

Care UK Community Partnerships Ltd

Broadwater Lodge

Inspection report

Summers Road
Farncombe
Godalming
Surrey
GU7 3BF

Date of inspection visit:
04 October 2016

Date of publication:
15 December 2016

Tel: 01483414186

Website: www.broadwaterlodgedodalming.co.uk

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 04 October 2016 and was unannounced. This was a comprehensive inspection.

Broadwater Lodge is a residential home providing support to older people, many of whom are living with dementia. The home is registered to provide care for up to 67 people. At the time of our inspection there were 63 people living at the home.

There was a registered manager in post. 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.

There was an exceptionally inclusive atmosphere in the home. People told us that staff knew them well and they felt involved in how the home was run. We observed excellent examples of good caring interactions between people and staff during our inspection.

Staff treated people with the upmost dignity and there was a respect between people and staff that created a warm and caring environment. People's privacy was protected by sensitive and compassionate staff.

The home environment was engaging and tailored to people living with dementia. Communal areas were decorated in ways that were meaningful to people and was designed to invoke their memories. The home contained a pub, nail bar, an old fashioned sweet shop and a 1940s kitchen environment that was greatly valued by the people who lived there.

Care plans were very person centred, containing information on how people wanted their needs met along with what was important to them. Staff found innovative ways to meet the needs of people living with dementia who were less able to express what was important to them. People's records were kept up to date with detailed assessments when people were admitted to the home and regular reviews.

Accidents and incidents were being reported where appropriate. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. Policies and procedures were in place to keep people safe in the event of emergencies.

There were sufficient staff present to safely meet people's needs. Staff had undergone checks to ensure that they were of good character to be working with people. Staff had appropriate training and support to meet the needs of people living at the home.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of

healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

People's medicines were stored and administered safely and staff worked alongside healthcare professionals to ensure that people's health needs were met.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being consulted on food during meetings and reviews.

Staff felt very well supported by the registered manager. Systems were in place to ensure care at the home was of a good quality. People's feedback was regularly sought and complaints were responded to appropriately.

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.

There were sufficient staff deployed to meet people's needs.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Measures were in place to keep people safe in the event of emergencies and there was a contingency plan in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

Staff knew people's food preferences and people were offered choices appropriate to their dietary requirements.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The inclusivity of the environment in which people lived in was

excellent. People and staff got along well and created a warm and welcoming atmosphere.

Staff knew the people that they were supporting very well. They provided support sensitively with good knowledge on how to best include people living with dementia in their day to day care needs.

People's privacy and dignity was respected and promoted by patient, caring and skilled staff.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People had access to a wide range of activities that were important to them. The home environment itself was engaging to people living with dementia and encouraged people to engage in stimulating activities.

Care plans were person-centred and contained information about what was important to people as well as how staff should support them. Staff found innovative ways to meet the needs of people less able to express their needs.

People received assessments before being admitted to the home and the reviewing process was robust and picked up changes in need.

Complaints were documented and responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

The registered manager created an open culture in which staff told us they felt well supported and involved in running the home.

People's feedback was gathered and people were involved in important choices about where they lived.

The registered manager had developed links with the local community to enrich the lives of people living at the home.

Robust quality assurance measures were in place.

Broadwater Lodge

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 inspection took place on 04 October 2016 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to five people living at the service and two relatives. We spoke to the registered manager and seven members of staff. We observed how staff cared for people and worked together. We read care plans for four people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Our last inspection was in May 2014 where we identified no concerns.

Is the service safe?

Our findings

People told us that they felt the home was safe. One person told us, "Yes its fine. I do feel very safe here". Another person said, "I would say so. It's not something I worry about". A visiting relative told us, "It's safe in every way. The staff are very caring and they are there if accidents happen."

People were protected against the risks of potential abuse. In their PIR, the provider told us, "Colleagues receive face to face training and E Learning on the safeguarding and protection of vulnerable adults and are trained to recognise abuse in different forms. Should any potential abuse or actual abuse be recognised colleagues are aware of the Whistle Blowing Policy which allows them to report the abuse." During our inspection, we found these measures were in place to protect people from abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. All staff had attended safeguarding training. Staff were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. Where incidents had occurred, they had been promptly referred to the local safeguarding team. One staff member told us, "I know my manager would do something if there was abuse going on". Another staff member said, "I would whistle blow if I thought the manager wouldn't act on a case of abuse. I know they would though."

There were sufficient staff present to meet people's care needs safely. One person told us, "If I press my bell, the staff come straight away." The registered manager had a tool to calculate staff numbers based on the needs of people. This electronic system updated with reviews so that staffing numbers could be recalculated when people's needs changed. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. One staff member told us, "There are plenty of staff. I do get the time to speak to residents and get to know them really well". Another staff member said, "I think there are (enough staff). Some days are busier than others but it's usually fine".

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. One person living with dementia had been involved in two incidents with other residents within two days. Staff were able to take action to prevent a reoccurrence, by monitoring the residents and deploying distraction techniques. The person also got access to healthcare professionals as staff noticed changes in their behaviour and this prompted a referral.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff

had an understanding of managing risks whilst allowing people as much independence as possible. One staff member told us, "We don't stop someone doing something for themselves if they can. We can't protect people from every risk." Care records contained risk assessments and risk management plans to keep people safe. For example, one person was at risk of developing pressure sores due to spending long periods sitting down. A risk assessment identified this risk and staff administered a cream prescribed by healthcare professionals to minimise the risk. The person was repositioned regularly and this was recorded on a repositioning chart. The person had not developed a pressure sore. Another person living with dementia could become prone to arguments with other residents at a certain time of day. Staff identified that this person enjoyed doing washing up with them. In order to manage the risk, the person was encouraged to do washing up with staff at the time of day when their mood often changed. This approach managed the risk whilst placing minimal restriction upon the person. During our inspection we observed staff supporting this person and they told us that they enjoyed doing the washing up.

There were safe medication administration systems in place and people received their medicines when required. People's medicines were stored, administered and disposed of appropriately and securely. We looked at the Medicine Administration Records (MARs) for people. Each MAR included a colour photograph of the person and any known allergies. All medicines received were clearly recorded. The MARs we looked at had been completed and no omissions had been noted. Where people had 'as required' (PRN) medicines, protocols were in place which contained information on the PRN medicines they required, what may trigger the need for it and the maximum dosage they could take.

We did note during the lunchtime medicines round, that the medicines trolley was left unlocked when unattended on four separate occasions. On one occasion, the staff member left the room with the trolley open. At the time this had no impact on people, we informed the registered manager about this and they told us that they would remind staff of keeping medicines safe whilst administering them.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required and these had been reviewed to make sure they reflected people's current needs. For example, one person's PEEP identified that they may not recognise what the fire alarm was due to their dementia. The PEEP identified they would need the support of one staff member to guide and reassure them in the event of a fire. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to provide effective care. One person told us "Yes the staff seem knowledgeable." A relative told us, "I think they are well trained."

Staff told us that they had completed mandatory training in areas such as safeguarding, health and safety and medicines management. Staff told us that the training was informative and supported them in their roles. One staff member told us, "I want to progress and the manager has been great. I've done the trainer training for manual handling and my NVQ (National Vocational Qualification) Level 3". Another staff member told us, "The training is very good here. It's not just the basics." The registered manager kept a record of training that staff had completed and a list of when training needed to be refreshed. The majority of staff were up to date in all training modules.

Staff received training based on the needs of the people living at the home. Most people at the home were living with dementia and staff had received dementia training. During our inspection, we observed staff providing support to people in a way that demonstrated that they understood the needs of people living with dementia and were able to support people sensitively. For example, one person living with dementia appeared to have become lost in a corridor and was becoming anxious. A staff member gently went over and spoke to them, reassuring them. The person took their arm and went to take part in an activity. This demonstrated that training was tailored to the needs of people to ensure that staff could provide them with effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff demonstrated a good understanding of how MCA and DoLS affected their day to day work. One staff member told us, "If residents can make their own decisions we let them get on with it".

The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to

leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by the local authority. For example, one person had moved into the home following difficulty managing at home. They had been reluctant to move out of their home for their own safety. A mental capacity assessment identified that they lacked the mental capacity to make a decision to stay at the home. A best interest decision was recorded with input from relatives and healthcare professionals. It was found that it was in their best interests to stay at the home and a DoLS authorisation had been applied for.

People told us that they were happy with the food provided. One person told us, "The food is lovely". Another person said, "The food here is really good, I must say. If you don't like something, they will make you something else". A relative told us, "(Person) loves the food."

People's food preferences were in their care records and kitchen staff had copies of these, along with people's allergies and dietary requirements in the kitchen. One person's records stated that they really liked chocolate. Daily notes showed that this person had chocolate regularly. Another person liked toast for breakfast. Records were specific, stating toast 'must be cut across and not diagonally. Staff were aware of this preference along with what the person liked to eat. Food preferences were discussed at reviews to ensure where people's tastes changed, staff picked up on this.

People were provided with choice at mealtimes. Menus were on display throughout the home and people had a choice of meals. Where people did not want either option, kitchen staff prepared them an alternative. People living with dementia could make choices using pictures. At mealtimes, food was brought to people so if people had forgotten what they had chosen, they were able to see the food and make a decision at the time.

People's dietary needs were recorded in their files. One person had diabetes which was controlled by their diet. Staff kept a record of the person's blood sugar levels along with what the person had eaten, including quantities. This helped staff and healthcare professionals to ensure the person's diet was stable to avoid them becoming unwell. Another person had input from the speech and language therapist (SALT). Records contained clear instructions that the person must have a 'fork mashable' diet. We observed this person being given food in line with this guidance.

People's healthcare needs were met and staff supported people to access healthcare professionals quickly. One person told us, "The doctor always comes quickly when I'm ill." A relative said, "They always ring the nurses if (person) isn't quite right." Records demonstrated that when people became ill they got quick access to treatment. Staff had noted a change in one person's behaviour. They carried out a urine test and established it is likely that the person was suffering from a urinary tract infection. Staff contacted the GP who was able to prescribe antibiotics the same day. Where people had nursing needs, people received visits from the district nurses. Staff had positive working relationships with the local community team.

Is the service caring?

Our findings

People told us that staff were caring and promoted inclusion. One person told us, "The atmosphere is very good here, the staff are wonderful." A relative told us, "There's such a friendly atmosphere here." Another relative told us, "There's just a family atmosphere." Another relative said, "I wouldn't have (person) anywhere else. They were here on respite at first and when the time ran out they went to another home. When I told (person) they'd found a permanent place back here they said, 'Can we go now?'"

People lived in an inclusive and homely family atmosphere. One person told us, "What is very nice is there are residents who are happy when staff talk to them, which they always do." In their PIR, the provider told us, "Colleagues understand the importance of 'Butterfly Moments' which prompts conversation and a sense of wellbeing between colleagues and residents." The registered manager, staff and people were taking part in 'The Butterfly Project'. The 'Butterfly Project' is designed to improve the way staff communicate and engage with people to encourage conversation and inclusivity. People and staff were wearing items to provoke conversation. One person had a novelty hat on and enjoyed discussing this with us and staff. Another person wore a uniform that provoked conversations about their time spent in the armed forces. Staff demonstrated a good knowledge of this person's life history and people and staff enjoyed standing to attention when they met in the corridors. Members of staff had cuddly toys or novelty knitwear on that told their own stories. People talked to us about these and it was evident that people and staff really got along as they shared jokes about each other's novelty dress. This encapsulated parity between people and staff that was evident throughout the inspection.

People were supported by staff who they liked and enjoyed spending time with. One person told us, "The staff are so patient, they really are first class." During our inspection, there was a high level of engagement between people and staff. This meant that people felt empowered to express their needs and received appropriate care. It was evident throughout our observations that staff had the right personality, skills and experience to manage situations as they arose and to give care that was of a consistently high standard. We observed one person who was asleep in an armchair at lunchtime. Despite it being a busy time of day, two staff took time and care to wake the person gently and gave them time to adjust before they helped them to the dining table. Another person was sitting in a chair on their own. The registered manager went to ask them if everything was ok and the person replied, "Yes, but I wouldn't mind a cup of tea though." The registered manager arranged this for them and supported people in a similar way throughout the day. Another person who was living with dementia became upset. Staff sat with this person and talked to them and eventually supported them to take part in an activity. Within minutes, the person's mood had changed and they were smiling with their arm around the staff member. A staff member told us, "I think it's very caring here. We try to give people a good life."

Letters of compliment were in abundance, praising staff and how they went that extra mile. One relative had written to say how heartened they had been when staff had left stockings in everyone's rooms at Christmas time. At Easter, staff members had put Easter eggs on everyone's beds. One person had felt moved to write a piece for a local news publication entitled 'A Rather Special Place'. The article described the atmosphere they had found at the home saying, 'The first impression is one of calmness. Not all residents are readily

compliant but this is met by gentle persuasion and good humour. Although there is some sadness in the air, there can also be some fun acceptable to carers and their charges.'

Staff demonstrated an excellent understanding of inclusive practice for people living with dementia. One person said, "The staff really humour people who are less able to join in." Staff spent time with people chatting in a way that was sensitive to people's needs. Staff had attended specialist dementia training and told us of their passion for improving the lives of people living with dementia. One person living with dementia was orientated to their previous working life. When speaking to them, staff did not correct the person and instead orientated themselves to the person's reality, which meant the person had meaningful social interaction without being made to feel confused or uncomfortable. There were numerous examples of this throughout the day. This demonstrated a skill and desire from staff to include and engage people living with dementia, to ensure that they had a say in their care and were part of the home. This approach delivered noticeable results for people and their relatives as people became settled following moving into the home. One relative said, "We used to take (person) out with a staff member. Now they come on their own, as they're so settled here."

The home environment contained many items from the past that the registered manager had collected over time. People and staff picked these up throughout the day and engaged in conversation. One person spoke to us about a sewing machine in the communal area and told us how it reminded them of their working life. These additions to the home environment provided meaningful ways for people living with dementia to engage with people, staff and the home in which they lived. At the time of our inspection, staff had been nominated for the 'Best Dementia Team' award at the National Care Awards. This award recognises the best in dementia care across the country, based upon best practice and inclusive person-centred practice. Following our inspection we were informed that they had won.

People had ownership and empowerment over the day to day running of their home. Throughout the inspection the registered manager's office door was open and people came and went freely. When we arrived, people were keen to come in and meet us. During the day, people and staff worked together to complete tasks such as washing up and laying the tables. This demonstrated a commitment to involving people in all aspects of the running of the home. Where people particularly enjoyed being involved in household tasks, this was in their care records and they were given time each day to work alongside staff. People had their say in decisions about the home. One person told us how they had wanted chickens at the home. This had been arranged and many people told us how they enjoyed feeding the chickens in the garden.

People were supported by staff who took an interest in their lives and knew them well. One person told us, "The staff know me very well." A relative told us, "The staff know the residents so well and treat everyone as an individual." When introducing us to people, staff had an excellent understanding of people's working lives and what was meaningful to them today. One person had worked in a care setting themselves and liked to support staff and offer them advice. Information on how staff could allow this person to participate, whilst maintaining boundaries, was clear in their records. We observed staff being supported by the person on the day of our inspection. Every person completed 'Life Story Books' with staff. These included information from their past but also acted as a scrapbook of what they had done whilst living at the home. People told us that these made activities and events more meaningful and they could fill them with whatever they wished. Staff told us that relatives had really valued these when visiting or to look at after people had passed away. This demonstrated a commitment from staff to get to know the people that they supported whilst recognising the importance of updates or memories to relatives.

People's privacy and dignity was respected by considerate staff when they were provided support. One

person told us, "Oh they wouldn't do anything without asking first." Throughout the day we observed staff providing support in a way that promoted people's dignity. Staff noticed one person might need some help with personal care. They quietly said to them, "Shall we go to your room quickly before lunch?" before supporting the person with personal care. One person said, "The care is very good, they don't impose themselves upon you. You can choose to have a bath or whatever is suitable for you."

Is the service responsive?

Our findings

People told us that they were encouraged to participate in activities meaningful to them. One person said, "They do a lot but I don't join in. They let me get on with my own thing." A relative told us, "(Person) loves spending time in the garden."

Staff included people in activities and events that were meaningful, fulfilling and tailored to their needs. People were taking part enthusiastically in activities during our inspection and others were able to socialise or engage in tasks that they were interested in. When we arrived one person told us how excited they were that their favourite film was showing at the film club that morning. There were games in smaller groups which people and staff were engaged in. There were two staff members who worked as activity co-ordinators. They told us that a variety of social and occupational activities were on offer. People were also able to see staff one-to-one if they preferred. We noted the home had made connections with the wider community. For example, a mother and baby group was held frequently at the home. People told us they loved having time to interact with children and it also served as an enjoyable and fulfilling activity for local mothers and their babies. There was also the involvement of local schools and churches, in addition to trips and excursions to venues near and far. The home kept a collection of chickens, budgerigars and love birds for people to help to look after. Staff were always looking for group activities and initiatives to involve people in, such as a 'scarf for a giraffe' that had been knitted by people and staff and was long enough to go twice around the perimeter of the home.

People lived in an environment that was engaging, stimulating and created specifically for the needs of people living with dementia. Staff had developed spaces for people to reminisce such as 'The Stumbling Inn' pub, which had a working bar, fruit machine, pool table and dart board. One person's care records stated, '(Person) enjoys spending time in the pub area.' We observed this person, along with a number of other people, spending time in the pub. This area had a vibrant atmosphere that was welcoming to people, who told us that they enjoyed spending time there. There was a cinema, nail bar and a sweet shop selling traditional sweets that invoked memories for people. Staff had created a kitchen area that replicated a 1940's kitchen, including appliances from the era. This was of great value to people living with dementia who were orientated to a previous time in their lives. Many people enjoyed domestic chores and this area provided a space that was meaningful to them to engage in these tasks. The registered manager designed these areas based on models of good practice in dementia care. People and relatives told us that these areas made the home environment stimulating, lively and engaging. Our observations showed that people valued having these areas and made use of them throughout the day.

Staff demonstrated a good understanding of personalisation and people's care records and observed practice reflected this. One staff member told us, "Each person's life is different. We have that in mind". Another staff member said, "Well, this is their home so they are in charge. Some people can't make decisions for themselves so their care is a bit different but in the end we treat people as people." Care plans reflected what was important to people. One person had always liked having their nails painted. Their care plans stated, "Ask (Person) if they would like their nails painted." Daily notes indicated staff did this each day. Records also contained information on the particular toiletries people liked to use and what their favourite

items of clothing were. Instructions for staff focussed on what people were able to do and what staff needed to help them with. This demonstrated a commitment to a personalised approach from staff that was responsive to people's individual needs.

Where standard approaches were not working, staff found innovative ways to meet people's needs. The registered manager told us, "Often it is trial and error, taking the time to work with people to find out what is important for them." Many people living at the home had complex needs related to their dementia. One person living with dementia liked to hold a doll as it reminded them of cuddling their child. Staff had trialled this after the person had been becoming anxious. Staff had discussed this with healthcare professionals and relatives. They noticed that the person was less anxious and took comfort in holding the doll. The person's care plan clearly detailed how staff were to support them in a practical way, stating '(Person) is happy for the doll to be taken for cleaning after it has been fed.' This demonstrated a commitment to finding things that were important to people and ensuring staff provided care in a way that was sensitive to people's individual needs.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Senior staff carried out reassessments every twenty eight days to ensure any changes in need were documented and responded to. The result of this was very detailed and up to date care plans. Care plans contained information that was important to people. One person's records stated, '(Person) comes to the office for a glass of wine after lunch.' Staff were aware of this person's desire to have a glass of wine after lunch and we observed staff supporting this person to do so. Assessments identified important aspects of people's routines, such as when they wished to get up and whether they preferred a shower or a bath. This information was clear in people's care plans and daily notes showed that staff were providing support in line with people's preferences.

Reassessments identified changes in people's needs and care records were updated appropriately. One person had been seen by a healthcare professional and a medical condition had been identified. A review took place and care records were updated to describe symptoms to staff to ensure they would be able to respond in the event of the person's health deteriorating. All aspects of people's care were reviewed monthly, including activities. Where staff had found new areas of interest for people, these were added to their care plan in order to support them to have fulfilling and enjoyable lives.

People told us they knew how to make a complaint. One person told us, "I haven't had to but I'd talk to (registered manager)." A relative told us, "I'm confident if I raised anything it would be dealt with." The complaints procedure included the contact details of who to make a complaint to, the local ombudsman details should people be dissatisfied with the outcome of the complaint and the timescales for investigating complaints. Records of complaints received were maintained and had been responded to within the timescales as stated. Copies of letters sent to complainants informing the outcome of investigations into their complaints were in place and these demonstrated that people had received a satisfactory response.

Is the service well-led?

Our findings

People told us that they felt the home was well-led. One person told us, "I feel strongly that (registered manager) leads by example." A relative told us, "It is well-led." Another relative told us, "The manager is the best thing about the home. They are so caring and always ready to listen and to help. I never feel I'm being awkward. Some people are just made for doing this kind of work and they are one of them".

Staff told us that they felt well supported by management. One staff member told us, "The manager is brilliant. They're very hands on and you can always approach them". Another staff member said, "I think it's well led. Everybody knows what's expected of them and we're a happy bunch".

People were supported by staff who felt valued and supported in their roles. In their PIR, the provider told us, "At Broadwater Lodge we provide strong and effective leadership through valuing each of the staff as individual contributors to our homes success." The provider found ways to recognise and reward good work. The Gone the Extra Mile (GEM) awards allowed staff to nominate staff members who had gone above and beyond their duties. The most recent recipient of the award was a member of the maintenance staff who helped out with things such as trips to the chemist for people. A recent staff satisfaction survey had a high response rate and 98% of staff had said that they felt proud of their work. This was demonstrated by the enthusiastic approach of staff that we observed and were told about by staff, people and relatives.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. Minutes included discussions about the last survey undertaken, any issues identified and actions to be taken. Staff had provided feedback on activities and made suggestion regarding food. Meetings also included messages from management on staff recruitment, supervisions and appraisals, training and activities. This demonstrated an open and transparent culture between management and staff.

Residents meetings took place monthly in each of the units. Topics discussed included food, up and coming seasonal celebrations, activities and any concerns people would like to discuss. People were able to make requests. One person had requested budgies be brought into the home. Action had been taken as a result and there were budgies in the home and people enjoyed watching them.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. A recent documents audit had identified that people may benefit from written feedback following assessments. The registered manager had arranged this for people new to the home. Audits were completed efficiently. An electronic system flagged up when audits or actions were due. These had been completed within timescales to ensure that the quality of care that people received was regularly measured and improved. The system tracked information such as accidents and incidents electronically which meant that they could be easily analysed to prevent a reoccurrence. Identifying patterns in incidents helped to ensure that people got the help they needed at the right time.

The provider carried out annual audits of the home. A recent audit had identified that food intake records

did not detail snacks offered to people or consumed. We noted that food charts were detailed which demonstrated that improvements had been implemented following this audit.

The registered manager had made links with the local community that enriched the lives of people living at the home. Residents enjoyed attending sports day at the local school and at Christmas children came in to sing carols. The registered manager had implemented the mother and toddler group and made links with a local voluntary centre and café in order to assist with fundraising. In return, the registered manager was looking at enabling volunteers to come and support the home.

The registered manager understood the challenges facing the home and was taking proactive steps to address them. The registered manager told us that recruitment was their biggest challenge. The registered manager told us how they were addressing this. Staff were offered incentives for recommending competent staff. They also had links with the local press and job centre.

The manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.