and they could always ask them for advice when necessary.

Staff respected people's wishes for the end of their lives.

People were provided with a varied diet that offered plenty of choice and met their needs and preferences.

Staff respected people's privacy and dignity. Staff understood how to communicate with people who were living with dementia or were unable to express their views verbally. Staff promoted people's independence, equipment to aid independence was available and staff explained how they helped people to maintain independence skills.

Staff were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). If necessary people's capacity for making decisions was assessed and documented and the level of decisions that people were able to make recorded. Best interests meetings were held if people were not able to make a significant decision themselves.

People had opportunities to take part in a range of activities, events and outings. People were consulted about what activities and outings they would like and the provider acted upon their views. Staff understood that people's spiritual beliefs were important to them and supported them to take part in their chosen faith.

There were systems in place to gain people's views about the service. These included surveys, residents and

Summary of findings

relative's meetings, and the registered manager was available to speak with people individually. There was a complaints procedure and any concerns or complaints were taken seriously and addressed.

Systems were in place to monitor the quality of the service. These included a range of checks and audits such as health and safety, medicines, training, infection control and care records checks.

Summary of findings

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

The service was safe.

Staff completed safeguarding adults training so that they understood the signs of abuse and knew how to report suspected abuse.

There were enough staff employed in all areas of the service, with the skills needed to meet people's needs.

Risks to people's safety and welfare were assessed and staff followed this guidance to keep people as safe as possible.

Systems were in place for the safe storage, management and administration of medicines.

Recruitment procedures made sure that staff were suitable to work at the service

Is the service effective?

Good

The service was effective.

Staff were provided with essential and role specific training and encouraged to undertake additional training.

Staff were trained in the principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). This made sure that they understood how to protect people's rights.

People's health care needs were met and staff contacted health care professionals when they needed to.

People were provided with a healthy diet which met their needs and offered plenty of choice.

Is the service caring?

Good

The service was caring

Staff treated people with kindness, care and sensitivity. Staff respected people's privacy, dignity and individual beliefs.

Staff were interested in people's lives and told us they had time to spend with them that did not just involve essential tasks.

Wherever possible people were involved in making decisions about their care and staff respected their views.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved to the service and were reflected in their individual care records. People and their representatives had been consulted about their needs and decisions about how they liked to be supported.

Summary of findings

People had opportunities to take part in activities at the service and in the community. People were consulted about what they wanted to do and their views were acted upon.

People were provided with information on how to raise a concern or complaint. Complaints had been used as an opportunity to respond to people and improve the service.

Is the service well-led?

Good

The service was well –led.

People and relatives spoke highly of the service, staff and the registered manager. People were asked for their views about the service in a variety of ways and the provider acted upon them.

There was a clear management structure and staff told us that there was excellent communication between staff at all levels.

The culture was open and inclusive and the provider worked with staff and the registered manager to develop and improve it.

There were systems in place to monitor the quality of the service that included a range of checks and audits at provider and service level.

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 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.

The inspection took place on 11 and 16 February 2015 and was unannounced. The inspection was carried out by one inspector who was accompanied by a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service. The expert by experience had knowledge and experience of residential and nursing services for older people.

Before our inspection we reviewed the previous inspection report and other information we held about the home. This included reviewing notifications the home had sent to us. A notification is information about important events that the provider is required to tell us about by law.

42 people were living at the service at the time of the inspection; six people at the service were living with dementia.

During this inspection, we spoke with nine people, 13 relatives, two visitors, the registered manager, the area training coordinator, four care staff, two registered nurses, one of whom was the deputy manager, a member of the domestic staff and the activities coordinator.

We spoke with a G.P and a member of a hospice care home support team, they provided us with comments about the service and gave us their permission to include their comments in this report.

We visited all the communal areas of the home and some bedrooms. We observed people's support whilst they were in communal areas and made observations at lunchtime. We looked at nine people's personal records, five people's medicine records, risk assessments, five staff files, staff training records, complaints records, maintenance records, a range of audits and we sampled the policies and procedures for the running of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. A person told us "Oh no, there's none of that here it is all safe".

Relatives told us their family members were cared for safely. A relative told us their family member was, "Better because he feels safe himself" and "I can't tell you how relieved I am that he is here, safe and cared for." Other relatives told us, "She is safe, looked after and cared for", "I can come away and know she is looked after" and "I'm one hundred per cent sure she is safe now".

People and relatives told us the service was always clean and hygienic. Relatives' comments included, "They are always cleaning into corners. They keep it very nice", There's never a problem with cleanliness, her bathroom is always clean", and "It's lovely and clean with no smell.

Staff told us they observed and listened to people so they were aware of any changes that might indicate a concern about their safety. A staff member told us "I observe interactions with service users, staff and relatives. If something is not quite right or I could not quite put my finger on the problem I would report it to the manager".

The provider had taken reasonable steps to safeguard people. There was a safeguarding adults procedure available for staff to access. Staff were trained to recognise the signs of possible abuse and knew how to report any concerns about people's safety within the organisation and in other organisations. Staff knew that information about the safeguarding procedure was on display in the nurses' office. Staff were aware of the out of hours reporting procedures and of the organisation's whistleblowing procedure entitled the "Speak up" policy. Staff understood their responsibility to report any suspected abuse or whistleblowing concerns and were provided with cards with a telephone number on to call to report any concerns.

Systems were in place to assess risks to people's safety. People's individual care records contained information for staff about risks to people's safety with guidance about how to manage the risk. A member of staff told us that, "We have risk assessments for everything" and gave examples of how they applied the information in practice. Identified risks to people included risk of weight loss, of developing pressure sores, of falling and risks connected with accessing the community independently or with others. Staff supported people to maintain their independence and to take acceptable risks, people went out with relatives and on outings provided by the service and were encouraged to do as much as they could for themselves. Each time an activity took place in the community, such as a theatre visit, a risk assessment was developed for each person participating in the activity; detailing the support they needed during the activity in order to keep them safe. The outcome of the activity for each person was also recorded. Staff recorded how they supported people in line with their risk assessments, for example when enabling them to use community facilities.

Staff completed accident and incident forms for incidents such as falls. The deputy manager and registered manager reviewed the forms and any patterns or trends were tracked and necessary action taken to try to avoid further occurrences. For example, they arranged medicine reviews or a needs reassessment if people were experiencing falls. This information was also documented at an organisational level so the provider had an overview of any incidents at the service and the actions taken.

Equipment such as profiling beds (to prevent people becoming sore whilst in bed) and mobility aids were provided for people when necessary. We saw that equipment in use had been serviced to make sure it was safe and in good working order. We observed staff using equipment safely and in line with the guidance on people's care records. Staff told us how they used the equipment for supporting people to move safely and that they had completed training in the use of the equipment.

Systems were in place to keep people safe in the event of an emergency at the service. There was an emergency plan and a copy was available on each floor. There was also a business continuity management plan that provided information about the services that staff might need to contact in an emergency. Staff received fire safety training and told us the training had recently been refreshed. Staff told us how they would support people in the event of an emergency and about how the emergency procedures had been activated when there had been a flood in a shower room. They told us staff on duty had immediately responded by escorting people from the lounge underneath the shower room to another part of the premises. They had called the registered manager who was off duty, called the fire service so that they could visit to

Good

Is the service safe?

check the electricity was safe to use, contacted the mains water provider and contacted the organisation's estates service. This had made sure that people were kept safe during the incident.

Records showed that staff tested fire equipment to make sure it was in good working order and that people's personal emergency evacuation plans were kept up to date to reflect if there had been a change in the support they would need in an emergency.

There were sufficient staff on duty to meet people's needs. The provider had assessed the number of staff needed to meet people's needs safely and made sure that people were cared for by enough staff at all times. We observed that there were sufficient staff on duty in all roles and that staff maintained a presence in and around shared areas to make sure they checked regularly that people were safe and comfortable.

We looked at staff rotas for the last week of January and for February 2015. There were no gaps and the correct compliment staff was recorded on the rotas. There were seven or eight care staff with two nurses on duty during the mornings, and two nurses and five carers on duty during the afternoons. The manager told us there were never less than 7 care staff on duty during the mornings as that was the busiest period, the rotas and discussion with staff confirmed this. Permanent or bank staff had mainly covered gaps in the rota so that people were supported by staff familiar to them and who understood the home's procedures. The manager said that occasionally qualified agency nursing staff were used and as far as possible were those who were familiar with the service. The agency provided profiles of nursing staff it supplied confirming they had taken up recruitment checks on them and that they had the necessary qualifications and skills. Permanent staff had completed a check list to confirm that agency staff had been made aware of the home's policies and procedures so that they knew how to support people and keep them safe in line with procedures.

Systems were in place for the safe storage and administration of medicines. We looked at three people's administration records (MAR) and saw they were correctly completed to show when medicines were administered and who had administered them. The medicines trolleys were well ordered and securely stored when not in use. Registered nurses administered medicines and there were clear systems for the ordering and disposal of medicines.

Staff requested a review of people's medicines by a G.P when necessary. For example to check a medicine was still needed, or if the dosage might need to be changed. A relative told us, "They've been fantastic with my Dad because his medication needed sorting out. I am meeting the doctor here today, which is good. And they have sorted out all his other appointments now. Very efficient." People told us they received their medicines when they needed them. Nurses completed a self-assessment after each medicine administration round which senior staff checked the same day to make sure medicines had been correctly administered and signed for. We looked at the records of two people who had insulin dependent diabetes. The records gave staff guidance about what action to take if people's blood sugar levels were not stable. Records showed that staff had followed this guidance.

Systems were in place to make sure that safe recruitment practices were followed. We looked at five sets of staff records. These included records for qualified nursing staff, care staff and domestic staff. The records showed the provider had carried out Disclosure and Barring checks (DBS), or previously criminal records bureau (CRB) checks on staff, taken up employment and personal references, requested personal identification documents from staff before they employed them and checked that they were fit to work. The nurse's files contained a record that their registration with the Nursing and Midwifery Council (NMC) remained current.

People were protected from the risk of infection; staff used personal protective equipment (PPE) such as plastic aprons and gloves when undertaking tasks such as serving food or delivering personal care. Staff had completed infection control training and followed it in practice. There were hand sanitizer dispensers throughout the building and hand towel dispensers in toilets and bathrooms. Toilets and bathrooms contained signs in text and pictures with guidance about correct had washing procedures There were cleaning schedules that were signed off by senior staff to make sure that the service was kept clean and hygienic. The laundry room was clean, tidy, and contained washing machines with sluice cycles so that the washing of soiled items was at the correct temperature. Clean and dirty laundry was kept in separate areas and red bags were used to put soiled items in, these are special bags that dissolve in a washing machine. Their use made sure that staff handled contaminated items as little as possible.

Good

Is the service safe?

The service was well maintained throughout and measures had been taken to protect people from environmental hazards. Windows had window restrictors fitted on to protect people's safety and radiators had covers on to protect people from any excess heat. Fire exits were clear of obstructions.

Good

Is the service effective?

Our findings

People told us that the staff looked after them well and their health needs were met. People told us, "They do worry about you when you're not well", and "I've seen the doctor a couple of times. They took me to hospital quickly after a fall for an x-ray".

People told us, "They do the best they can for me", "They are all good here, and work well together with no arguing. They care for me just as I want to be, yes. I find the nurses very good ", and "Overworked, but helpful staff".

Relatives told us they felt staff supported people well. Their comments included "I'm very happy with the staff', "All the staff are lovely", and another visitor told us "The staff are already remembering things about her. They have explained everything".

Relatives praised the staff for their skills in supporting people's health needs and communication with them over any health concerns. A relative told us, "When he was ill, they called a doctor and as soon as I said he might have a temperature, they checked it and he had antibiotics within three hours. I could never have done that at home with him".

At the last inspection on 28 August 2014, we found the service had breached the Regulation 18 of the Health and Social Care Act 2008. Systems were not in place to make sure that people were always asked for their consent to aspects of their care and treatment.

We asked the provider to take action to make improvements. The provider sent us an action plan that described how and when the improvements would be made. During our inspection, we found that the provider had changed this aspect of the service.

People could make choices about their day-to-day lives such as what to eat, what to wear, what to do and where they wished to spend their time. Staff supported people to choose what they wanted to eat. People were asked for their main meal choices in advance and if they did not remember what their choice was staff reminded them or showed them the options. Meal times were flexible; people were taking breakfast throughout the morning in their rooms or in the dining room at times that suited them. We saw people eating freshly prepared cooked breakfasts throughout the morning, they could request a cooked breakfast each day if they wished.

People told us they liked the meals. They said, "Good food, there is a choice of three at lunch"; "I love the puddings, very good food considering the amount of us. There's a choice" and "Food is good on the whole, a couple of choices". Relatives told us, "I would say the food is extremely good here. A choice every day " and "They keep an eye on his weight because he lost weight before he came in and feed him if he doesn't eat much I am pleased". A visitor told us, "She is eating more now". Changes had been made so that the dining room had more space and was a more inviting place for people. Tables were also being set differently for each meal. There were different coloured mats for different meals and tablecloths and flowers for the main meal to make it an occasion. This aimed to make the routines of mealtimes more interesting for people and the atmosphere more homely.

People who needed support with eating were assisted sensitively. Staff stayed with people who needed full assistance throughout the meal, or cut up food for people who just needed this done for them, respecting that once food was cut up people could eat independently. People had equipment to help them to eat if they needed it, such as plate guards. The lunch was well presented and the atmosphere in the dining room unrushed. The menus had been changed recently so that there was more variety and balance of menus. The daily menu was on display in text and pictures to assist those living with dementia to understand their choices. There was an alternative menu on display with a range of options such as soup, sandwiches, or omelettes for people to choose from if they preferred. People were provided with a soft or pureed diet if they needed it to make sure they were able to swallow food easily and to avoid risk of choking. A relative told us they were pleased their family member had a soft diet as now they ate more than they did before moving to the service.

People were familiar with the staff supporting them. Staff were able to tell us about people's needs which showed they understood the care people needed and understood. One staff member told us "We have regular bank staff that can come in. We like to use our own staff as they know the residents and the home". Staff had time to spend talking with people as well as attending to essential tasks. For

Good

Is the service effective?

example, after lunch care staff sat with people who were watching a film and chatted about it with them. A member of staff told us, "It is nice having a chat with them in the morning" and confirmed that they did have the time to do this.

The provider had made sure there was an appropriate skill mix of staff and that sufficient staff were employed in all roles throughout the service at all times. This meant that the staff could effectively meet people's needs. As well as care and nursing staff, catering, domestic, laundry, maintenance, administration, activities and gardening staff were on duty. The deputy manager, who was a registered nurse, supported the registered manager. The deputy manager was on the rota for two shifts each week; this gave them the opportunity to observe care and nursing staff working directly with people in order to make sure they cared for people safely and effectively.

Staff received regular supervision and an annual appraisal. Staff were supervised by the appropriate staff at the appropriate level. Staff and the manager told us that supervision was one to one, group supervision or provided as part of staff meetings. Staff felt it was helpful to have a variety of methods as different topics needed different approaches. They told us that if they needed an individual supervision or to ask senior staff for advice this was made available. Staff meetings were held for staff that were specific to their roles, there were also general staff meetings and meetings for night staff were arranged at times they found convenient to attend. This meant that staff were provided with information about and understood the standard of work expected of them. The meetings gave them the opportunity to share information and gain advice about best practice, and to discuss any matters of concern about the people they cared for.

Staff told us they received the essential training they needed for their roles and additional training to help them understand people's needs. Registered nurses completed relevant training in order to refresh their nursing skills, such as catheterisation, falls management and medicines training. All staff received training on dementia awareness during induction and as mandatory training. The organisation had a new professional training portfolio for nursing staff so that trained nurses could have increased opportunities to attend training that was specific to their role. We spoke with the trainer for the service who told us that more in depth dementia care training was due to be provided for all staff during coming months. A staff member told us when they had started working at the service they were been provided with dementia awareness training during their induction and follow up dementia training. Staff were supported to gain further relevant qualifications such as the NVQ Diploma in Health and Social Care Level 3 which is training for people working in the health and social care sector. Other organisations provided training in specialist topics such as end of life care training provided by a hospice. This meant that staff attended training to equip them with the skills and knowledge they needed to care for people effectively.

Staff were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Records showed that if necessary people's capacity for making decisions had been assessed and documented. The assessments detailed people's capacity to make less complex decisions and if their capacity for decision making might change from day to day. If people were not able to make significant decisions about their care and support best interests meetings in line with the MCA were held. There were systems to gain people's consent to aspects of their care and support. People or their representatives had signed agreements and information about their decisions, such as agreements to having their photograph taken, their preferences for their end of life care, the use of bed rails and to having a flu vaccination.

People said they received help to maintain their health or to receive treatment. One person said, " They looked after me wonderfully when I've been ill. Another person told us "I've had a cold, I saw the doctor who popped in , I'm better now". Records included any concerns staff had noted about a person's health and action taken to address them. The records showed that staff took timely action and contacted health care professionals for advice or to make referrals when necessary. People saw healthcare professionals such as chiropodists, a G.P. dieticians, opticians, hospice staff and district nurses when they needed to.

There were systems to assess and monitor people's specialist health needs. Staff made checks and completed charts if there were concerns about a person's weight, or that a person could become dehydrated. Records showed that staff monitored, recorded and totalled the amounts people were eating and drinking to make sure they stayed well.

Good

Is the service effective?

People who needed repositioning, or support with their continence needs at regular intervals to prevent or support the healing of skin breakdown had charts in their rooms. Charts detailed how frequently staff should complete these tasks and that staff had completed them. The charts showed that staff had supported people. If people had developed pressure sores nursing staff monitored these each day. The recording charts were reviewed and signed off daily by the registered manager or deputy manager. Care records were reviewed monthly and any changes recorded. Relatives confirmed staff followed guidance about the support people needed. A relative told us, "I know she's safe here, with no pressure sores, I have a look at her night-time log, and she is seen and turned."

The service was an adapted older style period property. Accommodation was provided over two floors and a passenger lift provided access to all floors. There was a modern annexe with bedrooms occupied by people who were more independent. They accessed their rooms by using a stair lift. The registered manager made sure that only people able to use stairs or the stair lift safely occupied these rooms. Corridors were fitted with handrails. The service had been adapted to meet the needs of the people living there. Information about activities and meals was displayed clearly on noticeboards throughout the service in text and pictures that helped people living with dementia to understand it.

There were large well-maintained grounds that were accessible to people and could be accessed by a ramp. There was a pathway around the building giving access to the garden and grounds, seating areas and people and relatives told us they enjoyed using the garden in good weather.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and looked after them well.

Relatives told us that they were always made welcome at the service and were complimentary about the care provided. Relatives told us they were, "Always welcome here, they make us toast", "We all go outside when it is nice" and "I hear kindness when I listen to the staff taking to the others, it is all good". Another relative told us the care was "Above and beyond".

A relative told us that when their family member moved to the service, "People kept popping in to introduce themselves and to reassure her to press her bell for anything".

Staff promoted people's privacy and dignity. A staff member told us, "It is so important they have compassionate care and we make sure they have the best and are treated with respect". Another staff member told us. "Any one of these people could be your mum or dad and must be treated as such".

Staff were kind, caring and interested in people. They told us they aimed to provide people with the best quality of life they could. One staff member told us, "We provide the best day we can for them". Staff promoted people's independence. Care records included the support people needed to maintain their independence. For example, the information about the support a person needed with personal hygiene needs stated that they could do things for themselves if items were in easy reach.

The ethos of the service was inclusive and there were opportunities for staff who were not care or nursing staff to assist and spend time with people. Staff told us they volunteered to go on trips and outings with people because they liked to support people to have enjoyable experiences. Staff who supported people to access the community that were not care or nursing staff had completed the training necessary to be able to do this, such as moving and handling and safeguarding adults training. A registered nurse always went on outings as well in case their skills were needed.

Staff understood that people's spiritual needs were important to them and told us how they supported people to practice their chosen beliefs. Staff understood people's individual likes and dislikes and the things they liked to do. They told us about people's interests and backgrounds and understood it was important to spend individual time with them that was not purely focussed on essential tasks. People's communication needs were documented and staff understood how to communicate with people. They spoke with them clearly and giving them time to respond and gave us examples of how they supported people who communicated non verbally.

Staff respected people's privacy and dignity. Staff told us they always respected that the people's rooms were their homes and knocked on their door before entering, we saw that this happened. Staff told us that when they provided personal care they covered people up as much as possible to protect their dignity. Staff made sure that people presented themselves as they would wish. They told us they made sure that people's hair was tidy and those who liked to wear make-up had it on before they left their rooms as this was important to them. Staff spoke respectfully with people and people were comfortable and relaxed in their company.

People had personalised their rooms to their taste with items such as photographs, ornaments, books and furniture. Staff respected that people's personal possessions were important to them. One person liked to use their own mugs for drinks and to use their own bed coverings. A relative confirmed staff always made sure the person used these items and that they were available in the room.

People's independence was promoted. People had equipment such as large handled cutlery and plate guards so that they could eat independently, and equipment to aid their mobility such as walking frames and wheelchairs. Staff told us how they supported people to regain independence skills. For example, a person had not been able to mobilise independently when they moved to the service and was able to walk independently again.

Information about advocacy was available to people, there were leaflets available and displayed on the "residents and relatives" noticeboard. No one at the service at the time used advocacy but the manager told us about a person they thought might need this support at some stage due to their circumstances and they would make sure the person was asked if they wanted an advocate if necessary. An advocate can assist someone to express their views and wishes.

Good

Is the service caring?

People's care records included advance decisions they had made about their end of life care. We looked at four DNAR documents (do not attempt resuscitation). These were forms stating whether the person had chosen not to be resuscitated in the event of this being a consideration. People had signed the forms, or if people did not have capacity, people had signed for them following discussion with a medical practitioner. Staff had made sure that DNAR forms over a year old were reviewed to check the decisions recorded remained each person's choice.

Staff made sure that people who were at the end of their lives were supported sensitively and with dignity. There were close links with a local hospice that provided end of life care training for staff and hospice staff visited people at the service when they needed to. Senior staff had attended a "Meet the coroner" session to help them understand the coroner's processes when their services were required after a person's death. We contacted two health care professionals who gave permission for us to include their comments in this report. They told us the service provided very good quality end of life care. In respect of end of life care a member of a hospice team told us, "We find them very good, attention to detail and very inclusive" and "They carry out advice given".

Good

Is the service responsive?

Our findings

People told us staff supported them in the ways that they preferred. One person told us," I can't fault it. Staff get to know you and help you. They use the hoist and we help each other".

All the people and relatives we spoke with told us they knew who to go to if they had any concerns about the service. A relative told us, "I would go to the manager initially, "I'd see the nurse, or anyone really, but I've not needed to do that" and "I've been told to go to the top".

People were very pleased with the activities available. They told us, "There is a whole list of trips and things", "I like the entertainers", and "There is always something going on here which is great".

Relatives told us that staff knew what people liked to do and asked them for suggestions. One relative told us "They took them to the ballet", and that the manager had met with them to make arrangements for the trip. Another relative told us, "They encourage her to join in even if she does not remember and they take her out".

The registered manager assessed people's needs before they moved to the home to make sure they could meet them. Staff used assessment information to help develop people's individual care plans. We looked at seven sets of care records, saw that they contained detailed information about people's needs and that people, and where necessary their relatives, had been involved in developing the plans. Information in the records included people's health, communication, mobility, nutritional, and personal hygiene needs. They also detailed people's cultural, spiritual and social needs and the activities they liked to do. The information was reviewed each month and kept up to date. Staff had completed daily records that detailed any changes in people's health, the support given with people's personal hygiene needs, what people had done during the day and if there was any information to be passed on about medicines administered, people's wellbeing or mood or their nutritional intake. Staff were able to offer people consistent care because they understood people's needs and changes to their wellbeing or health.

The manager showed us a booklet about a new care plan format that was in the process of being introduced by the organisation. Senior staff had already received training about the new care plans and it was being cascaded to all care and nursing staff. The new care plans were entitled "My Day, My Life", and presented in a way that allowed information to be more clearly focussed within each section and more easily accessible to people and staff.

Staff responded in a timely way when there were concerns about people's health. Records contained examples of detailed information about the action staff had taken when there were concerns about a person's health. When there had been concern about a person's health recently nursing staff had clearly recorded the clinical checks they made, that they had had contacted a G.P and that the person had needed to go to hospital and this had been arranged. Staff had also contacted a relative and recorded the reassurance they had given to the person and relative.

Staff made sure that when people moved to the service they had the right medicines in place and the support they needed from health care professionals.

We saw people receiving visitors in the lounges or their own rooms and a sign was on display saying visitors were welcome to join their family members for meals, as long as the number of visitors was not to large and might distract people from eating. There were three lounges for people to use and we saw people spending time in the dining room as well during the day. One lounge did not have a television and provided a quiet space for people to spend time in. It had a radio that people could listen to if they wished and a large tropical fish tank.

Staff told us about how they offered choices to people that found decision making difficult or were living with dementia. Staff told us they encouraged choice by showing people meals, giving them a choice of clothes to wear and showing them what was involved in an activity. A member of staff told us, "You have to keep offering choices until there is one they are happy with".

The provider employed an activities coordinator and a wide variety of activities, outings and events were available. Staff consulted people about what activities and trips they would like arranged and acted upon their wishes. During the inspection, a musical bingo session run by staff and an exercise for health session run by an external provider took place. Both were well attended by people, staff told us these sessions were always popular and we saw that staff were on hand to support people who needed assistance with joining in. The frequency of the music for health sessions had been increased because people enjoyed it so

Good

Is the service responsive?

much. People engaged with both sessions at a level they were comfortable with. There was an imaginative approach to activities. People could choose to have a manicure at the "nail bar", which was arranged by staff with a choice of nail varnish colours and the necessary equipment to look like a professional nail bar. One of the lounges was fitted with a cinema screen for film sessions that was unobtrusive when not in use, but provided a cinema type setting for watching films and staff provided snacks and drinks to make this an event for people.

Outings included trips to theatres, shopping centres, teashops and garden centres. People's individual interests were accommodated. For example, trips to the ballet, opera and Chatham dockyard had been organised as people had said they would like to go there. The registered manager made sure that sufficient staff were available to accompany people, and staff told us that they felt it was important that people had the quality of life they deserved which included going out, and they were able to provide this. A member of staff told us, "We have lots of outings, and all sorts of things in the home too."

People received care or support when they needed it. The provider had responded to the need to improve systems in order to improve the delivery of care to people. They had fitted a system that recorded how long staff took to answer call bells and the results could be printed out. This was in response to a complaint that staff were not answering call bells quickly enough. An audit of the call bell printouts had identified that there were delays in staff answering call bells during the main breakfast period. This was because staff were busy supporting people in their rooms and the dining room. The action taken to address this was to allocate a member of staff each morning specifically to answer call bells during the period, so that other staff could concentrate on the tasks they were doing without interruption. Staff told us the new arrangements worked well.

Staff respected people's cultural, religious and spiritual needs There were people from several different religious and spiritual backgrounds living at the service. Staff gave us examples of how they supported people to practice their personal beliefs and how adjustments were made to accommodate this when necessary. For example, providing meals at times that fitted in with person's attendance at their worship, and making sure a person was ready to go out to worship at the right time of day. One of the lounges was regularly used for a person to be able to practice their faith because they were no longer able to access the community to do this.

People and relatives knew who to go to if they had concerns or complaints. There was a complaints procedure that was on display in the entrance area and a comments and suggestions box. Complaints handling training was scheduled for all staff so that they knew how to respond if concerns were raised directly with them and there was a booklet for staff to use about how to handle complaints. Any concerns and complaints received a response in line with procedures. There was file containing thank you letters and cards from relatives, those we looked at were highly complementary.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the service was well run, welcoming and comfortable, people were well cared for and the management and organisation of the service was good. A person who had known the service before they went to live there told us "10 out of 10 for this place, it's even better now".

A relative told us that communication had improved over the past year and there had been other positive improvements. Another relative told us "The manager is always about, which is good".

Staff told us they enjoyed working at the service and the manager and senior staff were very supportive and approachable. A staff member told us "We are a great team here with a good skill mix, as we come from different backgrounds we talk to each other". Another staff member told us, "We constantly talk all the time". Staff told us there was good communication that was down to the registered manager. A comment on the 2013 annual staff survey was," My manager keeps their commitments". Staff told us that they received strong leadership from the manager and other senior staff and the manager operated an open door policy. A staff member told us the registered manager encouraged staff to let them know if there were any problems that they wished to discuss, and that heads of departments meetings held three times a week were attended by the registered manager. They told us "She is a very good boss; she knows I can do the job".

Visitors were welcomed and those we spoke with told us they were satisfied with the service provided and that if they had had any concerns they had been satisfactorily addressed. The manager and staff told us they welcomed comments from people and preferred to deal with any concerns straight away. The manager spent time in communal areas each day they were on duty and made sure they spoke with people and relatives they met. The atmosphere was friendly and inclusive and staff understood the values they needed to follow to make sure that people were treated with respect and as individuals.

The provider had a clear set of vision and values. The provider stated they focused on people as individuals and gave importance to creating a friendly environment with the appropriate level of care and independence. We found that these principles were being adhered to at Broad Oak Manor. The service had undergone improvement over the past two years and the registered manager told us that the provider made the necessary resources available to enhance the service. Staff told us the organisation made sure they met their responsibilities in making sure that if they equipment needed repairing or new equipment was needed it was purchased or repaired. Staff told us, "The machines are fixed here, it makes the job easier". Staff told us they received the support they needed from the manager and senior staff, they enjoyed their work and there was excellent communication between staff. Staff told us, "The manager is always available if there is a problem".

There were systems in place to monitor and audit all aspects of the service. These included checks on medicines procedures, care records, staff training, cleanliness and hygiene and accident and incident recording. Records and discussion with the registered manager and staff showed that action had been taken to address any shortfalls in the service that people received and to enhance the service. For example, action had been taken to provide additional dementia care training and to improve the environment. The provider received information collated within the service from the registered manager each month so they could monitor incidents such as the number of infections or pressure sores, and if any people were considered to be at risk of not maintaining a satisfactory weight. The provider checked that the required action was being taken, such as referral to a dietician for weight loss, to make sure that people were receiving the care and treatment they needed. We looked at some completed audits, they showed that the manager had made sure that if any actions were necessary they were completed or timescales set for completion.

The organisation's area training coordinator told us the organisation was developing dementia care training for staff. Staff had completed dementia awareness training and more in depth training about dementia was being rolled out within the organisation. BUPA services with a higher population of people living with dementia were receiving the training first and it had been scheduled for all staff at other services including Broad Oak Manor. The organisation had also appointed clinical trainers in order to strengthen opportunities for nursing staff to refresh their training and develop their clinical skills. Healthcare

Good

Is the service well-led?

professionals spoke highly of the staff. A G.P told us, "When I visit I expect to be given information about people by staff who understand and they provide staff who have knowledge about people".

The registered manager kept up to date with new research and guidance and undertook further professional training. They told us that they had very recently received a government issued medical alert relating to the use of thickened fluids for people and was planning a training session for staff about this as a result. The registered manager was qualified to understand their role and carry out their duties.

People were asked for their views about the service and the provider had acted on their views. People had been consulted about the décor and involved in choosing the carpets and curtains when the lounges were refurbished. Residents and relatives meetings took place quarterly. The registered manager told us about some changes made in response to issues raised at the meetings. These included the cutting back of bushes next to garden paths as they were catching on people's clothing, removing some trees to allow more sun into the garden and menu changes. People, relatives and staff were sent surveys each year. The results of the survey in 2014 showed that overall there was an increased level of satisfaction with the service and specifically with staffing, the environment and the provision of activities.

The provider and registered manager worked in partnership with other organisations. A G.P told us they had, "A very good working relationship with the service" and "I love going there, it is one of the nicest homes in the area". A member of a hospice team told us, "We work as a team" and "They are certainly a home where you feel people are well looked after".

The provider promoted links with the community, the registered manager had given talks at local schools and pupils from secondary schools had done work experience at the service. Representatives from local churches visited and events such as summer activities were attended by relatives and members of the local community. People who attended Age UK services were invited to events and people and the staff participated in fundraising for a national charity.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.