Broome Park Nursing Home

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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

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

The provider had appropriate arrangements in place to safeguard people from potential harm or abuse.

Medicines protocols were effective and people received their medicines safely according to their medicines plan.

Staff recruitment procedures were robust to ensure the safety and welfare of people.

There was sufficient staff employed to meet people's needs.

Risk assessments were in place for identified risks.

Is the service effective?

Good

The service was effective.

The provider and staff had a good understanding of the Mental Capacity Act 2005, and we saw DoLS applications had been applied for.

People received adequate nutrition and hydration which included people's choice, preference and met their assessed need.

Staff had the appropriate training and supervision to undertake their roles.

People were registered with a GP and had access to health care professionals

Is the service caring?

Good

The service was caring.

People were cared for by a staff team who were caring and kind.

People were involved in decision making whenever possible.

People were treated with dignity and respect. Staff spoke with people in a polite and kind way.

Privacy was respected and staff knocked on doors before they entered.

Visitors were welcome in the service and people were

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

People were encouraged to participate in activities.

Summary of findings

Is the service well-led?

Good

The service was well led.

The management team had a good understanding of the home's aims and objectives and the needs of the people who lived there.

There were systems in place to monitor the quality of the service being provided and regular audits and customer satisfaction questionnaires were used to monitor progress.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was an unannounced inspection, which took place on 28 May 2015. The inspection team was made up of two inspectors and an expert by experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in caring for someone living with dementia.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return (PIR).

During the visit we spoke with 14 people, relatives, eight staff, two health care professionals, the hairdresser, and three members of the management team. We used the Short Observation Framework for inspection (SofI). SOFI is a way of observing care to help us understand the care experience of people who could not talk to us.

We looked at eight care plans, eight risk assessments, four staff employment files and records relating the management of the home.

The last inspection of this home was on 3 January 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe We were told "Absolutely I feel safe", and "This in a nice safe place to be". Relatives felt satisfied that Broome Park was a safe home and one relative said "I visit at different times and always find the atmosphere safe and kind".

People were protected from abuse. We saw staff had undertaken training regarding safeguarding adults during induction and this was updated annually. Staff told us it they suspected that abuse was taking place they would report this to one of the management team. Contact details of the local authority were also made available to staff if they needed to contact the safeguarding them directly. There was a safeguarding policy in place which provided staff with step by step guidance to follow and staff were familiar with this policy. Staff told us they would be able to recognise the signs of abuse and were able to tell us the different types of abuse. We observed that people would not be able to able to raise concerns themselves but staff told us they would not hesitate to raise any issues on people's behalf For example if they saw on person hit another person they would report this and record details appropriately.

Risk assessments were in place to manage identified individual risks and to keep people safe. . For example we observed some decorating work being carried out. During this time we saw an area had been cordoned off to prevent people from being harmed by the work or getting paint on their clothes. We saw staff accompany people through separate doorways to enable them to move around the premises safely. When a person was known to display challenging behaviour staff followed guidance outlined in a risk assessment to manage this in order minimise harm to the person or themselves. When a person was at risk of choking a soft diet was provided and fluids were thickened to minimise the risk. People who were at risk of developing pressure ulcers had a skin integrity assessment called a Waterlow score which determined the risk and appropriate pressure relieving equipment to be provided, which included air mattresses, cushions and heel pads. Assessments were reviewed monthly or more frequently if people's needs changed. Updated information was documented in individual care plans and relatives kept informed of any changes. One relative said "They are very good at keeping me informed as they know how much this matters to me".

The number of staff working in the home is calculated on how many people live in the home and their dependency. We saw there were enough staff on duty to meet people's needs. Two duty rotas were used to demonstrate the allocation of staff in the main building and in Stable Cottage which is the second location that's stands within the grounds of Broome Park. There were registered nurses in both locations covering a twenty four hour period. They were supported by care staff and the service also provided teaching placements for student nurses. We looked at the staff duty rotas for the previous month and we saw there were sufficient staff provided to meet people's needs. Holidays, sickness and absence were covered by bank staff".

The home also employed a team of ancillary staff which included housekeeping staff, laundry staff, maintenance staff, administration staff, catering staff, and an activity coordinator to further support people and ensue the people lived in a clean and efficient environment. .

There was a safe recruitment process in place and the required checks were undertaken before staff started work. We noted staff had been recruited safely. This was because the provider had obtained two written references, a past employment history, a health screening questionnaire and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable adults.

People received their medicines safely. There was a policy in place for medicines administration. Staff who had responsibility for the administration of medicines had signed this policy indicating they had read and understood it. Qualified staff undertook medicine administration in accordance with this policy and the Nursing and Midwifery Counsel's (NMC) Code of Professional Conduct. Staff received training in medicines safety awareness which was updated annually. Medicines were stored safely and securely in both the main building and Stable Cottage. A fridge was available for medicines that had to be stored below room temperature, for example insulin, eye drops and creams to promote best practice.

Good

Is the service safe?

Appropriate arrangements were in place in relation to the recording of medicine. Staff used the medication administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example, if they refused, if they were on leave or in hospital. This was also recorded in people's care plans and nurses took appropriate like inform appropriate medical staff when necessary. The MAR charts included information about people's allergies, if they required PRN (when required medicines) and a photograph for identification.

The majority of medicines were administered using the monitored dose system (MDS) from blister packs.

We saw appropriate arrangements were in place in relation to the safe recording and auditing of medicines.

The head of care clearly demonstrated how medicines were ordered and counted in to and out of the service. The process explained was safe and effective and provided clear audit trails.

The service had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. For example, staff had undertaken emergency first aid training and fire safety and were aware of the procedures to follow if required. Protocols were in place for staff to follow in the event of utility failure, adverse weather conditions and an outbreak

Good

Is the service effective?

Our findings

People were supported to have their needs, preferences, and choices met by staff with the skills and knowledge to undertake this. We saw there was a comprehensive staff training programme in place to provide staff with the training necessary to enable them to carry out their roles and responsibilities. A staff member told us they had undertaken a full induction training programme in addition to completing an induction workbook. This was in line with the Skills for Care Framework, which is a recognised body who supports people in professional development. They said they worked with a senior member of staff until they were assessed as competent to undertake their role. Mandatory training included first aid, manual handling, continence care, and food hygiene, safeguarding adults, dementia awareness, fire safety awareness, and infection control and management of challenging behaviour. Training was delivered either face to face by a tutor employed by the service or by e- learning. Electronic records were kept of the training provided. The administrator cross referenced with the duty rota when updates were due and would arrange training accordingly. Staff told us they had ample training and felt skilled to do their jobs. Qualified staff were supported to update their clinical skills and knowledge in line with The Nursing and Midwifery Council's (NMC) Code of Professional Conduct.

Staff told us they had regular supervision with their line manager. This was a process where they were able to discuss their roles and responsibilities, the standard of their work and their training requirements. They also had an annual appraisal of performance when strengths and needs were recognised and a further development was facilitated to promote best practice.

Relatives told us their family member received care and support from staff who understood their needs. They said staff knew how to manage people's behaviour and said if their relative was being aggressive staff understood how to approach this in a calm and reassuring way.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The service was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS. The head of care told us they had been in contact with the local authority regarding their processing of DoLS applications, as there was a back log in issuing these due to volume of applications. They demonstrated to us up to date knowledge and understanding of their responsibilities and ability to adjust care provision in line with current legislation.

The head of care provided training for staff regarding the MCA. He showed us a pocket size laminated card that all staff carry reminding them of the five principles of the Mental Capacity Act. They told us they provided talks for the staff weekly to help them understand the act and the implications it has for people they care for. We saw some good care practices throughout the day when staff promoted choice around personal care, choice of menus, activity participation which meant that staff had understood the training they received. For example someone did not want to sit in a particular place and staff helped them sit in the garden.

People told us they received appropriate health care support. One person said "My GP is very good and he will always explain what the problem is". And another told us "I cannot fault the care I get here from my doctor and district nurses."

Care records showed people's health care needs were monitored and action taken to ensure these were addressed by the appropriate health care professionals. People were registered with a local GP who visited the home weekly or more frequently when required. A relative told us they were more than satisfied with the level of health care their family member got. They said the staff were very proactive when it came to seeking medical support for their family member when they were ill. For example when antibiotics were required, "There was no delay in starting this treatment." Appointments with other health care professionals were arranged through referrals from the GP. We saw records were kept in care plans of visits from health care professionals. This included any medicines or treatment prescribed and details of any appointments made. We saw people had access to a dentist, chiropodist and optician when required. One health care professional we spoke with felt staff were professional and efficient.

Staff had a good understanding of people's care needs. We watched staff support people throughout the day with various aspects of their daily routine. For example, we saw discrete support was offered to someone who got a little

Good

Is the service effective?

confused finding the toilet, and when someone was supported to the patio garden to "have some peace." A member of staff told us that a person liked to sit with their feet on a foot stool, "To help their circulation."

People were able to make individual choices about what they wanted to eat. We saw nutritional needs had been taken into consideration through assessments and the use of daily meal order sheet. The document was completed in the morning with support from staff and picture prompts, for the chef so they could prepare the meals. The document showed who had allergies, diabetes, and who required a soft or pureed diet.

People told us the food was good and they enjoyed their meals. Comments included "I can choose what I want and it is usually the best choice". I like the puddings best" and "The food is good and last night's vegetable curry with chutney was lovely"

People's nutritional needs and preferences had been assessed using a nutritional screening tool (MUST). Menus were displayed in the dining rooms and we read there was choice offered to people. Fluid input and output charts were maintained for people who required this. Weight was recorded monthly and a nurse told us any issues were brought to the attention of the head of care and action taken. We did not see any significant weight loss or gain recorded in the care plans we looked at.

We spoke with the chef who explained there was a four week menu plan in both written and pictorial format, thus enabling people to make choices. People we spoke with told us they enjoyed their food and liked the different options. The chef told us a meeting had been held with family members of people who lived at Broome Park regarding the menus. At the meeting choices were discussed along with suggested to the menu to meet people's likes and dislikes.

We observed lunch and we saw people were enjoying their food in a relaxed and unhurried atmosphere. A selection of fruit juice and water was provided with their meal. Staff supported people who required help to eat. People were provided with a selection of snacks and drinks throughout the day.

Good

Is the service caring?

Our findings

People told us they were very happy living in the home. People told us staff were very good and knew how to help them. People said the staff were very caring and if they had any issues they could speak to anyone for help.

One person said "I am well cared for in this place." Another told us, "There are enough staff and they are all good natured". And a further person said, "It's like home, my daughter looked at around thirty homes before she found this one." People told us the support they had from staff was good, they explained they were forgetful and staff would help them remember.

Staff provided care and support in a kind and caring way. We saw a member of staff sitting with a person and gently stroking their hair in a reassuring way. One staff member said, "I know each person well, what makes them smile, how to talk to them, I deliver personalised care and will do what each service user wants."

People's privacy and dignity was respected and staff spoke to people in a polite and kind way. People were addressed according to their preferred name as agreed in their care plan which was usually their first name. Personal care was undertaken in people's own rooms or in locked bathrooms.

Staff knocked on bedroom doors and waited for a reply before entering, which helped to maintain people's dignity. We saw a staff member sat with one person in the lounge while supporting them to eat. They explained it was the person's choice to eat there. We saw more staff support other people in the dining areas in a kind and encouraging way.

People were able to personalise their rooms. Bedrooms were cleaned daily and were well maintained. People had pictures of their relatives in their room and were encouraged to bring ornaments and other personal possessions into the home to make their bedrooms more personal to them.

The head of care described how a person had difficulty sleeping at night. To assist a projector was installed which shone a night sky on the ceiling along with soothing music to help promote a good night's sleep.

People were encouraged to make choices about their daily routines. Some people chose to spend time alone while others and participated in activities they liked. One person said "I like to sit in the patio area and enjoy all the lovely views". We saw people were offered the choice of drinks throughout the day and staff helped people with their drinks. One staff member said "It is important that people drink as it is warm today".

Relatives told us they were welcome to visit at any time during the day and always found their family member well cared for. They could visit their relative in the privacy of their room or designated areas were available throughout the home where people could meet in private. One relative told us "The home has been incredibly supportive to me to help me come to terms with the situation". They said "The provider was open and inclusive and encouraged suggestions and feedback from them". "Knowing that my relative is being well cared for is a huge relief I can arrange to have a meal with them and visit any time I like". They said the home was wonderful.

End of life arrangements had been discussed with relatives and the multidisciplinary team. We saw that advanced care plans were in place where appropriate and these were amended regularly with input from other health care professionals. The head of care told us they worked well with hospice staff and they had a good rapport with them.

Good

Is the service responsive?

Our findings

During our inspection we saw staff were responsive to people's needs. The activities and events in the home were person centred and there was something for everyone.

People who were able to said they had been consulted and included in their care planning from the beginning. One person said, "They discussed things with me and asked me things like if I'd rather have a bath or a shower." Another person said, "My family helped me answer questions as my memory is not what it used to be." Relatives told us they were consulted about their family member's care when people were not able to contribute themselves. Relatives told us "I was asked all about their past years, where they went to school, the date of her marriage and hobbies." We spoke with relatives meeting the provider regarding a project they were undertaking. They explained they were members of the, "Friends of Broome Park "and were actively involved in with events in the home. They were currently working towards extending a pathway for people to access the sensory garden and they said the provider was totally responsive to their ideas.

People had assessments undertaken before they were admitted to the home in order to ensure the service had the resources and expertise to meet people's needs. People told us that staff from the home came to visit them and asked them several questions about their health, what they looked and what mattered to them. We looked at four pre admission needs assessments which were comprehensive and included all the information necessary to help the clinical team make an informed decision regarding the placement.

Care plans were written based on information from the needs assessments and were informative. We saw care plans were well maintained and reviewed regularly. Each care need was supported with a plan of care and objectives to be achieved. Staff recorded daily entries in the care plans about how care was delivered on each day and how that person was feeling and if they had any visitors either family or health care professionals. This information was communicated to the staff team at handovers to ensure continuity of care and that no important information was missed.

The home employed a full time activities coordinator and people spoke highly of them and the wide range of activities they provided. One person said, "The activities are very good, I get to go out in the mini bus, I have a carer that comes with me, he takes me to National Trust places, and to the pub sometimes, we have breakfast there."

We spoke with the activities coordinator who showed us a sample of the activities in place. These included a book club, seated exercise class, pet therapy, gardening sessions, "specialist music therapy" and time in the sensory garden. Regular outings for example, lunch trips were organised and friends and family would accompany people for support. We were given a copy of Broome Park People which is a newsletter for people with planned events and photographs of recent outings and celebrations. The activity coordinator told us, "I would want my loved one to live here." One to one activities were provided for people who did not like to participate in groups for example, hand massage therapy or reading aloud, which prevented people from becoming socially isolated.

The service had engaged with local infant schools and professional artists to work with people to create sculptures for their sensory garden and provide connection with the village community.

The head of care told us Broome Park sponsored a local boy's football team. On occasions the team would use the grounds for training and people enjoy watching this. One person said "I love watching the boys play football it takes me back to my youth."

People's spiritual needs were observed and visits form various clergy were arranged on request. A church service were organised for people who wished to attend.

Staff provided responsive care. We saw some good examples of responsive care throughout the day. For example someone became distressed when they spilt their tea in their lap. Staff responded immediately to reduce their anxiety and that of the people around them and defused the situation efficiently.

People knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance. People expressed satisfaction with the service and they had not needed to implement a formal complaints process. They said if they were unhappy with any aspect of the service

Good

Is the service responsive?

they would talk to a member of the management team to voice their concerns. A member of staff told us they had an issue around staffing levels which was put to the management and was resolved to the benefit of all. .

The provider had not received any formal complaints since our last inspection. We saw several thank you letters and cards from relatives showing their appreciation and gratitude for the care and support provided by the management and staff.

Good

Is the service well-led?

Our findings

The home was being managed well by an experienced management team who have been in post for many years. The registered manager was also the provider and he was supported by a head of care, two nurse managers and a team leader. There was good business support including an executive manager who also had a clinical nursing qualification and an administration team. We observed good lines of accountability with defined roles and responsibilities.

People were full of praise for the management structure in place and told us, “The home is in good hands.” Relatives said the management team were very professional and one relative said “They will go above and beyond their duties to help me.”

Staff told us they felt supported by the management team. One staff member said, "This is a lovely place to work and the support I get is excellent.”

Relatives told us they arranged meetings and supported each other. The chef attended the last meeting to discuss menus and listened to what people were saying. Improvements and changes were made were made as an outcome of the meeting. For example some milk puddings were replaced with more fruit based puddings.

The provider had systems in place to monitor the quality of the service. This included monthly audits completed by a named member of staff and the executive director. Audits undertaken included reviews of care plans and risk assessments, audits of medicines, infection control and staff training audits. Housekeeping audits and catering audits were also undertaken.

Heads of department meetings took place to discuss any issues as part of the quality monitoring.

The service is affiliated to Surrey University, Kingston University and City University for nurse training placements and they undertake monitoring audits of the service.

Health and safety audits were undertaken to protect the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment.

We viewed the home’s overall business plan. This addressed areas for improvement such as a refurbishment programme, which included kitchen refurbishment and modernisation, repair of the roof and flood lights around the building.

The executive manager advised us the service was aiming to improve their, “Investors in People” status from silver to gold in the near future and we saw correspondence which evidenced this.

The service worked in partnership with other key organisations for example, the local authority, safeguarding teams and clinical commissioning groups to support provision of care, and service development. Local authority quality assurance visits took place.

The provider undertook customer satisfaction surveys to monitor the service provision. We did not see any samples of these during our visit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.