Broadoak Group of Care Homes

Broadoak Park

Inspection report

Broadoak Park
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 10 March 2016.

Broadoak Park provides accommodation and personal care for up to 30 people living with a learning disability or autistic spectrum disorder in seven bungalows and two individual flats. At the time of our inspection there were 22 people living at the service.

At our last inspection on 2 September 2015 the provider was in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not protected against the risks associated with the management of medicines. People were at risk of not having their needs met by sufficient numbers of staff available at all times.

After the inspection the provider sent us an action plan to tell us of the action they would take to make the required improvements. At this inspection we found the provider had made these improvements to protect people's safety and wellbeing. The breaches in regulation had been met.

Broadoak Park is required to have 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. At the time of the inspection a registered manager was in post.

Improvements had been made to staffing, an ongoing recruitment drive was having positive results and agency staff were used to cover any shortfalls and vacancies. Staff were deployed appropriately to meet people's individual needs. Staff responded to people's needs in a timely manner and spent quality time with people.

People received their prescribed medicines safely. Improved systems had been introduced to check medicines were managed appropriately. Staff responsible for the administration of medicines had received refresher training.

People told us that they felt staff provided a safe service and risks were managed appropriately. Staff were aware of the safeguarding procedures and had received appropriate training.

Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. Risks to people's needs had been assessed and plans were in place to inform staff of the action required to reduce and manage known risks. These were reviewed on a regular basis. The internal and external environment was monitored and improvements had been identified and planned for.

Improvements were required to the staff induction process and monitoring of training needs, to ensure staff

had the required knowledge and skills to effectively meet people's needs.

The manager had processes in place to apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS). People's rights were protected and understood by staff.

People said that they received sufficient to eat and drink. They were positive about the choice, quality and quantity of food and drinks available. People received appropriate support to eat and drink and independence was promoted.

Staff were knowledgeable about people's individual needs. People's healthcare needs had been assessed and were regularly monitored. People were supported to access healthcare services to maintain their health and well-being. External professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. People received support to pursue their interests and hobbies and to participate in community activities. People had appropriate information about how to make a complaint. A complaints process was in place and staff knew how to respond to complaints.

The provider had improved the checks in place that monitored the quality and safety of the service. People and their relatives and representatives, received opportunities to give feedback about their experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had systems in place to recognise and respond to allegations or incidents of abuse and these were used effectively. Staff had received safeguarding training.

People received their medicines as prescribed and were managed safely.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly.

Staffing levels were sufficient to meet people's needs and offered flexible support. The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received an induction and training but action was required to ensure an effective induction was provided and training needs met.

People's rights were protected under the Mental Capacity Act 2005.

The provider ensured people maintained a healthy and nutritious diet. People were supported to access external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and compassionate. Staff were given the information they needed to understand and support the people who used the service.

The provider had ensured people had helpful and important

information available to them such as independent advocacy and support services.

There were no restrictions on friends and relatives visiting their family. Staff asked people about their preferences and respected people's choices.
People were supported to remain independent.

Is the service responsive?

Good

The service was responsive.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

People knew how to make a complaint and had appropriate information available to them. A complaints procedure was in place.

People's privacy and dignity was respected and promoted.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

The provider had systems and processes that monitored the quality and safety of the service.

Broadoak Park

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 10 March 2016 and was unannounced.

We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

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.

During the inspection we spoke with eight people that used the service about their experience of the service they received. We also observed the way staff interacted with the people who used the service throughout the day. We contacted two relatives for their feedback about the service their family member received.

We spoke with the registered manager, assistant manager, two senior care workers and two care workers. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Good

Is the service safe?

Our findings

During our previous inspection on 2 September 2015 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not supported by sufficient, suitably skilled staff being deployed to meet their needs safely at all times. At this inspection we found that the provider had made the required improvements and this breach in regulation had been met.

People who used the service did not raise any concerns about the staffing levels provided. People were aware that some new staff were now supporting them. Relatives said they felt that there were enough staff on duty to meet their family member's needs but were aware of staffing difficulties in the past.

Staff told us that since our last inspection improvements had been made to the staffing levels. One staff member said, "Staffing levels have improved. Obviously it's hard when staff phone in sick, but both teams now have a stable staffing team." Another staff member told us, "Staffing levels have improved a lot; people get the support they need." The registered manager said that a recent recruitment drive had been positive with new staff being employed and that this was ongoing. Since our last inspection the provider was using agency staff to cover any shortfalls and vacancies. We checked the staff roster that confirmed sufficient staff were available to meet people's needs.

We observed that staff were able to attend to people's needs in a timely manner. They spent quality time with people chatting and supporting them without being rushed. We concluded that appropriate staff were employed and deployed appropriately, to meet people's individual needs and keep them safe.

There were safe staff recruitment and selection processes in place. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff, including agency staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

During our previous inspection on 2 September 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not protected against the risks associated with the management of medicines. At this inspection we found that the provider had made the required improvements and this breach in regulation had been met.

We spoke with three people about their medicines. They all knew that they had to take medicines to keep them well, and could tell us when they received them. They all confirmed that they received their medicines regularly and on time by specific staff members.

The assistant manager told us of the improvements made to the management of medicines since our last inspection. This included responding to advice and requirements made by the community medicines

management team, from the clinical commissioning group that had visited the service in December 2015. We saw records that confirmed all staff responsible for administering medicines had received refresher training. New daily and monthly systems had been introduced to check people had received their prescribed medicines and that medicines were stored and managed correctly.

Staff confirmed that action had been taken to improve how medicines were managed. A senior care worker told us, "There's been lots of improvements made, we've received refresher training. Seniors are doing daily checks to make sure people have had their medicines." Additional comments included, "Monthly audits are also completed and the assistant manager does random checks so there are good, safe systems in place."

We observed a senior care worker administer medicines. They did this competently and safely following good practice guidance. They stayed with the person to ensure they had taken their medicine safely and were knowledgeable about the medicines they administered. We found that information available for staff about how people preferred to take their medicines was detailed and informative. Protocols were in place for medicines which had been prescribed to be given only as required and these provided information for staff on the reasons the medicines should be administered. We checked the audits and systems in place that monitored the management of medicines and found these to be up to date.

People we spoke with did not raise any concerns about their safety. Relatives said that they had no concerns over the safety of their family member. One relative said, "I am confident that [name of family member] would tell us if there was any problems as she has done so before where she was. She tells the truth."

Staff were aware of the signs of abuse and what their role and responsibility was in protecting people from abuse and avoidable harm. One staff member said, "Everyone is safe here, I have no concerns at all. I go home happy that people are safe." Staff confirmed that they had received training in adult safeguarding. They also said they had available to them the provider's safeguarding policy and procedure.

We observed that safeguarding information was displayed in all the bungalows for people who used the service, visitors and staff. This advised of the action to take if people had any concerns of a safeguarding nature. Records confirmed that staff had received appropriate safeguarding training. When concerns had been identified these had been reported to the relevant external agencies, including CQC and action had been taken to protect people and reduce further risks.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. Relatives told us about the security of the premises from the coded gate system to the fence around the perimeter. They said that these security measures reassured them that people were safe.

Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. Regular fire risk assessments were completed by members of the management team, for each area of the service. Where any risks were identified appropriate action was taken to address it.

People's support records contained a personal emergency evacuation plan (PEEP) that identified how to evacuate people in an emergency. However, we looked at the PEEPs for nine people and found they were not individual to each person's needs. They all contained the same information. Throughout the inspection we saw people had varying physical and mental disabilities and the PEEPs did not reflect this. We spoke with the assistant manager about this and they told us they would immediately review each person's PEEP. This was to ensure it contained sufficient guidance for staff to evacuate each person, taking into

consideration their individual abilities.

Requires Improvement

Is the service effective?

Our findings

People who used the service and relatives told us that they found staff to be knowledgeable about people's needs. One person said, "They [staff] know me, they know how to calm me down." Which they said was important to them. One relative complimented staff by saying, "Staff have worked so hard with [family member]. They have tried so many different things and haven't given up. They're so clever." Another relative said, "I used to worry about [family member] in the other place (referring to a different service) but now I don't worry. I wouldn't want them anywhere else."

Staff spoke positively about the induction, training and support they received. One staff member said, "I do all the training I'm offered. I've asked to do training in nutrition which has been agreed. Healthcare professionals also provide us with training." Another staff member told us, "I've had lots of training, I feel I have what I need to do the job."

Staff had received an induction to provide them with the skills needed to support people in an effective way. However, the approach to carrying out the induction was inconsistent. The registered manager told us a senior care worker carried out the induction which could take between two and five days dependent on the staff member's ability. The induction documentation covered a number of areas but contained limited guidance for the senior support worker to follow to ensure each new member of staff received a consistent induction. We spoke with the registered manager and assistant manager about what we found. They told us that they would take immediate action to improve the induction staff received. After the inspection they forwarded us information that confirmed what action had been taken.

Records showed that staff received a wide range of training for their role. This included training in areas such as moving and handling, safeguarding of adults and mental capacity. However, we identified four new members of staff that had not completed any mandatory training since they started at the service in January 2016. Mandatory training is a compulsory requirement for all health and social care workers. It enables staff to carry out their responsibilities adequately and provide safe care for people. We identified other staff that had worked at the service longer who also had gaps in their mandatory training. We raised this with the registered manager. They told us they were aware that training needed to be completed for staff and showed us records which confirmed six training courses had been booked. However, these courses were not booked until April and May 2016 respectively. The delay in staff completing their training could place the health and safety of people at risk. The registered manager told us that they would monitor staff's training needs more closely, to reduce the risk of any delays in staff training requirements.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One staff member told us, "Things have improved a lot recently. More training, more supervision meetings, the managers seem to be on it well now." Another staff member said, "Yes, I have supervision meetings which are helpful and I've had an appraisal of my work and performance."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood how best interest decisions were made using the MCA. They said that they had received training and knew what action to take if they had concerns about a person's ability to consent. One staff member said, "With day to day decisions we ask, involve people in decisions, people have the right to refuse. Bigger decisions we have to consider MCA and involve others to agree what's in the person's best interest."

We checked whether the service was working within the principles of the MCA. People's care records showed that where people lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment and a best interest decision made in consultation with others such as relatives, advocates or professionals involved in the person's care.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). One staff member said, "Some people have DoLS in place. It's about stopping someone going out alone if they won't be safe, but only if they have been assessed." Where people had been granted an authorisation by a supervisory body to restrict them of their liberty, this was recorded in the person's care record to inform staff.

Some people who used the service had anxieties, and behaviours associated to their mental health and learning disability that meant they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff told us that whilst they had received this training they had not needed to use restraint, as they were able to use other techniques to calm people when they were distressed. Records looked at confirmed physical restraint had not been used. Staff had available to them detailed information about how to support people during periods of high anxiety.

We observed staff respond quickly to changes in people's body language and diffused potentially challenging situations calmly and quickly. For example, a person showed challenging behaviours towards staff and other people. The staff were able to employ simple distraction techniques which lessoned the person's anxiety, keeping good eye contact and speaking in a calm voice. This was followed up with a positive comment and thumbs up. The person moved away and continued their activity.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. We received positive comments from people who used the service about the foods they received. One person said, "Oh yes, I like my salad I do" and lastly, "I never go hungry." Another person told us, "If I am hungry, I can make a sandwich any time. I make drinks when I want to. Sometimes I make drinks for everyone else," A relative said that when they had visited they seen that there was a choice of food.

We observed throughout our inspection people being given a choice of what to eat and fresh vegetables, salad and fruit were available to support health eating choices. Some people were able to make themselves snacks and drinks independently, and others with support from staff. Where people required assistance from staff with their eating and drinking this was provided appropriately. There were photographs of food to assist some people with their choices. Staff told us that people were involved in the development of the

menu as far as possible.

People's dietary and nutritional needs had been assessed and planned for. People's support plans showed us that consideration of people's cultural and religious needs was also given in menu planning. Staff told us that they had attended food hygiene training and that they encouraged people to eat healthily. An example was given how staff were supporting a person on a healthy eating plan to reduce weight.

Records confirmed the involvement of various health and social care professionals in people's care including the GP, psychiatrist, and speech and language therapist. People were also supported to maintain their health and accessed health services such as the dentist and optician. This was recorded on each person's 'Health Action Plan' (HAP). This is a document that records a person's health needs and appointments attended. We also saw people had 'Hospital Passports' within their care plan files. These documents provide hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated the provider used best practice guidance.

Good

Is the service caring?

Our findings

People were supported by staff that showed they were compassionate, kind, caring and treated them with dignity and respect. People we spoke with told us or indicated that they were happy at Broadoak Park. One person said, "Good, nice people." A person with limited verbal communication indicated that they liked living at the service by putting their thumbs up when asked how they felt about the service they received.

We asked people about how the staff spoke to them. One person said, "Yes, they speak to me nicely." Another told us, "They [staff] ask what I want to do." We asked people what they liked best at Broadoak Park. One person said, "Friends" then added, "The staff are good."
Another person who had moved to the service recently told us, "I am a lot happier here than the other place." They explained that there was more space, less noise and lots of activities to keep them busy.

Relatives were complementary about the approach of staff. One relative said, "To find staff, especially young staff, to be so caring is marvellous. I don't worry now." They added, that their family member, "Respected the staff." They also said that they felt the staff were genuine people and that care was more of one to one support. Another relative told us, "I can never fault it (the service) I am ever so pleased. They [staff] look after [family member] better than I could."

Staff showed a good understanding of people's individual needs, preferences and what was important to them. Staff told us how they tried to encourage and involve people as fully as possible in the care and support they received. They told us of the different communication tools they used to support people with their communication needs. One staff member said, "I have had training in British sign language and Makaton." These are both communication tools to support people with limited verbal communication. Other people responded well to pictorial and visual communication and we saw these were in place. We observed staff using different communication techniques with people dependent on individual needs. Staff were patient, unhurried and respected and acted upon people's decisions.

There was evidence throughout the support plans we looked at that the support given to people was person-centred and caring. People's needs and preferences were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted.

We found when talking to staff that they showed a great fondness of the people they cared for. They spoke to them in a non-patronising manner, treating them as adults by offering them choices. People were observed to be relaxed within the company of staff and conversations and interactions were positive, warm and friendly with lots of laughter, creating a relaxed environment. One staff member said, "I really care about the people I support. I wouldn't do the job if I didn't." Another staff member told us, "I just love my job, I really like the people I support."

We observed the lunch time experience in three of the bungalows. We found people were encouraged to make their own lunch where able. Where people were not able the staff member involved them in the process by asking them what they wanted and how they wanted the food to be prepared. People and staff

sat together in a relaxed and friendly environment. We observed people encouraged by staff to help each other. One person laid the table and brought food to others.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed a person had become upset and did not want to eat with the other people they lived with. The staff member reacted quickly, offered them an alternative place to eat and ensured both the person and others enjoyed a calm lunchtime experience.

People were involved as far as possible in discussions and decisions about their care and support. People told us how they were supported to spend their time and be involved in the care provided. We found some people had signed their care records to show that they had been involved in the development of their support plan, and that they agreed with how their support was provided. One person said, "I come up with ideas that I've never done. The staff listen and respond 'and say, 'Ok we will try that.'"

Relatives said that there were no restrictions to visiting. One relative said, "We can turn up, never had any problems."

Staff told us how they supported people to maintain contact with their relatives and other important people. This involved accompanying people on visits to their family and friends.

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The assistant manager gave an example of how a person had been supported by an advocate to express their wishes.

We observed staff members respecting the dignity of people by knocking on their doors and asking to come in. This was also confirmed by a number of people we spoke with, they also said they could refuse entry and that staff would respect this. However, they knew that the staff member would not be far and would check on them later.

Staff understood different levels of privacy for people and support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. This included a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs.

Each bungalow and flat provided people with privacy and space. Most people had their own room and lounge with shared communal areas such as bathrooms and kitchen.

Good

Is the service responsive?

Our findings

People had their needs assessed by the registered manager before they moved to Broadoak Care Home. Care and support plans were then developed with the person as fully as possible and their relatives or advocates. This was to ensure the service could meet people's individual needs and that staff had the required information for them to provide a responsive service. Support plans also included and promoted life skills and independence. Such as people being involved with daily living tasks of laundry and cleaning.

People's individual interests and preferences and what was important to them was recorded and known by staff. People told us that they were supported with interests and hobbies. They said that they had been on day trips and outings which consisted of: swimming, walking, shopping, cinema, pub lunches, bowling, bingo and holidays.

Staff showed a commitment and enthusiasm in providing people with person centred care and opportunities to promote independence and new experiences. One staff member said, "Now the weather is improving we are exploring new activities for people to try, I'm enquiring about horse riding as one new activity." Another staff member told us, "We're [staff] not here to do everything for people; we encourage people to as much themselves as they can."

Staff told us that people received a choice of activities each day. They said that activities were flexible and not planned ahead to avoid people's becoming anxious if they did not happen. However, they said if a person expressed a desire to go out to the shops for example, it could be arranged fairly quickly. Additionally, if a person had a hospital appointment for example, staff would know and this would be planned in advance.

We observed that people's independence was promoted as fully as possible. For example, we saw a person being supported by a member of staff to clean their room. They were proud to show us what they were doing. Other people were observed to make themselves drinks and snacks either independently or with supervision from staff. Some people showed us their rooms; they told us that they were happy with their room. They were keen to show us family photographs, and activities such as holidays, day trips and certificates they had been awarded from attending college courses. We found people's rooms were individual and personalised to their individual tastes and preferences.

Within the grounds of the service a separate resource building provided people with a range of activities that was provided by a resource coordinator. They demonstrated to us their organisational skills and ability to provide high quality, interesting and engaging activities for people. In addition to craft and activity rooms, a sensory room was available that provided a multi-sensory environment for people to relax and explore.

Staff told us that a reflexologist visited every week. The service had purchased a specific reflexologist couch. Staff said that the number of people accessing this had gone from initially eight to now twenty people. One staff member said, "Those who aren't comfortable to go to the resource building can have a treatment in their bungalow."

We observed eight people being supported with a variety of activities that they were fully engaged with and enjoyed. The projects and resources on offer were suited to the abilities of people. The resource co-ordinator said, "I just tap into people's creativity." They gave an example of altering an activity to suit the needs of a person who was struggling with using felt tip pens. They said, "Slight change, I offered pencil crayons and they were away." Another example was a few people had sensory issues and struggled with having the PVA glue on their fingers, however, over time they had become more accepting of this and we saw one person enjoying scrunching up pieces of tissue paper, dipping it in the glue to make an Easter chick.

We observed a person who had particular communication and mobility needs enjoyed attending the resource centre, not for the craft activities but the staff said to be around people. Whilst they had their mobility walker, they chose to sit on the carpeted floor in the door way of the sensory room and hallway so they could feel part of the activities going on around them. The staff were happy to get on the floor with them and talk to the person. Staff were able to demonstrate a real understanding of their emotions and needs. They said that they had purchased foam floor mats which they put outside in the front garden on a warmer day, for the person to choose to sit on watching the world go by.

We saw many examples of different media projects which were on display on the walls. This included photographs from last year's project, which showed people involved in planting seeds, potting on, watering and people enjoying the results of the vegetables they had grown.

In addition to the resource building there was also a club house on sight. The assistant manager told us that parties such as birthday celebrations and other events were held in the club house. We saw photographic evidence that the club house was used for games and activities. A number of people attend a college course which took place in the club house. A local college offered a six week course. People told us the next course was on, 'different cultures' which they were very excited about.

Staff supported people to maintain continuing relationships and friendships and to participate in community activities. For example, some people were supported to attend a place of religious worship each Sunday. A relative said that staff had supported them by picking them up so they could visit their relative at Broadoaks Care Home as they were elderly and had not got transport. Other people were supported by staff to visit their relatives and friends. During the summer months, relatives told us they were invited to BBQ's were they could meet other relatives.

The assistant manager told us and records confirmed that they were in the process of introducing opportunities for people and their relative or advocate, to participate in a review of the service they received. The assistant manager said, "Until recently we participated in the annual review arranged by the local authority that fund people's placements, but we are now going to arrange our own reviews." A staff member said, "We have regular meetings with people to talk about how they are, what they want to do and if they want us to make any changes to their care."

People received opportunities to share their views about the service they received. We saw records that showed 'resident' meetings were arranged every two months. People were asked about their choice of activities and holidays and anything that affected their bungalow such as decoration plans were discussed. This told us that people were consulted and involved about the service they received.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. People told us that if they had any concerns they felt able to speak with the staff. The complaints log showed that no complaints had been received since our last inspection.

Staff demonstrated an awareness of the complaints procedure and what their responsibility was in relation to this.

Good

Is the service well-led?

Our findings

Relative's made positive comments about how Broadoak Park Care Home met their family member's needs. One relative said, "It's (the service) the best thing that could have happened to us." Another relative told us, "I wouldn't want [family member] anywhere else. The service is excellent."

All staff spoke positively about working at Broadoak Park Care Home. One staff member told us, "I love working here, because it's more homely and personal. It's a nice environment, more than a lot of other places." Another staff member said, "You need to have the right attitude to work here. You really need to care about the people you support and I'm confident the staff here do."

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people whilst promoting their independence. The staff told us that the registered manager and assistant manager were supportive, approachable and visible. One staff member said, "We see the assistant manager every day, they regular visit all the bungalows to make sure everyone including staff are okay." All staff said that the management team had made improvements since our last inspection. One staff member told us, "I get on with all of the managers and seniors, we are a happy team." Another staff member said, "There has been many changes over the last few months, I think the provider now listens and understands."

The assistant manager confirmed they visited the bungalows throughout the day and also attended the service during evenings and weekends. They said, "I'll call in anytime when I'm not working just to check everything is okay." The registered manager told us that they had weekly meetings with the provider where they discussed the service and any actions required to further improve the service provided. They told us that recent discussions had resulted in an agreement for the bungalows to have new windows and doors. The secure car park gate was also due to be replaced with an electronic gate.

Staff told us that they felt well supported by the management team. One staff member said, "I feel supported by the manager; both he and [the assistant manager] are really understanding and listen to you." Another staff member told us, "If I raise any concern with the manager he sorts it straight away."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns. The provider had a clear vision and set of values that were in the guide provided for people who used the service. We saw that staff act in line with those values. Staff were also clear about their roles and responsibilities.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The assistant manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, staff competency, infection control and care plans were regularly carried out. We saw a small number of monthly audits had not been completed in line with the provider's required timeframe. We raised this with the assistant manager who acknowledged there were occasions when they were not completed but was confident this did not affect the quality of the service people received.

People, relatives, staff and external professionals were encouraged to be actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. The registered manager showed us a questionnaire that had recently been sent out. A relative we spoke with confirmed that they had just filled in a survey which they had recently posted back. We noted that questions included whether staff met people's needs, that people were treated with respect and if independence was encouraged. The registered manager told us they had given people who used the service a version that contained Makaton signs and symbols to support them with understanding the questions. However, they were unable to provide us with an example. The registered manager told us they would evaluate the result and then make improvements where needed.