Broadmead Resthome Ltd

Broadmead Rest Home

Inspection report

Broadlayings
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 29 and 30 March 2016. Broadmead Rest Home (Broadmead) is a residential care home without nursing that offers a service for up to 38 older people. At the time of our inspection there were 17 people living at Broadmead. Some people had varying types and degrees of dementia or associated mental health conditions.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected Broadmead on 2 April 2014 and judged the provider to be in breach of regulations. People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. We judged that this had a moderate impact on people who used the service, and told the provider to take action. We saw evidence that although work had been completed in relation to the annexe there was no evidence available to confirm that the works completed had met the requirements of the fire department or the health and safety requirements of the local authority. We told the provider to produce an action plan in relation to the safety and suitability of the annexe premises. During this inspection we found the provider had followed their action plan and had made necessary improvements to meet the legal requirements to provide a safe environment for people to live in.

The provider had an emergency business and continuity plan for the home. Fire safety precautions and equipment were checked regularly. Evacuation procedures had been practiced to ensure they were safe and effective. Utilities, such as gas and electricity were routinely checked under contract and the maintenance staff ensured that repairs were completed promptly. Safety tests in relation to the presence of asbestos and Legionella bacteria had been carried out under contract within six months of our inspection.

Not all staff that we spoke with felt that there was always enough staff to meet people's needs effectively. Some staff told us how they sometimes felt 'rushed' and 'people had to wait longer for assistance at busy times of the day, such as mealtimes'. People and relatives told us staff always responded promptly when required. During our inspection we observed the deployment of staff worked well and people's needs were met swiftly. Rotas confirmed that there were always sufficient suitably qualified staff deployed to meet people's needs safely.

Staff had undergone relevant pre-employment checks as part of their application. However, the provider had not always followed safe recruitment procedures by fully exploring gaps recorded in staff previous employment.

We observed medicines administered safely in a way people preferred, by trained care staff who had their competencies assessed annually by the registered manager. However, where people were prescribed

medicines to be taken when required, such as pain relief, staff had not always recorded the quantity that they had administered.

People told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to relevant guidance. They were able to recognise if people were at risk of abuse and knew what action they should take if required. Since the last inspection the provider had reported seven safeguarding incidents which had been investigated and reported by the registered manager. We noted that the required learning and appropriate staff supervision had been implemented as a result of these incidents.

People's needs had been appropriately assessed and reviewed regularly. Their safety was promoted through individualised risk assessments. Where risks to people had been identified there were plans in place to manage them effectively. These plans were responsive to people's specific needs and tailored the care delivered for each individual. Staff understood the risks to people and followed guidance to safely manage these risks.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People were encouraged to be as independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities to protect people. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made in their best interests. People were supported by staff to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed appropriate DoLS applications where required, which had been authorised. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People's health was maintained and any concerns were promptly escalated to health care professionals for advice and guidance. Staff were trained to deliver effective care, and where required, followed advice from specialists for example speech and language therapists, physiotherapists, occupational therapists and community psychiatric nurses.

Staff had developed trusting and caring relationships with people and were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

People's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs. This ensured people's care plans accurately reflected their wishes in relation to the way

staff were to support their assessed needs.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to participate in social activities which protected them from social isolation.

People and relatives knew how to complain. People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs. We reviewed five complaints made in the previous year. These had been recorded, acknowledged and investigated in accordance with the provider's policy, to the satisfaction of the complainant.

The registered manager was highly visible, and promoted a culture of openness where people and staff were encouraged to provide feedback. During our inspection staff demonstrated the values of the provider through their behaviours. Staff were observed to treat people as individuals, with kindness and respect.

The registered manager operated a system of regular audits to assess and monitor the quality of the service provided and to identify and plan required improvements. The provider also employed an external quality assurance assessor who completed independent monthly audits. The registered manager also completed an annual survey to monitor the quality of the service provided.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe not always safe.

Not all staff that we spoke with felt that there was always enough staff to meet people's needs effectively at busy times. However, during our inspection we observed the deployment of staff worked well and people's needs were met swiftly.

Safe recruitment procedures had not always been followed. Gaps in staff previous employment histories had not always been fully explored to ensure they were suitable to support vulnerable older people.

Medicines were administered safely. However medicines prescribed with a variable dose, to be taken when required, such as pain relief for headaches, had not always had the quantity administered recorded. This increased the risk of exceeding the maximum prescribed dose over a specified period.

Risks to people were identified and effectively managed by staff to ensure people's safety. Staff understood how to keep people safe, how to protect them from abuse and how to raise concerns if they had them.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

People were encouraged to maintain a nutritious, healthy diet and their identified dietary needs and risks were managed effectively.

Staff were alert and responsive to changes in people's needs.

Staff ensured people accessed health care services promptly when required and were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion in their day to day care. Staff were thoughtful and showed concern for people's wellbeing in a caring and meaningful way.

Staff encouraged people to make choices about their own care and how they wished to spend their time. People were actively involved in making decisions and planning their own care and support.

Staff had developed positive and caring relationships with people who were treated with dignity and respect. People told us they were listened to by the registered manager and staff which made them feel they mattered.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was tailored to meet their individual needs.

Staff promoted people's confidence and independence to empower them to live their lives as they wanted. People were supported to pursue activities of their choice to protect them from social isolation.

The registered manager sought feedback from people, relatives and supporting health and social care professionals, which they acted upon.

Complaints were managed in accordance with the provider's policy. Learning from complaints had been used by the registered manager to drive improvements in the service.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Broadmead Rest 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 was 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 of Broadmead Rest Home took place on 29 and 30 March 2016 and was unannounced. The inspection team consisted of two CQC inspectors and a specialist advisor. The specialist advisor had professional experience and knowledge in relation to supporting people living with dementia.

Before the inspection we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

The provider had completed a Provider Information Return (PIR) before our inspection. A PIR is a form we sometimes ask providers to complete, which includes key information about the service, what the service does well and any improvements they plan to make.

Prior to our inspection we spoke with local authority commissioners who were involved in the support of people living at the home. During our inspection we spoke with twelve people, and seven of their relatives, to obtain their views on the quality of care provided at Broadmead Rest Home.

We used a number of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about them. We observed how staff cared for people across the course of the day, including when they participated in activities and when medicines were administered. We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person at the home.

In addition, we spoke with the registered manager, the deputy manager, the head of care, nine care staff , the activities coordinator, the cook, the maintenance officer and the driver. We also spoke with the provider and four visiting health professionals.

We reviewed eight people's care records including their daily notes, care plans and medicine administration records (MARs). We looked at recruitment files of eight staff. We also examined records relating to the management of the home. These included maintenance reports, audits and minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 23 October 2013 we found that the provider was not providing a safe environment for people to live in. Following our inspection the provider took action and moved people from the main house to the annexe and limited the number of people they accommodated to 18. At our last inspection on 2 April 2014 we found that although the old house was no longer occupied the provider had not taken action to ensure that the required works had been completed so that this part of the home could again be used to provide the regulated activity. We saw evidence that, although works had been completed in relation to the annexe, there was no evidence available to confirm that the works completed had met the requirements of the fire service or the health and safety requirements of the local authority. We told the provider to produce an action plan in relation to the safety and suitability of the annexe premises. During this inspection we found the provider had followed their action plan and had made necessary improvements to meet the legal requirements to provide a safe environment for people to live in.

The provider had an emergency business and continuity plan for the home. Fire safety precautions and equipment were checked regularly. Evacuation procedures had been practiced to ensure they were safe and effective. Utilities, such as gas and electricity were routinely checked under contract and the maintenance staff ensured that repairs were completed promptly. Safety tests in relation to the presence of asbestos and Legionella bacteria had been carried out under contract within six months of our inspection. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella bacteria. All equipment used to support people had been serviced regularly in accordance with the manufacturer's guidance, to ensure it was safe, clean and fit for purpose. People lived in a safe environment because the premises and equipment were checked and maintained effectively.

Safe recruitment procedures had not always been followed. The provider had an on-going staff recruitment programme. Staff had undergone relevant pre-employment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a system was in place for pre-employment checks and the required records were available to confirm these had taken place. However four staff files of staff who had worked at the home for a long time did not have satisfactory written explanations for these gaps in their employment histories. This meant the provider could not be assured that all staff employed were suitable to support vulnerable older people. The registered manager told us that staff with such gaps had been appointed before their arrival at the home and they were in the process of reviewing these gaps. Satisfactory written explanations for the identified gaps had been obtained prior to the completion of our inspection. To ensure all gaps in potential staff employment histories were fully explored in future the registered manager had changed the format of the staff interview selection form. This ensured this information would be provided by future applicants and checked by the provider. Although action had been taken to make improvements time was required to ensure these were embedded and sustained.

During our inspection we observed the deployment of staff, who worked well together to ensure people's needs were met swiftly. However, not all staff thought there was always enough staff to meet people's needs effectively. The registered manager told us that staffing levels had been reduced recently due to people who required nursing care moving to an alternate provider. The registered manager told us they supported staff, together with the deputy manager and head of care, at busy periods to ensure that people were supported effectively. Rotas we looked at for the months of February and March 2016 demonstrated there were always sufficient suitably qualified staff.

The registered manager told us that there were two staff vacancies at the time of our inspection, which rotas confirmed. These vacancies were usually covered by permanent staff working voluntary overtime. Where required, staff were employed from a single agency to provide continuity of care. The registered manager had created a file to provide agency staff with information about the home. This included people's needs and routines, a summary of people's emergency evacuation plans, summary of people's nutritional requirements and emergency information pertaining to the home. We saw that agency staff had signed to confirm they had read the information.

Broadmead used an independent pharmacy for all their medication needs and the same dosage system was used for all people that had their medicine administered to them by staff. Two people had been assessed by their GP to be competent to self-administer their medicine. Staff promoted their independence by supporting them to do this.

People's medicine administration records (MARs) demonstrated that people received their prescribed medicines at the times required. Staff who administered people's medicines were aware of the medicines that people received to manage known health issues. People's allergies were clearly recorded, to ensure people were protected from possible harm.

The registered manager told us that staff who administered medicines had their competency to do so assessed annually. Some people's health needs meant they required regular checks, for example; to monitor blood glucose levels. Records confirmed that staff who administered medicines had been trained to complete such monitoring, which had been completed in accordance with guidance from the person's GP.

Some people were prescribed medicines in variable doses, to be taken when required (PRN), such as pain relief. However, staff had not always recorded the quantity that they had administered on the MAR charts. We confirmed that these PRN medicines had not been administered in quantities to any person to cause a risk. Prior to the conclusion of our inspection the registered manager had contacted the homes' GP to arrange all variable doses to be changed to specific doses to avoid any confusion. Some people were also prescribed creams by their GP. There were no body maps in people's medicine profiles to indicate precisely where cream should be applied, although there were written descriptions. This could increase the risk of cream being applied to the wrong area. Staff we spoke with knew how and where to apply people's prescribed creams, which we observed in practice. The head of care, who was the medicines lead at the home immediately reviewed people's records and created body maps where required. Although prompt action had been taken by the registered manager to make improvements to medicines management, time was required to ensure these were embedded and sustained.

We observed the head of care completing the breakfast medication round. They were seen to have a red tabard on, to show people that they were not to be interrupted during this task; they also supported each person to take their medication in their preferred way.

The provider had systems for ordering, receiving, storing and disposing of all medicines safely. All medicines

were kept safely in a secure environment. Our observations confirmed that access to medicines was restricted only to appropriate care staff involved in the management of medicines. The provider operated a system which ensured medicines required to be stored within recommended temperature ranges to remain effective were safe to administer to people.

Staff supported people to keep safe by carrying out risk assessments and taking steps to minimise risks effectively. These were accurately recorded in people's care plans. People's needs were assessed before they moved into the home, using information from the person themselves, relatives and health professionals involved in their care. These assessments were used to ensure people only came to Broadmead if their needs could be met safely. The care plans we reviewed had not always been signed or dated to demonstrate who had been involved in creating them or when. Care plans were written by the registered manager, deputy manager or head of care. The registered manager told us they created care plans together with the person or where required their family member or care manager. We spoke with people and their relatives who confirmed they had been fully involved in this process. The management team and nominated senior staff had completed monthly reviews of people's needs and risk assessments or more frequently when required.

Staff were able to demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within their support plans. Assessments included risks relating to moving, falling, skin breakdown, choking and malnutrition. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm.

When people required equipment to support their independence or safety, such as walking aids, specialist chairs or bed sides, these were risk assessed appropriately. We observed staff using equipment correctly and considering risks to people's health and safely. We saw people being repositioned before they ate and during their meals, to reduce their risk of choking. Where people were identified to be at risk of pressure ulcers we noted these were monitored and where necessary people were repositioned in accordance with their pressure area management plans.

People were kept safe as care staff understood their role in relation to safeguarding procedures. Records showed that in the previous year seven safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. All of the staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding concern, including reporting issues outside of the provider's organisation if necessary.

Staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns. We observed that highly visible safeguarding guidance was displayed prominently within the home. This was also displayed in other languages including Latvian and Rumanian for the benefit of staff who originated from these countries. Staff told us they would have no hesitation in reporting abuse and were confident the home manager would act on their concerns. Staff knew the provider's whistle blowing policy and said they would use it to keep people safe if they needed to.

Good

Is the service effective?

Our findings

People and their relatives praised the registered manager and staff for providing effective care and support. People told us staff knew their needs and how they wished to be supported. One person told us, "The carers (staff) look after me so well and always get the Doctor if I'm poorly." A relative told us, "I trust the staff because they always let us know if (their loved one) is poorly and are quick to call the experts when it's required."

Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by managers before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively.

We spoke with a new member of staff who told us their induction programme gave them the skills and confidence to carry out their role effectively. The provider had reviewed the induction process to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

The provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Where staff training needed to be refreshed this had been identified and scheduled for completion by the registered manager. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The provider had enabled further staff training to meet the specific needs of the people they supported, including diabetes and dementia awareness. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. Records demonstrated that managers and senior staff had completed management courses relevant to their roles and responsibilities.

People told us that staff were well trained. They had seen new staff shadowing the experienced care staff, which they thought was good. We spoke with a new member of staff who told us they had shadowed a colleague for two weeks before they were allowed to work unsupervised. They told us the registered manager had provided clear guidance regarding what they could and could not do during this period.

Staff told us the management team were approachable and supportive. Staff received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff aspirations and plans to achieve them. Where required the registered manager had addressed any issues relating to performance and action plans were reviewed at the start of the next supervision to check on progress made. Supervisions afforded staff a formal opportunity to communicate any problems to the management team and suggest ways in which the service could improve. Staff told us that the registered manager was a good listener and

encouraged staff to speak with them about their ideas or concerns. Staff received effective supervision, training and support to carry out their roles and responsibilities.

Monthly staff meetings provided an opportunity to discuss issues and ideas to support people. We reviewed minutes of staff meetings which reinforced training and best practice, for example; the use of reflective practice to ensure learning from adverse incidents was used to improve the service. These minutes also addressed concerns raised by staff and recorded the advice and guidance provided by the management team.

We observed staff supported people to identify their individual wishes and needs by using their individual methods of communication, in accordance with their care plan. Wherever possible people were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance. Relatives and health and social care professionals told us that the registered manager actively involved them in all decisions relating to people's care and support.

The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support. We reviewed a best interest decision process to support one person with a financial decision and another in relation to a person who received their medicines covertly in strawberry jam. These and other similar records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for five people in the home, in accordance with legislation. At the time of our inspection four of these were authorised, with the other one in the process of review and authorisation. Paperwork associated with applications demonstrated that the lawful process of mental capacity assessment and best interest decisions was completed before applications were submitted. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People and relatives told us the food was 'excellent', being both nutritious and appetising. One person told us, "The cook is wonderful. If I don't fancy eating anything they always come to see me to make sure I'm alright and if I would like anything else." One person told us, "I like the food here because the cook makes you what you like. I really like sardines on toast which takes me back to my childhood." Another person said, "I haven't had bacon and eggs for six months but the cook checked to find out if I could have some as a treat and it was wonderful." One relative told us, "I eat here regularly and would recommend you have lunch here."

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed. The cook followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists to ensure people would receive the support they needed to eat and drink. This guidance was detailed in people's files and the

cook was involved in ensuring people received suitable foods of the correct consistency to reduce the risk of choking.

Staff offered support to people to make food and drink choices and checked when they had finished their meals. Where required people were provided with supportive equipment, such as easy grip cutlery and non-spill cups, in accordance with their nutrition plan. Throughout the meal attentive staff offered gentle encouragement, particularly to people who had been identified at increased risk of malnutrition. Staff provided appropriate support with people's mobility whilst attending and leaving the dining room. Later we spoke with people who had chosen to eat in their bedroom. One person told us, "Sometimes I just don't fancy going to the dining room but the cook always makes sure I have what I want." People were supported to maintain a healthy, balanced diet.

We observed examples of good practice in between mealtimes, where staff patiently supported people with drinking fluids. Staff were seen to seat themselves at the same level as the person and support people appropriately at their pace without rushing them.

People were cared for by staff who understood and responded to their needs. Staff were knowledgeable about individual's needs and provided care in a calm and relaxed manner, which reassured people.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists. During our inspection we spoke with Broadmead's GP, a visiting occupational therapist and a community nurse, who told us the registered manager and staff had made swift referrals to them when required. We spoke with a visiting relative who told us they thought their loved one may have toothache. Prior to the conclusion of our inspection we noted the registered manager had arranged for this person to be visited by a dentist at the earliest opportunity.

Good

Is the service caring?

Our findings

People were supported in their day to day care by staff who were kind and attentive. People told us they were happy and proud of "their home". People said their individual needs were met and understood by staff who listened to them. One person we spoke with told us "I'm happy as a lark here" then began singing "I'm H A P P Y". They told us the staff treated them "like one of their own family".

We observed a warm atmosphere in the home with people engaging staff and each other in conversation. Staff always spoke in an inclusive manner, enquiring about people's welfare and feelings. One person told us, "She's (staff) lovely. She always has a smile on her face and time to stop and chat."

Staff treated people gently and took their time whilst delivering support so people did not feel rushed. A relative with experience of other care homes told us, "The staff are really good at supporting people and one another, especially if they are worried or upset about something."

Throughout the inspection we observed and heard staff continually providing reassuring information and explanations to people whilst providing care, particularly when supporting them to move. One person became worried and disorientated after briefly dozing in an armchair. Staff immediately provided gentle reassurance, which eased the person's anxieties and improved their wellbeing. One person who had previously lived in another home told us, "I'm very happy here. The people who run it and the girls (staff) are so nice. At the other place I was crying all the time, now I'm always laughing and smiling."

People's end of life care plans included information about their faith and culture. People were treated with dignity and staff showed respect for people's diversity. Staff told us they had completed training in relation to equality and diversity, which was confirmed by records.

Staff ensured they used language the person understood and continually encouraged and reminded them of their positive achievements whilst providing support. People and staff had general conversations that did not just focus on the person's support needs. Some people had limited verbal communication, whilst others had sensory impairments. Staff understood how people showed dislike, displeasure, and discomfort, and addressed identified issues in a sensitive manner. People were comfortable with the staff supporting them and chose to spend time in their company.

People's privacy and dignity were respected. During a group sing along we observed the activities coordinator discreetly support one person to rearrange their dress to uphold their personal dignity. Staff always knocked and asked for permission before entering their rooms and spoke courteously with people. People said staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, by ensuring doors were closed and curtains drawn when necessary. One person told us staff always checked to make sure they were happy sleeping with their door slightly ajar.

People's rooms were personalised with their belongings, furniture and photographs. One person told us,

"My room is lovely. I've got lots of photos of my family, including my grandfather. They (staff) have been so kind to me and helped me make my room so homely."

Staff understood the importance of promoting people's freedom and independence. People had access to all parts of the home, and chose how they spent their time. When staff offered people options, for example, in relation to activities, meals, drinks or clothing, they gave people time to decide and respected their decisions. Staff were attentive and provided appropriate support whilst allowing people be as independent as possible. For example we observed one person who walked as far as they were able, to and from the dining room, then requested support from staff, which was provided in accordance with their mobility support plan.

Staff were very knowledgeable about people's needs and had developed caring relationships with them. Health professionals told us they had observed relationships between people and staff to be 'caring and compassionate'.

People were involved in planning their care. People told us they had visited the home before they moved in, which had reassured them. Initial assessments were completed before people moved into the home to ensure the provider was able to meet people's needs. Care documents showed needs and risk assessments were completed and reviewed with the involvement of the person, their relatives or care manager where required. Care plans captured people's individual preferences and identified how they wished to spend their time and live their lives. People were supported to be involved in decisions about their care.

Some people had expressed their wishes for end of life care and these were noted in people's records. Where appropriate, people were given support when making decisions about their preferences for end of life care.

Staff told us about the importance of treating people's personal information confidentially. Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. All care records were kept securely in the manager's office to ensure they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People were involved in planning their care. People and relatives told us they had visited the home before they moved in, which had reassured them. Initial assessments were completed by the registered manager before people moved into the home to ensure the provider was able to meet their needs. We spoke with the family of a person who moved into Broadmead during our inspection. They told us they were impressed by the registered manager's commitment to ensuring their loved one was supported throughout this transition. We observed staff take time to introduce this person to other people who had similar interests and capabilities, in accordance with their transition plan.

Needs and risk assessments were completed and reviewed with the involvement of the person, their relatives or care manager where required. Care plans documented people's individual preferences and identified how they wished to spend their time and live their lives. People were supported to be involved in decisions about their care.
Care plans also described how people communicated and any care needs associated with this. People recently discharged from hospital had all aspects of their care re-assessed and reviewed before their return to the home, to ensure the home could meet their changing needs. We observed staff delivering support in practice, in accordance with people's wishes and their support plans.

People's care plans included guidance for staff on supporting their specific health conditions and how to support them if they became unwell. Staff demonstrated their knowledge of people's needs and risk assessments; this was consistent with the guidance contained within people's support plans. Assessments included risks relating to moving, falling, skin breakdown, choking and malnutrition. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. They did this with minimal restrictions on people's movement and choices, for example; people were encouraged to be as independent as possible.

The registered manager told us people's care plans had been reviewed and there was a greater focus on care documentation being person centred. Care plans highlighted when people preferred care staff of a particular gender and how people liked to be addressed. The registered manager told us that where people's life histories were brief they were in the process, with relative's assistance where required, of describing people's interests, achievements and passions in more detail. People told us they had been encouraged to complete 'pen pictures' about their life. Relatives told us the registered manager and activities coordinator had spoken with them to arrange convenient appointments to gain further information about their family members' life histories. We read one person's handwritten biography which concluded, 'I have a lot to be thankful for Broadmead, especially for giving life back to me.'

A visiting relative told us how staff had found that supporting a person to have a bath when they wanted one reduced their anxieties. We noted this person often bathed at 4.00 pm or whenever they wished, in accordance with their positive behaviour support plan. The person's relative said, "Compared to others, this home is run creatively. The deputy manager takes a real interest in people's behaviours and really has their finger on the pulse. They (staff) understand her (their loved one) needs and routines. And it is her schedule

and not theirs".

The registered manager and staff were committed to listening to people's views and making changes based on people's comments and suggestions. People said staff were always friendly and approachable and "wanted to know if they were unhappy with something. "

Feedback was sought by the provider and registered manager from provider surveys and resident's meetings. Relatives were also invited and encouraged to attend the monthly meetings. The registered manager also endeavoured to speak with family members whenever they came to visit to obtain their views. People commented on changes that had been made as a result of feedback such as the new menus, new furniture and the variety of activities.

People had a copy of the provider's complaints procedure in a format which met their needs. This had been explained to them and, where necessary, their relatives by the registered manager. Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the home was achieved. For example, issues raised in complaints were a standing agenda item at monthly resident's meetings, where the registered manager provided an update and sought people's views on the action taken to make improvements.

The registered manager maintained a record of complaints, but said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. Since the last inspection there had been five complaints. Records demonstrated that formal complaints since our last inspection had been promptly resolved by the provider.

People's care plans included guidance for care staff on supporting their specific health conditions, such as multiple sclerosis, diabetes or dementia, and how to support them if they became unwell. Care plans also described how people communicated and any care needs associated with this, such as prompting staff to check people's supportive equipment, such as hearing aids.

The provider responded promptly to people's changing health needs through person centred care planning and review. People's care plans were reviewed monthly or more frequently if their needs changed. People recently discharged from hospital had all aspects of their care re-assessed and reviewed before or upon their return to the home, to ensure the home could meet their changing needs.

People were supported to pursue their personal interests and social activities to protect them from social isolation. The activities programme arranged various events in the home, which included visiting entertainers, quizzes, arts and crafts, parties and music. There was a different activity theme every month such as making Easter bonnets or Christmas decorations. One person had told the deputy manager that the carol singers and bell ringers at Christmas were "really wonderful and nearly made me cry". Another person told us how they enjoyed reading 'Mills and Boon' romantic fiction. We observed the person at different times of the day reading different books while they enjoyed a group sing song and visit to the hairdresser. During the inspection we observed people happily interacting with the activity coordinator's dog. One person told us, "It makes my day to see Alfie (the dog) and wish he could come more often." People enjoyed the activities on offer and staff enabled people to participate at their own pace. People were very positive about the activities programme and the enthusiasm of the activities coordinator.

People told us they enjoyed trips outside the home but realised the difficulty in arranging the necessary support. They told us that the staff were also excellent at providing innovative alternatives, for example;

People told us about a recent day at the seaside, where staff had created a sandy beach within the home, together with beach balls and garlands of flowers. Another person told us how they had recently enjoyed an activity where they prepared "funny food" with the cook and staff. People who enjoyed painting and writing poetry were also supported and had their work displayed on walls within the home.

People's participation was monitored by the coordinator to improve the programme and identify if people were becoming socially isolated. The activities coordinator had identified the need to develop 'one to one' time with people. They told us that as well as the group activities they also tried to spend time with people on a one to one basis who just wanted to chat.

Good

Is the service well-led?

Our findings

The provider told us their aim was to support people to lead active lives that were as full and as happy as possible. The provider said their core values included treating people with dignity and respect, while delivering high quality person centred care and support. The registered manager told us their main focus was to make sure people felt cared for and that "they really mattered."

People and relatives told us that staff had created a trusting and supportive environment consistent with the provider's values. Staff were able to explain the provider's values and how they applied them while supporting people during their day to day lives. During the inspection we observed all staff demonstrating these values while supporting people in practice.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. Relatives told us whenever they contacted the home staff were always friendly and knew what was happening in relation to their family member. A healthcare professional told us the registered manager and staff had been keen to listen to their advice and guidance, which they then implemented in people's day to day care.

People told us staff were always cheerful and looked as though they enjoyed being there. One person told us, "The carers (staff) are so good to me and are so helpful and caring that it makes me feel as though I'm not a burden. They make me feel as though they want to do things for me because they care." Staff spoke with pride about the individual achievements of people living at the home. Relatives told us the registered manager, their management team and staff were "always trying to provide the best care possible." Relatives told us that during visits to Broadmead they experienced a welcoming atmosphere within the home and a good team spirit amongst the staff. During the inspection we observed people who were happy and relaxed in the company of staff and other people. At times where people required support quickly we observed staff were mutually supportive of colleagues without being asked.

Staff told us the registered manager, deputy manager and head of care had different qualities but worked well together. Staff told us the management team valued their opinions and listened to their suggestions. One new staff member told us, "I have never looked forward to going to work as much as I do here." Another staff member told us, "When it gets busy the managers will always come and support staff to make sure people receive care quickly and are not kept waiting."

During the inspection we observed people, relatives and staff approach the management team to seek advice or just for a social chat. A visiting relative told us, "When there is a problem there is an enthusiasm to resolve it and a willingness to share information. I enjoy speaking with the managers. The two ladies who run it (registered and deputy manager) make a great team and are always willing to listen to me which I find very reassuring. "

The registered manager and management team were highly visible within the home and provided clear and direct leadership. Staff told us the registered manager and management team were readily available and

very supportive. Staff told us the registered manager had an open door policy and were "always there for you." The management team were flexible and their level of their support was increased during challenging periods. During our inspection a member of staff became ill and had to go home. We observed the registered manager and head of care remain to support staff providing personal care and baths for people during the evening to cover for the absent staff.

We observed the registered manager, deputy manager and head of care respond to call bells when staff were busy. The registered manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had created a transparent culture within the home, where people and staff felt safe and confident to express their views. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

People were encouraged to be involved in the development of the home. There were monthly meetings where people and staff were able to discuss any concerns or ideas to improve the service. People were informed of the progress in relation to actions generated by previous meetings, for example; there were updates in relation to home improvements and decoration and; people's suggestions for activities and menu changes.

During staff meetings people's changing needs were discussed and recorded in the minutes. Where staff sought advice the management team provided clear guidance in response to questions raised, which we observed had been carried out in practice. For example, one person who was at risk of seizures required support to mobilise but staff had raised concerns about the suitability of the person's wheelchair to do so. This was immediately addressed to the relevant health professionals, and the person's mobility support plan was updated and their wheelchair replaced with one which had more support.

Staff told us the registered manager encouraged them to express their views about the home and support being provided to people, which records confirmed. A new staff member told us all staff shared a joint responsibility to continually improve the home. People and staff told us told us they were fully supported by the registered manager whenever they raised concerns. We spoke with a member of staff who had raised sensitive issues with the registered manager. They told us they had been well supported by the registered manager who dealt with the issues promptly, in a discreet and tactful manner.

The registered manager operated a system of regular audits to assess and monitor the quality of the service provided and to identify and plan required improvements. The provider had arranged a monthly audit by an external assessor, who generated actions to improve the service. We observed the registered manager had taken action to implement the required improvements, for example in relation to person centred care planning and obtaining and recording valid consent. The provider also completed monthly compliance audits and an annual survey to monitor the quality of the service provided. People and relatives had made positive comments in the provider's survey about the home and any identified areas for improvement had been subject to action plans, which had been completed. One relative had suggested how staff could improve their communication with their family member. We noted that the management team ensured staff were aware of this feedback, which was implemented in practice and recorded in one to one supervisions and the minutes of staff meetings. The provider and registered manager produced an annual service improvement plan and business continuity plan which addressed any areas for improvement identified through the various audits.

The registered manager was supported by the provider who also assessed and monitored their performance. The registered manager demonstrated they were driving continuous improvements in the

quality of service provided to people at Broadmead in their weekly reports. These reports were not compiled in a formal document but the registered manager was able to demonstrate these reports with an email audit trail.

The provider conducted regular checks on staff performance and service quality through unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained. During these visits the provider checked on the progress of actions to improve the service identified by the external quality assurance assessor.

Accidents and incidents were logged and reviewed by the registered manager. This ensured their accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

The registered manager and staff worked in partnership with health and social care professionals to achieve the best outcomes for the people they supported. Staff liaised effectively with the local district nursing teams and health professionals, who had been kept well informed regarding any issues raised by the registered manager.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of information.

The registered manager and staff understood their 'duty of candour' responsibilities. Staff told us they had recently received training in relation to the 'duty of candour', which records confirmed. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed an incident where the registered manager had apologised to people and their relatives, in accordance with the 'duty of candour.'