

Broadoak Group of Care Homes

Broadoak Park

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

About the service:

Broadoak Park can provide care and accommodation for up to 30 people with needs relating to learning disabilities. There are seven residential bungalows and two flats. Other facilities include a resource centre for daytime activities and a clubhouse for entertainment.

Our last inspection took place in March 2016 when the service was rated good, although the effective domain required improvement due to findings regarding staff training and induction. At this inspection we found that the effective domain had improved and the service met the characteristics of a good service in all the key questions.

People's experience of using this service:

The provider had systems in place to safeguard people from abuse. Staff knew what action to take if they suspected abuse. Relevant risk assessments had been completed. The environment was monitored and safe for people to live in. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Relevant mental capacity assessments had been completed.

A variety of meals were provided to people and people told us they took part in meal preparation. Assessments were seen which demonstrated relevant health professionals were involved in the care provided to people.

Care provided to people respected their privacy, dignity and promoted their independence. Staff knew people's needs well. We observed staff interacting with people and found they were kind and caring. Staff knew people well and responded to their needs in an understanding way.

Care plans had been completed and were regularly reviewed. These contained relevant information about how to meet people's needs. Where appropriate, plans were in place to ensure people's end of life wishes were taken into account and respected. The activities coordinator was employed to ensure the activities provided by the service met people's individual needs.

Feedback about the service was consistently good. Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager, who acted on concerns to make improvements to people's care.

More information is in the full report.

Rating at last inspection:
Good (Report published 15 April 2016).

Why we inspected:
This was a scheduled inspection based on the previous ratings.

Follow up:
We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our safe findings below.

Good ●

Is the service effective?

The service was safe
Details are in our safe findings below.

Good ●

Is the service caring?

The service was safe
Details are in our safe findings below.

Good ●

Is the service responsive?

The service was safe
Details are in our safe findings below.

Good ●

Is the service well-led?

The service was safe
Details are in our safe findings below.

Good ●

Broad oak Park

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector and an expert by experience. The expert by experience had experience of caring for people who use this type of service.

Service and service type:

Broad oak Park is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider. Notifications are specific events that the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make.

During the inspection we spoke with six people who used the service and two people's relative. We spoke with 14 staff, including the registered manager. We reviewed staff training records, four people's care

records, medicines records and records related to the management of the service.
Details are in the key questions below.

The report includes evidence and information gathered by the inspector and the Expert by Experience.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People who used the service told us they felt safe living in the home. We observed people appeared happy in the company of the staff team, interacting positively. One person said, "It's nice. I like the staff." A relative told us, "It's a great place, it gives me peace of mind."
- Policies and guidance were on display about how to deal with any safeguarding concerns. People were safeguarded from the risk of abuse. Staff understood how to recognise and report suspected abuse and the registered manager had followed internal and external processes to keep people safe. Relevant training in safeguarding had been completed.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and risk assessments were in place to minimise hazards.
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom and promoting independence.
- People's care records had a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills to ensure that they could be safely evacuated from the service.

Staffing levels

- People and relatives told us there were enough staff available to meet their needs. We saw people received support when they wanted it and there were enough staff to support people to access the community.
- The provider followed safe recruitment procedures which ensured people were supported by staff that were of a suitable character.

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed a regular competency assessment. This ensured their knowledge was up to date.
- Medicines were stored, administered and disposed of safely although some liquid medicines did not have an 'opened on' date. The registered manager told us this would be rectified by increasing the frequency of medication audits and individual supervision. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.

Preventing and controlling infection

- The service was clean and tidy and free from clutter and relevant equipment was available for staff to promote good infection control practices.

- Policies and procedures were in place and training had been undertaken to guide staff in infection control. Regular audits were completed, and an action plan was in place that provided information about any actions required.

Learning lessons when things go wrong

- Incidents that had occurred at the service were recorded. The registered manager had a system in place to analyse the incidents and action had been taken to ensure people's risk assessments and care records were updated. This meant people were protected from further incidents and lessons had been learnt when things went wrong.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff who knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- We saw the service ensured assessments of people's capacity to consent were carried out when someone had an impairment of the brain or mind, before decisions were made on their behalf. The process and discussions around decisions made in people's best interests were recorded.
- Where people were restricted, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

Adapting service, design, decoration to meet people's needs

- People had access to an outside space and regularly accessed an onsite 'Resource Centre' which had a sensory room, computer room, TV lounge and craft room.
- The bungalows were accessible with wide corridors to facilitate wheelchair users.
- People's bedrooms were designed around their preferences as they had input in choosing décor and furnishings for their room. People were proud of their personal space and some were happy to show us their room.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. This gave staff guidance on how to support people in line with their preferences. For example, one person followed the Hindu faith and was supported to access their temple

and celebrate Diwali. This had led to discussions with other people about different faiths.

- The layout of the service enabled people to move around the service freely. People had access to communal rooms where people could socialise.
- The service had been adapted to ensure people remained safe. Equipment was in place to ensure people were safe whilst promoting their independence within the service.

Staff skills, knowledge and experience

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. Twelve staff were undertaking safeguarding training on the day of our inspection. Their comments included, "We have plenty of worthwhile training" and "There is always training available." A relative said, "I was really impressed that staff were trained to meet [person's] specific needs prior to them moving to the service."
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

Supporting people to eat and drink enough with choice in a balanced diet

- Menu choices were on display that demonstrated a variety of meals were offered to people. These included pictorial information that supported people with limited communication. Care files contained information about people's nutritional requirements, likes and choices.
- The staff team took part in the preparation of food and shopping for supplies. Where possible people who used the service took part in meal preparation with the support of staff.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals and GP's.

People are supported to have healthier lives and have access to healthcare services

- People were supported to access healthcare professionals. One person said, "I have doctor come here." Another person told us, "I'm seeing the nurse tomorrow. I've had my eyes tested and had a mammogram."
- People had health action plans in place which had been developed with people and their relatives to ensure people maintained a healthy lifestyle. These were regularly reviewed to ensure the plans included up to date information.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff, and the care and support delivered to people. Comments we received included, "The staff are fantastic and very caring," and, "All the staff are caring."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- Staff knew people's preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "I take my own washing to the laundry." Another person told us, "I do some cleaning. I clean this lounge. I peel the potatoes and make my own drink now."
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care

- People were supported to access the community and were involved in social activities both in and out of the service. One person told us, "I go to the shops, bowling, swimming and horse riding. Another person told us they enjoyed, "Snooker, walks, music on the computer and cooking."
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, how people preferred to spend their time and whether they had a preferred name.
- When we discussed people's needs and preferences with staff, they could describe in detail the steps they took to support people.
- The service employed an activities coordinator. We spoke with them and they gave us examples of a wide range of activities they had arranged. These included, aromatherapy and Tai Chi. They had a file with a record of activities and monitored people's usage of the resource centre and what activity they did. They used this information to evaluate which activities they enjoyed and which needed changing.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would speak to staff." A relative told us, "The registered manager is always available but I have absolutely no need to complain."
- The provider had a complaints procedure which was available in a pictorial format to aid people's understanding. At the time of the inspection there had been no complaints at the service since 2013. However, there was a system in place to investigate and respond to complaints.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- Staff were aware of good practice and guidance around end of life care and understood people's needs, including any religious beliefs and preferences.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Leadership and management.

- At the time of our inspection there was a registered manager in place. 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.
- The registered manager was supported by a team of senior staff. Staff we spoke with felt supported by the management team and felt able to raise issues. One staff member told us, "The registered manager is very supportive and always available."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Where audits had been completed we noted the findings from these were recorded so any actions required could be acted upon. This confirmed the service was open and transparent in all areas. The registered manager recognised the need to increase the frequency of medication audits.
- Policies were in place to support and guide all staff members in the delivery of care to people and the operation and management of the service.
- The registered manager promoted the values of the service, which the staff followed in practice. The registered manager told us they were always open to ideas to improve the service people received.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. Comments about the management of the service included, "[Registered manager] is very approachable" and "[Registered manager] is supportive and I can always contact them."
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display.

Continuous learning and improving care.

- Staff told us they had opportunities to undertake further development and the registered manager actively sought training updates for staff. This meant people received effective support from staff because staff were supported to continually develop their skills and knowledge.
- The management team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback.

Engaging and involving people using the service, the public and staff.

- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- The registered manager used satisfaction surveys as a way of gaining people's feedback. We saw the results of the most recent feedback; the results were predominantly positive.

Working in partnership with others.

- The records we looked at demonstrated the service worked in partnership with other professionals. These included GP's, speech and language therapy, social worker and opticians.