Cheltenham Care Ltd

Broadleas Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Broadleas Residential Care Home is a care home for 20 older people of whom some live with dementia. At the time of the inspection 19 people lived in the home. The building had been adapted to meet people's needs. Accommodation was provided across two floors and a passenger lift allowed access to all floor levels. The outside of the home had been improved to help people access the building and use the garden safely.

At our last inspection on15 and 16 January 2016 we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information, from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Improvements had been made to the key question, 'Is the service effective?' as this had been rated as Requires Improvement at our previous inspection. The service had made improvements to ensure they could demonstrate that the requirements of the Mental Capacity Act 2005 were fully met when supporting people who lacked mental capacity. People who could not consent to their care, had continued to be supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in accordance with current legislation. The policies and systems in the home supported this practice. Advice had been sought by the provider in relation to this, which enabled the rating for this key question to improve to 'Good'.

Why the service is rated 'Good'.

People were kept safe. Risks were identified, managed and reduced. Staff were recruited safely and they were trained and supported to meet people's needs effectively.

People's medicines were managed safely and they received these as prescribed. The environment was kept clean and well maintained.

People's nutritional wellbeing had been maintained and they continued to have access to health care professionals when needed.

People's needs were assessed and their care planned and delivered in a way which met their needs and preferences. People were treated equally and their differences accepted and celebrated. Relatives were provided with opportunities to speak on behalf of their relative and to visit when they chose to.

Staff were kind, caring and compassionate. There were arrangements in place to help people feel included and to take part in social activities. Staff had the skills and knowledge to support people's end of life needs.

The home was well managed and managers ensured people's needs and wishes were the primary focus. Effective and appropriate systems, processes and practices ensured the home ran smoothly and that necessary regulations were met. Complaints could be raised and these were investigated and addressed. All feedback was welcomed and used to improve the service further.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has improved to Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Broadleas Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 a comprehensive inspection. The inspection took place on 4 and 5 April 2018 and was unannounced. It was completed by one inspector.
Before the inspection visit we reviewed all the information we held about the home since the last inspection in January 2016. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service and three relatives. We reviewed the care records of three people. These included information collected about their life history, support plans, risk assessments and other care and treatment related information. We reviewed records relating to the Mental Capacity Act 2005. We spoke with the activities co-ordinator, deputy manager, maintenance person and one care assistant. We also spoke with the registered manager and a Director of the registered provider. We sought the views of commissioners of the service and one health care professional.

We also reviewed records related to the management of the home. These included the home's main staff training record, two staff recruitment files, complaints records and minutes of staff meetings. We reviewed various audits, the last monitoring check completed by the Director and the home's development plan for 2018.

Good

Is the service safe?

Our findings

People were supported to remain safe and our observations showed that people trusted the staff around them. There were processes in place to protect people from abuse. Staff had been trained to recognise relevant concerns and knew how to report these. Senior staff shared appropriate information with other agencies who also had a responsibility to safeguard people. To further support these arrangements in February 2018 two members of staff had received additional training to be safeguarding champions. Their role was to promote best practice in safeguarding people. People's differences and diverse needs were accepted; there was zero tolerance of any form of discrimination.

Risks to people's health, safety and welfare were assessed and managed. Risk assessments recorded what people's risks were. For example, risks of falling, developing pressure ulcers and choking were known to the staff. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Staff ensured people were appropriately referred to health care professionals if their risks changed. This enabled people's health needs to be assessed and equipment sourced promptly to keep people safe.

Staff kept the environment safe. For example, there were arrangements in place to reduce the risk of fire, legionella infection and falls from windows. People lived in a clean home and safe ways of working, which helped to reduce the spread of potential infection, helped protect people. For example, soiled laundry was managed separately and colour coded cleaning equipment was used.

We observed there to be enough staff in number, experience and skills to support people. A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed..

People's medicines were managed safely. Staff received training in how to administer medicines and their competency in this task was checked. Medicine records were well maintained and showed that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

The service had made improvements so that they could demonstrate that the requirements of the Mental Capacity Act 2005 were fully adhered to when supporting people who lacked mental capacity. People had continued to be supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible in accordance with current legislation.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that everyone was able to make simple daily decisions about their care and activities; some with more support than others. They confirmed however that not everyone could provide consent to live at the home in order to receive the support they required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had been unable to provide consent to live at the home, and where they were unable to independently leave, we found DoLS applications had been appropriately submitted to the supervisory body (the local authority). They had yet to process these. People's records gave information about their representatives. Staff knew who to consult with when planning and reviewing people's care.

People's needs were assessed and care was delivered in line with best practice. A recognised pathway of care was followed for people who lived with dementia. People had access to specialist health care professionals for assessment. Specialists and GPs worked together in order to provide appropriate support to people. The use of any medicines to alleviate distress was closely monitored. This ensured people did not become overly sedated or remained on a medicine which did not benefit them. Staff adopted positive ways of managing people's behaviours and used all other forms of support before resorting to the use of medicine for this purpose. Staff at the home wanted people to live well with dementia and took action to promote this.

People also had access to community nurses, physiotherapists, opticians and chiropodist. One health care professional told us staff were "always prepared with the information required for people to be reviewed appropriately." They told us staff gave "excellent care in all areas."

Records showed staff had continued to receive training and support in order to be able to meet people's diverse needs. Learning came from training opportunities but also by the staff team sharing new knowledge and skills with each other. One member of staff said, "[Registered Manager] has taught me a lot. They teach me in a way I can understand; they have adapted to my way of learning." Another member of staff had returned from updated training. The training session had made them aware of a piece of equipment, which they felt may be of benefit to one particular person. On return they explored this idea with the registered

manager. Another member of staff used their particular knowledge in dementia care to support other staff.

People's nutritional risks were monitored and concerns discussed with their GP. A pleasant and welcoming dining experience was promoted. Two people told us they had a choice in what they ate and that they enjoyed the food provided. One person said, "The food is good here" the other told us how much they enjoyed the juice, which we saw them being supported to choose. The cook had completed training which enabled them to meet people's particular dietary and eating needs.

The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. It had also been carefully thought out so that people with dementia were less likely to get confused or disorientated. For example, a pictorial sign had been placed on a toilet to help people locate this easily.

Further changes to the property were planned in response to people's increased needs and, an increase in demand for the services the home provided. This was to include additional bedrooms with improved washing facilities for each person and an extension to the dining room. One relative told us they had mentioned that a ramp to the front door would enable easier access for some visitors. The registered manager had been aware of this suggestion. They informed us there was sloped access to the rear of the building, but they would also look into ramped access to the front.

Good

Is the service caring?

Our findings

We observed people being treated with kindness, respect and compassion. One person, who compared 'Broadleas' with their last care home, said, "Oh it's wonderful, I now look forward to getting up and being with them [the staff]. I'm the happiest I've been for a long time." A relative said, "I've seen a lot of care homes and I'm glad [name] is here. The staff are very friendly and residents seem to be happy around them." We observed people reacting positively to the encouragement and reassurance staff provided.

People were given the emotional and psychological support they needed. This was done by staff talking and listening to them, by providing moments of appropriate physical contact, such as holding their hand or putting an arm around their shoulder. People were also afforded space to be quiet or to reflect. Staff gave people praise and acknowledged their contribution. For example, one person had painted a piece of furniture, which was in use in the home, in their chosen colour. The way in which a member of staff showed us this and the way they introduced us to the person who had done this, demonstrated that people's achievements were celebrated. We observed other examples of how people were included and made to feel that they mattered.

A relative told us how caring all staff were but also told us how impressed they had been with two non-care members of staff. They said, "[Name] is excellent in the way they interact with people, especially the men; [name] encourages conversation." The relative described this member of staff as being, "genuinely interested" in what the people who lived in the home had to offer. They had also observed another (non-care) member of staff, in passing, turn a person's tea cup round so the handle could be more easily seen by the person. They summed these observations up as "so caring" and "little actions that make all the difference". This demonstrated that a 'whole home' approach was in place when it came to making people feel cared for and included.

People were supported to make individual and group choices. For example, in relation to what they ate, drank, where they sat and what they did with their time. One person was asked if they would like to sit in the sun as staff knew they liked this. This person sat and commented several times about how they liked to sit in the sun. A group of people were asked if they were enjoying the music which was playing or if they wanted this turned off. They were enjoying this and a conversation about classical music followed. The staffs' actions and interventions were led by the choices people made. People were supported to have a voice. One member of staff said, "We [the staff] learn their [people's] routines and we know their preferences." One health care professional commented that the staff knew the people they looked after well.

People were treated equally and their differences respected, accepted and celebrated. One person's diverse needs had continued to be respected since the last inspection and another's had started to be explored with them. The registered manager said, "I know what staffs' religions and beliefs are and sometimes, what their family issues are. Everyone is treated equally and people's and staffs' diversity has never been an issue at Broadleas."

Relatives and friends were welcomed and seen as integral to helping people maintain their wellbeing. One

relative said, "…. and the staff are very welcoming." People were supported to maintain relationships which were important to them. Where people wanted to remain as independent as possible, support was provided to achieve this. One person had required support, to remain in contact with friends after significant changes in their life. A member of staff had escorted them on outings to meet their friends until the group felt able to do this independently again.

People's privacy and dignity was maintained. For example, when people required support to use the toilet, this was offered and provided discreetly and respectfully. Personal care was provided behind closed doors and people's care needs discussed in private. Information about people's care was kept confidential and only shared appropriately with people's permission.

Good

Is the service responsive?

Our findings

People received care which was planned and delivered to meet their individual needs. They were supported to take part in activities which they enjoyed and which were meaningful to them. Complaints and areas of dissatisfaction could be raised and were addressed. People were supported to have a dignified and comfortable death.

One person said, "I'm well looked after" and the records of another person showed they had been involved in reviewing their support plans. A relative told us they had been fully involved in planning and reviewing their relative's care. They told us they had been able to speak on behalf of their relative who could no longer do this.

Support plans were detailed and outlined people's needs and how staff should support these. Information about people's life histories, their likes, dislikes, preferences, wishes and thoughts for the future were included when planning a person's care. The plans were reviewed and updated on a regular basis, but also, when people's needs and abilities altered. Headings such as 'How to communicate with me' and 'How to support me to make informed decisions' made it easy to see precisely what support people needed and had chosen to have. The care staff also kept daily records of the care people received. Prior to moving in people were encouraged to visit the home, stay for the day, have a meal and meet people and staff. These actions were in progress for one person who had decided to move into the home in the near future.

The registered manager was keen to support people to plan and review their own care, for as long as they were able to do this. They said, "They still want to be involved with the planning of their care…. they know what they want or need." After seeking feedback from people, staff had adjusted the presentation and formatting of the support plans. The headings in the support plans for example, were now in larger capital letters and the text had been simplified and reduced. Staff had started to make changes to care records so that information about people was more accessible to them.

An activities co-ordinator had been employed to support people to take part in and enjoy social activities. Activities were used to help people connect with each other and the staff. They helped people use retained skills and try out new experiences. For example, poetry had been introduced and was used to reminisce and express thoughts and feelings. In meetings and informal discussions people were supported to make suggestions and raise ideas about what they wanted to do and what activities would be planned. In one such meeting people had decided they wanted to recognise the help staff gave them. One person suggested that people should give the staff a cup of tea. This idea resulted in staff sitting down with people, one afternoon, for tea and the people, with the support of the activities co-ordinator were the hosts. The activities co-ordinator said, "It's really lovely to see residents taking charge and expressing themselves rather than the forced helplessness so often seen [not referring to Broadleas]."

Complaints and areas of dissatisfaction were listened to, investigated and addressed. The provider's complaints procedure had been recently revised and sent to relatives to ensure they knew who to contact if needed. People were supported to express any areas of dissatisfaction through conversations with staff.

Records showed that the two complaints, received since the last inspection, had been fully investigated and responded to. Communication between staff and one relative had improved since one complaint. The registered manager told us anyone could talk with her at any time. One relative told us they had been able to discuss past concerns with the registered manager. They said, "[Registered Manager] resolved these immediately."

At the time of our visit no-one was receiving end of life care. Staff however, were experienced and knowledgeable in this area of care. There were arrangements in place with local health care professionals to ensure people's health needs were met at this time. People's end of life wishes were explored with them. For example, in one person's care file we saw their specific funeral plan and in another, the person's wish was to die at Broadleas and not in hospital. Feedback on a card from a relative said, "You gave [name] respect, care, happiness and company, all the things that mattered…… [Name] had a peaceful ending in such a lovely place."

Good

Is the service well-led?

Our findings

The home was managed by a registered manager who was fully involved in improving and developing 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 is run.

Comments about the registered manager and her senior staff were positive. They included "really understanding", "she [registered manager] observes things, talks you through things, she always aims to benefit the residents" and "understanding and compassionate." One relative said, "[Name] worry's about the residents and that is what makes it special." One member of staff described the registered manager as "Very much one of us, part of the team, we all work together."

The management team, which included a Director of the registered provider, had continued to promote a positive culture which was open, inclusive and empowering. The staff team had continued to achieve good outcomes for people. Managers remained keen for people, relatives and staff to be fully engaged and involved in the running of the service. They had taken steps to seek feedback from these groups. In 2017 the Director had sent questionnaires to relatives to obtain their feedback on the services provided; the return rate had been poor. In 2018 they therefore also planned to provide relatives with a face to face opportunity to give feedback. They were planning to provide a free telephone number for anyone to use if they wanted to provide feedback directly to the registered provider.

There were clear processes in place to ensure staff were aware of their responsibilities. Staff meetings were held to communicate important information and to seek their ideas and feedback. Action was taken to address poor performance and to acknowledge good performance. One member of staff told us about how the registered manager checked on things. They said "She does spot checks you know." One spot check had just been completed by the registered manager during the night time. A relative had fed back to the registered manager about how well a member of staff had managed a situation when their relative had required medical assistance. They had been particularly impressed with how the member of staff had communicated with them about this. The registered manager in turn had acknowledged this praise with the staff member. Another member of staff's poor performance had been addressed.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance. Best practice was maintained through connections with local forums; designed to support this and attended by both staff and the registered manager. Staff liased with other professionals who also helped to keep them updated and informed on up to date practice and ideas in adult social care.

Other links in the community, included those for example, with the local church and local shops. People were supported to visit local shops and events. Plans for 2018 included the commencement of support meetings for carers locally, who may be looking after someone who lives with dementia. The registered

manager was keen for the home to become more of a resource for support and education in the local community. Plans were being made for the homes dementia link worker, to provide some support/learning to staff in local businesses. The plan was to help them have a better understanding of dementia and the needs of those who lived with this locally.

Arrangements were in place for the quality of care and services to be monitored. This was done by the registered manager and on behalf of the registered provider. Staff carried out checks (audits) and recorded their findings, which were then checked by the registered manager. Actions were completed to address any shortfalls and to make improvements. A Director of the registered provider visited at least weekly and completed their own monitoring of the service. They followed up actions and improvements made by the staff and recorded their findings. We reviewed the last recorded monitoring review completed on behalf of the registered provider. This had been done just before our arrival. This had included for example, a review of a percentage of care records.

Accident and incident records had also been reviewed and a check done to ensure staff were checking for trends and patterns in these and that all necessary actions had been taken to manage people's risks. Other areas monitored had included medicine management and staff training. In particular ensuring all training, requiring update, had been booked and that advice had been sought regarding safeguarding incidents. A business review also took place where monetary budgets and planned expenditure were discussed. The Director had spoken with people and staff during their monitoring visit.

Managers ensured the Care Quality Commission (CQC) was appropriately notified of events which had an impact on people. They also ensured that the homes rating, awarded by the CQC, remained fully displayed.