

L Adams and J Adams

Broad Oak Manor Nursing Home

Inspection report

Broad Oak End
Bramfield Road
Hertford
Hertfordshire
SG14 2JA

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Tel: 01992551900

Website: www.broadoakmanor.co.uk

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

Broad Oak Manor Nursing Home provides accommodation for up to 27 older people who require nursing care. At the time of our inspection 19 people lived at the home.

At the last inspection in January 2016 the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the home. Risks to people's health and wellbeing were appropriately planned for and managed. Robust recruitment processes were followed. People told us there were enough competent staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to make choices to have maximum control of their lives and staff supported them in the least restrictive way possible.

There was a clear culture of mutual respect throughout the home and we observed that people were treated with warmth and kindness by all staff.

People were given the opportunity to feedback on the service and their views were acted on. People received personalised care that met their individual needs and were given appropriate support and encouragement to access meaningful activities. People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The management team worked hard to create an open, transparent and inclusive ethos within the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Broad Oak Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection was unannounced and carried out by one inspector and an expert by experience on 04 May 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider completed a Provider Information Return (PIR) and submitted this to us on 05 April 2017. 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. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with six people who used the service, one relative, four nursing and care staff, the deputy manager and the registered manager.

We reviewed three people's care records and a range of records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Broad Oak Manor Nursing Home. One person said "Yes, (I feel) very, very safe."

People were supported by staff who were able to demonstrate that they understood how to keep people safe. This included how to recognise and report suspicion of abuse.

Records demonstrated that risks to people were identified and that control measures were put in place to reduce these risks. During the course of the day we saw staff taking action to reduce risks for people. For example, staff supported people to mobilise safely by moving obstacles and pieces of furniture out of people's way to help reduce the risks of them stumbling.

People who used the service and staff members told us that there were enough staff available to meet people's needs. One person said, "There are lots of lovely staff." Another person another stated, "I really can't fault them, if I'm having a down day, staff will spend time with me." One person told us that they felt it was difficult to get a rapport with staff on duty at night and that they sometimes had difficulty communicating with them at night. We discussed this with the management team who immediately undertook to explore ways to re-assure people.

Some people wore personal call button pendants so that they could summon help when away from their beds. One person said "I call it a pinger; the [staff] response is pretty quick." We observed that the home was calm and staff went about their duties in a professional and unrushed manner. A staff member told us, "In this home you have the time to really care, it is like a different world, it is like a family." Another staff member told us, "Staffing is not arranged around ratios here, we go by people's needs. We are never short staffed."

A recently recruited staff member explained the recruitment process they had gone through which had included a face to face interview. They told us they had not been able to start working at the home until satisfactory references and criminal record checks had been received. This showed us that the provider continued to operate robust recruitment procedures.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and found that they tallied with records held.

Is the service effective?

Our findings

People told us, and we observed that they received care and support from appropriately skilled and knowledgeable staff. One person said, "Yes, I love them all." A relative said, "They are all very kind and patient, and very good."

Staff told us that they had the training and support they needed to carry out their role effectively. The nurse in charge of the shift on the day of the inspection praised the care staff for their skill and knowledge. They told us, "The care staff know what they are doing. The nurses do not get disturbed unnecessarily especially when they are administering medicines for people." Records demonstrated that staff received appropriate supervision and appraisal, and that these focused on encouraging and supporting good practice. Staff were offered the opportunity to request training, discuss career progression and set objectives and goals for the coming year.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team had liaised with the local authority for advice and guidance where needed and DoLS applications had been made to the local authority where appropriate.

Staff encouraged people to make decisions independently based on their ability. People who used the service told us that staff members asked for their consent before providing care, although one person told us, "New staff may sometimes forget to ask for consent."

People told us the food at Broad Oak Manor Nursing Home was good quality and that there was plenty of choice. One person said, "Excellent. The food is really, really good and nicely presented." Two people spoke about being able to ask for something different if they did not fancy the day's menu choices. One person stated, "We can ask for an omelette or for bacon and egg or similar if we don't fancy the menu options. In the morning we can have a full breakfast or just toast."

Staff and the management team had a good working relationship with external health professionals such as GPs and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

People who used the service confirmed that they received suitable healthcare support. The GP visited every Wednesday and people were able to request to see them. One person said, "[GP] is very good." Another person stated that, "If it's urgent or the on call doctor is needed, staff get them. I had to wait several hours one night, but they did come and explained they had been busy." A further person commented "[Staff member] responds when the GP or a prescription is needed."

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person told us, "We often have a good laugh with the staff. It's nice to be able to share with them." Another person said, "It is just how caring they are. We are very happy here."

People's relatives told us that they were satisfied with the care and support provided for people at Broad Oak Manor Nursing Home. One relative told us, "One or two of the staff who have been here for years are wonderful. There is a big turnover of other staff."

Staff treated people in a thoughtful and considerate way. For example one person told us, "My [relative] can only visit at about 7pm. We watch TV together and they go when a programme finishes, maybe 10pm. Staff help me to go to bed before [relative] arrives so we can have uninterrupted time all evening." Another person said, "I feel confident to invite visitors to have lunch with me." This showed that people were encouraged to feel 'at home' and were treated as individuals by the staff team.

People told us that they were involved in making decisions about their care and records supported this. Where people were unable to participate in the planning of their care, their relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

The provider had facilities in place for the safe and confidential storage of people's personal and private information in a lockable office. However, we noted that the office door was not always closed when staff were not present or whilst telephone conversations were undertaken. This had the potential to have a negative impact on people's dignity and privacy and was shared with the management team as an area that required improvement.

Is the service responsive?

Our findings

People were provided with opportunities to take part in meaningful activities. People described a long list of activities they were engaged in including flower arranging, bingo, arts and crafts, knitting, planting seeds and seedlings, BBQ, films, nail care and hairdressing. One person told us, "We knit strips and someone joins them into blankets for Africa. They send photos so we can see our blankets being used in Africa." Another person told us, "We had a wonderful firework display and Pimms afterwards." One person told us they had been delighted to have been able to participate in decorating the Christmas tree. They told us, "Residents decorated the tree and I was able to do some even from my wheelchair. We had a wonderful Christmas lunch in the barn; the room looked beautiful and my [relative] was able to invite two elderly neighbours who would have been on their own otherwise."

One person chose not to attend activities provided by the home but explained that they were supported to continue involvement with groups from their life prior to moving into Broad Oak Manor Nursing Home. They told us, "I'm in a book group that meets in the barn coffee lounge. Also bridge weekly."

People and their relatives told us that they would be confident to raise any concerns. One person said, "I would speak to [deputy manager]. They also ask us in confidence, (if we have any concerns)." One person said, "I made a complaint about an agency night staff and [deputy manager] dealt with it quickly." Another person said, "I would talk to the nurse." A further person said they would be confident to raise any concerns saying, "... but I'm not sure who I would speak to." One person told us that they had raised a concern with the provider and commented, "He put it right straight away." This showed us that the provider and management team listened to any concerns and acted upon them responsively.

Some people we spoke with were aware of and attended meetings held for them to share their views about the service provided. One person told us, "They are every 2-3 months, not much is said, [staff member] asks questions." Another person said they were not aware of these saying "No, but I can ask for meetings."

Is the service well-led?

Our findings

People who used the service gave us positive feedback. A person who used the service told us, "I'm as happy here as I would be anywhere. This is an absolute queen of a home in comparison to others I've been in."

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives we spoke with were not clear about who the registered manager was or if they had met them. However, some people were able to identify the person who managed the home on a day to day basis. One person said, "She's a lovely lady but not sure of her name." One relative said, "There are people in the office but I don't know their status." We discussed this matter with the management team who undertook to support people to understand the individual management responsibilities within the service.

When we asked people if they felt the service was well run and if they felt it was well managed people said, "Very smooth" and "Very good." One person said, "It's open and honest. Yes, I'm very happy." Another person said, "The whole attitude is 'well of course you can'. No hesitation, they accommodate my choices."

The management team had created a positive, transparent and inclusive culture within the service and actively sought the feedback from people who used the service, their relatives and staff. It was evident that the management team promoted openness and transparency and this had been cascaded throughout the staff team.

The management team and provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records confirmed that these were acted upon promptly.

Records provided a clear audit trail in respect of areas such as complaint management and how people's health needs were met. However we found that daily records did not always paint a clear picture of how people had spent their day or their demeanour. The management team acknowledged this and undertook to develop a clearer format of daily recording to support the staff team in this area.