

# Caring Homes (Broadbridge) Limited

## Broadbridge 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

Broadbridge Park is a residential care home providing personal and nursing care to 44 older people at the time of the inspection. The service can support up to 70 people with a variety of health needs in one adapted building. One of the floors specialised in providing care to people living with dementia.

### People's experience of using this service and what we found

People told us they felt safe, one person said, "I am safe because I do have my call bell." People had comprehensive care plans which identified any specific health risks, with guidance for staff on mitigating these risks. People received their medicines safely. We fed back to the registered manager on the importance of keeping information within medication records securely. We were assured the service's Infection Prevention Control (IPC) measures were in line with current government guidance.

People's needs were assessed in a person-centred holistic way and supported by staff who knew them well. Staff received appropriate support and training, and this included training in specific health conditions which ensured people received effective support with their needs. People were positive about the food on offer and relatives and staff told us how people had been supported to maintain a balanced diet.

People were positive about the environment they lived in and how they were supported to participate in various activities.

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

People told us how kind and caring the staff were. Interactions throughout the inspection were positive and people were relaxed in the company of staff. People were treated with dignity and respect

Where people had communication needs the service had ensured information was presented in an accessible format. Feedback from people was valued and acted upon by the registered manager. People were involved in developing the service and were actively engaged in any improvements.

People lived in a service where the provider's caring values were embedded into the leadership, culture and staff practice. People and relatives consistently spoke highly of the registered manager. The registered manager monitored the quality of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The service was registered with us on 04/09/2019 and this is the first inspection.

### Why we inspected

This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Broadbridge 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted 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.

#### Service and service type

Broadbridge Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Broadbridge Park is also registered to provide personal care to people in their own homes however at time of this inspection, the provider was not currently providing this regulated activity.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

We spoke with six people who used the service, three relatives about their experience of the care provided, and one visiting professional. We spoke with seven members of staff including the registered manager, area manager, registered nurse, senior care worker, care workers, housekeeping staff and the chef. We observed staff supporting people to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted six staff to gather feedback about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified with comprehensive assessments and support plans in place to minimise risks. For example, specific risks associated with falls had been considered and there was adequate guidance for staff to follow to mitigate those risks.
- Some people expressed concern with the time it took for staff to respond to call bells. One person said, "They do not come very quickly when I use my call bell." Another told us, "The staff normally come quickly, unless they are dealing with other problems."
- A relative told us, "The response to call bells can be very slow".
- We had not identified any evidence people had been harmed due to this concern. We sought further assurances from the registered manager with regard to improvements they had made.
- The registered manager was aware and told us of the action they had taken to manage this risk. "We address the call bell report daily at the 'ten at ten meetings' and the managers walk around spot checking the response times and that residents can reach the call bells. This is a daily check and residents see the unit managers and home manager daily and would be expressive if they had any concerns." They went on to say, "I have moved office to improve, we have received a number of new handsets and these have been linked to the call bell system."
- Following the inspection, the registered manager informed us of further measures they had taken to address individual concerns, "We have introduced a post care check when one of the carers will go back and reassure the person."
- The provider took appropriate action to address concerns about call bell response times and improvements had been made.
- There were effective systems in place for monitoring incidents and accidents.
- Incidents were being recorded, reflective practice records were completed by staff and discussed with managers which ensured lessons were learned. Staff described how improvements had been implemented and monitored as a result. For example, a staff member told us, "We had quite a high level of falls, we started weekly falls meetings looking at patterns." This resulted in changes being made to individual support plans. For one person this included snacks being offered at a different time to reduce the risks to the person who could be looking for something to eat.
- Environmental risks were assessed, monitored and managed. Regular health and safety checks were recorded, including fire safety checks. Personal Emergency Evacuation Plans PEEPs were personalised to reflect people's individual needs and the support they would require if emergency evacuation was needed.

Using medicines safely

- Medicine Administration Records (MAR) were not always kept securely. We observed the open MAR folder

placed on the top of the medicine trolley in the corridor. As a result, confidential information about people's medicines was not always managed in accordance with best practice guidance.

- We fed this back at inspection and the registered manager and the area manager took immediate steps to address this. The registered manager told us, "All staff have been provided with a crib sheet to remind them to always keep the records within eyeshot". They informed us this information would be fed into the provider's medicine policy review to ensure this learning was shared with other services.
- People received their medicines safely. Trained staff were observed administering medicines in a person-centred way and in line with infection prevention and control (IPC) guidance. Medicines were stored securely and there were safe systems for ordering and disposing of medicines. Records were well organised, clear and completed accurately.
- Staff had received training to enable them to administer medicines. Some people had prescribed medicines to use 'as required' to help them when in pain or when they were anxious or distressed. There were protocols for staff to follow when administering these medicines. This helped ensure a consistent approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- People told us they felt safe. One person said, "I am safe because I do feel secure: I can lock my door." Another told us, "I feel I can keep myself safe. I think that the staff are well trained."
- We observed people were relaxed and happy with staff and in their surroundings.
- Staff had a good understanding of safeguarding and what actions they needed to take; they had completed safeguarding training. Notices on display in the service contained details of how to raise concerns and this included the whistleblowing process.
- Incidents of abuse or alleged abuse were notified to CQC and referrals made to the local safeguarding authority as required.

Staffing and recruitment

- People told us the staff understood their needs and kept them safe, one person said, "They take their responsibilities seriously, and make sure I do not fall."
- People were supported by enough staff with suitable skills and experience. Rotas showed staffing levels had been consistently maintained and during the inspection people's call bells were responded to promptly.
- People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people in a care setting.
- Staff received training and support with safety systems and practices.
- A staff member said, "We have enough staff." They described the actions the service took if there were shortages due to staff absence which included staff working together to ensure people's needs continued to be met.
- The registered manager informed us they were actively recruiting for more staff and explained how they managed staff shortages.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. During the inspection we were able to gather feedback from visitors to the service.
- We were assured that the provider was admitting people safely to the service and was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely and was promoting safety through



the layout and hygiene practices of the premises.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People described their experiences of how the staff supported them and said, "The staff are very friendly. They look after me well." Another said, "They are very understanding. They encourage you to be independent."
- A relative said, "They understand how to look after [person]".
- One relative told us about how the service had completed a review and reassessment of their loved one's needs and told us, "It was really nice that staff took time to reassess [person's] needs and [person] is now much happier." This demonstrated how people's needs were being managed effectively.
- People's needs were assessed in a person-centred, holistic way.
- Assessments were comprehensive and contained detailed information about each person's needs. Staff were knowledgeable about people's needs and choices.
- Staff completed records relating to people's care using a handheld device whilst remaining near to people. This ensured staff could respond in a timely manner to people's needs and choices. One staff member said, "Records on the [handheld device] are really good for monitoring the care people receive".

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to meet their needs effectively. On the day of inspection some staff were receiving specialist training to support people living with dementia. The registered manager informed us it was their policy for all staff to receive this training and this included staff who did not provide direct support to people.
- New staff told us they had received support through their induction and had support from experienced team members and managers.
- Staff consistently told us how the provider had supported them to develop their skills and knowledge. One told us, "We have regular training, it is the best training I've ever had as a carer." Another described how they were being supported to develop, "I am a train- the-trainer, training is encouraged and supported."
- Staff told us they felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. A senior staff member described supervision, and said, "We sit down with staff giving them time and space to talk and feel valued". Team meetings provided an opportunity for the team to work together to deliver effective care. One staff member said, "Information from team meetings is passed on to those who need to know about it."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have enough to eat and drink. They were encouraged to make choices and to

have a healthy balanced diet. We observed the mealtime experience and people were shown samples of the two main dishes to assist their choice of meal on the day.

- People were positive about the food on offer and several people described the food as, "Very good".
  - A relative described how their loved one had been supported, "They help [person] to eat, and carefully monitor [person's] weight. This ensured people received effective support to maintain a balanced diet and live healthier lives.
  - People were monitored and assessed to determine if they were at risk of malnutrition and food and fluid charts were used to monitor people's intake. Records detailed the needs of people who had been assessed as requiring a modified diet and we observed people receiving meals in accordance with those assessments.
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- People were involved in decisions about food and had regular meetings with the chef to provide feedback on the menu options and offer ideas.
  - Staff recorded people's weight and made referrals for professional advice when concerns were identified.
  - People were supported to access the health care services they needed.
  - Throughout the current COVID-19 pandemic people had been supported to have virtual consultations with health professionals. Recent residents meeting minutes had identified discussions about how people could access dental treatment should it be required.

Staff working with other agencies to provide consistent, effective, timely care

- People received effective care from staff who understood their needs.
- During the inspection staff had observed an unknown change in a person's health condition which caused concern. They acted promptly, accessed emergency health services and had ensured the person's relatives had been informed. Adapting service, design, decoration to meet people's needs
- The service was purpose built and consideration had been given to people's needs. For example, people were able to put personal items into memory boxes located by their bedroom doors; this supported them to orientate themselves in the building and also provided a conversation point for visitors and staff.
- People had access to equipment to meet their individual needs, for example, profiling beds to support a person's health, hoists for those who needed them and crockery and cutlery which was adapted to meet the person's needs.
- People's rooms were well appointed, and people could access a variety of spaces to socialise or take part in activities. A person said, "These are very pleasant surroundings".
  - People and staff told us about how these rooms were used which included themed events and regular activities. For example, the registered manager told us how they met people's spiritual needs by arranging regular services in one of the communal rooms.
- People were involved in decisions about their environment. For example, people had formed a committee to consider how the garden should be managed and were involved in appointing the gardener.

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 take 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 when this is in their best interests and legally authorised under the MCA.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA had been considered and some people required DoLS. The registered manager was aware of the processes and systems to ensure this was monitored. Best interest discussions were evidenced within people's records. Where restrictions were needed to keep people safe, these were recorded, monitored and reviewed to ensure that they remained proportionate and were the least restrictive options.
- Care plans included consideration of people's capacity to make specific decisions. For example, one person's records included the decision to live at Broadbridge Park and another person's choice to continue to smoke, with staff supervision.
- The provider and staff understood the MCA and knew how to support people who lacked the capacity to make specific decisions for themselves. Staff encouraged and supported people to make day to day decisions.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed interactions between people and staff that demonstrated warmth and kindness. A person said, "They are all very friendly". A relative echoed this view, "The staff are lovely. They have always been very kind."
- Throughout the inspection, people interacted positively with staff and showed they were comfortable in their presence. People benefited from consistent staff who knew their needs well.
- Staff told us how the service operated a "resident of the day" system where all departments of the service focused on this one person. The staff member described this, "We have a resident of the day that means that the cleaners give their rooms a deep clean, tidy their drawers, the chef will ask what they want specially for lunch today which might include wine. We go in and offer a special pamper day explain that they are resident of the day today and ask what activity they would like to do. I might pick them some flowers and put these in the room and send a photo to the family. It really depends on what they want to do on that day".
- Staff had a good understanding of people's needs and what was important to them. A staff member said, "The home always puts residents first no matter how busy, always try to give people whatever they need, it's person-centred care." Another staff member said, "I love the job, passion and quality of life is important. I make five minutes to spend time with people and I hope I've made a difference".
- People were encouraged to express their views. Residents' meeting notes included details of actions the registered manager was taking in response to people's suggestions. One recent meeting noted a discussion around managing visiting restrictions during the COVID-19 pandemic and details about how people nominated staff for monthly care star awards.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was encouraged and respected. One person said, "They all treat me with dignity and respect." People were cared for in a way that upheld their dignity and maintained their privacy. We saw staff knocked on people's doors and waited for a response before entering. People were supported to maintain their dignity at mealtimes. For example, staff sensitively and gently offered one person a napkin to use to wipe their face.
- Staff described how they would support a person in a way that maintained their dignity and privacy. This included ensuring doors were closed before commencing any personal support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans which centred on their whole lives. These included information about their careers, preferences and interests. They focused on reducing isolation and maximising people's independence; care plans were reviewed regularly.
- Relatives told us how the service had continued to ensure care and support plans were regularly reviewed throughout the COVID-19 pandemic. A relative said, "[Person's] care plan is reviewed every month." They told us how the service had facilitated video calls, and these ensured people could continue to maintain relationships and involve those important to them.
- People had choice and control and were involved in decisions about their support. One person said, "The residents' meetings are very good – we can discuss new menus, etc. The chef is excellent, and very responsive."
- Staff were encouraged to develop their knowledge of specific health conditions, for example, some staff were trained dementia ambassadors. This meant they took a particular interest in people's quality of life and worked to support the development of knowledge and skills and promote learning opportunities.
- People were encouraged to follow their interests and take part in meaningful activities.
- People were generally positive about the range of activities on offer. One person said, "The garden club is fun" and another, "I love doing flower arranging. In fact, I do anything on offer". One person we spoke with said, "There could be a few more activities, but I enjoy what they organise".
- Activities were personalised and focused on the choices and preferences of people. A staff member told us, "I've asked what they want to do and what do you fancy doing; we worked together on it and go with the flow".

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had considered the communication needs of people living at the service.
- Care plans provided guidance to staff on the specific communication needs of people. One person described how staff communicated with them to help at mealtimes, "They are very good. They know I cannot see well. They tell me what is on my plate and where it is using the clock system – so they will say your meat is at three o'clock, etc. The staff always pop back after ten minutes to make sure I am coping with my meal."

- Some people used technology to help meet their communication needs. The registered manager told us about equipment a person used which enabled them to make telephone calls with family or make choices about television viewing.
- Accessible menus were in place, staff names and details of who was on duty was on display and colour had been used within the dementia unit to help people to differentiate and orient themselves within the unit.

#### Improving care quality in response to complaints or concerns

- People provided feedback about their experience of care.
- One person described how they were satisfied with the registered manager's response when they had made a complaint. A relative said, "I am confident any concerns would be addressed". The complaints process was on display within the service.
- The registered manager described how they managed complaints in an open and transparent way. Records confirmed how concerns and complaints had been explored thoroughly and responded to promptly.
- The service used the learning from complaints as an opportunity for improvement.

#### End of life care and support

- No one was receiving end of life care and support at the time of inspection.
- People's preferences and choices had been documented within their care records. Care plans included how people and relatives had been supported to make decisions about end of life care.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective oversight systems which monitored the quality of the service, mitigated risks, and developed a plan which addressed any actions arising. Senior staff completed audits which were shared with the registered manager and provider.
- The provider's caring values were embedded into the leadership, culture and staff practice. The provider and registered manager had a clear vision for the service which focused on the importance of involving people in decisions about their home. The registered manager was accessible and approachable with people and staff. A person told us, "The manager visits me very regularly". Relatives shared this view, "The manager is really good. I was impressed that they knew who I was from day one."
- Leaders had the skills, knowledge and experience to perform their roles and understood the service they managed. The registered manager described how they had completed their induction in the service which had included them working with various team members to understand how the various departments worked within the service.
- Team moral was positive, and staff spoke highly of the registered manager who had recently been appointed to the role. One staff member said, "The manager is a new character very different, very to the point, has a lot of experience and is confident". Another told us, "Their door is always open if I have any questions I can go to the manager". Further comments included, "Very on the ball, deals with [tasks] really well, assertive and fair, has good relationships with family members, a really good asset to the team".
- Staff consistently described the person-centred culture of the service, with an emphasis on learning and development. One staff member said, "It's not just a home, it's a family. It's about emotional and personalised support". Another staff member went on to describe the culture, "People are looked after really well, and training is excellent; the residents seem so content. Each person is treated individually there's no blanket approach".
- The registered manager was aware of their responsibilities to notify CQC in line with their regulatory responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered provider promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour.
- Continuous learning and improving care was embedded within quality assurance systems. One example

was how the service monitored the mealtime experience of people when observations were made about staff interaction with people, and the quality of the food.

- Records confirmed that continuous learning was embedded through analyses of incidents to identify improvements in people's support. Staff completed reflective accounts following incidents and, following discussion with managers, these informed future practice resulting in improvements for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with decisions about the service. Residents' meetings took place regularly and the most recent one in July 2021 had covered visiting arrangements. As a result people were up to date with current guidance and involved in arrangements for how visits took place. Decisions about the garden had been discussed and considered within residents' meetings and actions have been taken forward.
- Some people had formed a residents' committee and had regular meetings with the chef manager to consider the menus and food choices. The records had detailed the actions the chef manager took in response to feedback people had given.
- The service had a monthly care star award where people were able to recommend staff members. This was led by people and nominated staff received a voucher.

Working in partnership with others

- Staff worked effectively with others to the benefit of people. The registered manager explained how they had supported a person to transition into the service whilst retaining support from community health professionals. This meant the person continued to receive effective support with their health conditions.
- A visiting health professional spoke highly of the service and the staff, and said, "The care of residents is very good. The residents get much respect here. The exchange of information is good. I would recommend Broadbridge Park".

