

L Adams and J Adams

Broad Oak Manor Nursing Home

Inspection report

Broad Oak End
Bramfield Road
Hertford
Hertfordshire
SG14 2JA

Tel: 01992551900

Website: www.broadoakmanor.co.uk

Date of inspection visit:

27 November 2019

04 December 2019

16 December 2019

Date of publication:

10 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Broad Oak Manor Nursing Home provides nursing care for up to 23 older people. At the time of our inspection 12 people lived at the home.

The home is an adapted manor house, with several reception rooms, dining room and lounge. People have access to an enclosed well-maintained garden where they can enjoy the outside space.

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

People and relatives spoke highly of how kind and caring staff were. They used words such as 'extraordinary', 'highly' and 'outstanding' when they described staff's behaviours, kindness and attitude when caring for people.

Strong caring values and ethos run through the core of the organisation. These placed people at the centre of their care and created a warm and friendly family like environment. People and their relatives felt at home at the service and considered staff being their extended family members. Many relatives told us their loved ones were alive due to the loving care they received from staff.

People and their relatives were involved in every aspect of their care and this made them feel valued and empowered to talk freely about their wishes or worries. This had a positive impact on people's psychological wellbeing.

People felt safe. Staff knew how to report their concerns under the whistleblowing and safeguarding procedure internally and externally to local safeguarding authorities. Staff knew how to promote people's safety and mitigate risks to people's health and welfare. Medicines were administered safely by staff. There were enough staff employed through robust procedures to meet people's needs in a timely way.

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

People's needs were assessed and regularly reviewed. This ensured their needs could be met effectively. Dietary needs were catered for and when needed other health professionals were involved in people's care.

Activities organised in the home were based on people's interests. There were good links developed with the local community and relatives of people were regularly attending a range of organised events at the service.

People's care plans were developed in an electronic format. These were under review and further development to reflect better people's likes, dislikes and preferences. There was a complaints procedure in place, however relatives told us they never had a cause to complain as any concerns they had were resolved

promptly.

The provider worked with other organisations to ensure people achieved positive outcomes and lived comfortably. A range of audits were in place to accurately measure the quality and safety of the care provided and improve where needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.□

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.□

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Broad Oak Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Broad Oak Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including housekeepers, chef, care pathway facilitator, nurses, care staff, the registered manager and the provider. We also spoke with a visiting health professional. 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.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and trusted staff. One person said, "I am very safe here. It's my home." Relatives told us they never had any concerns about people's safety. One relative said, "I was never concerned the [person] may not be safe. Staff are very good, and I never seen anything to worry me at all."
- Staff knew their responsibilities under the safeguarding and whistleblowing procedure. They told us they reported any concerns they had to their managers. Staff knew where to find contact details for external safeguarding authorities to report their concerns if needed.

Assessing risk, safety monitoring and management

- Risks to people's wellbeing were assessed and risk assessments were in place to mitigate these. Staff knew people well and they told us how they ensured that risks to people's well-being were minimised.
- Risk assessments included any equipment people needed, falls, choking risk and others. The level of risk was regularly reviewed, and further measures were considered when needed. For example, when people's needs changed and the risk of them developing pressure ulcers increased specialist air flow mattresses were used to prevent pressure ulcers from developing.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People, relatives and staff told us there were always enough staff to ensure people could go out if they wanted and had their needs met promptly.
- Recruitment checks were in place to ensure staff employed were sufficiently skilled and experienced to work with people safely. Prior to staff starting work, a range of checks were completed. These checks included identity and right to work, criminal records check and references from previous employment.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- We found all the areas to be clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily

available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- Reflective practice was one system the registered manager used to ensure lessons were learned when things needed to improve, or they wanted to achieve better outcomes for people.
- Staff told us they used handover and staff meetings to discuss what lessons they had to learn. For example, it was found that the air mattress pumps were very sensitive and when dusted or even touched the settings could be changed. Staff were made aware to check the settings each time they provided care to people who used these mattresses and in addition the nurse in charge checked these on each shift.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior of them moving to Broad Oak Manor Nursing Home and care plans were developed with relevant risk assessments.
- When needed, best practice was sought and communicated to staff in order to ensure people's care was provided effectively. Staff were supported by a health professional who visited regularly. This also helped to ensure care was delivered in line with good practise and recognised standards. The health professional told us, "I always find staff knowledgeable about health issues and how to maximise people's well-being."

Staff support: induction, training, skills and experience

- Staff we spoke with were very happy about the support they had from their managers. One staff member told us, "The managers are approachable. I can talk to my manager if I have a problem. I send her an email and she will come and talk to me. I love working here."
- The majority of the staff working at the home had worked there for a number of years. One staff member told us how they travelled every morning a considerable distance. They told us, "I just love working here and although I travel from far I don't mind. I feel valued and supported here so I wont work anywhere else."
- Staff continued to receive training, which enabled them to meet people`s needs and recognise when people's health needs changed.
- Newly employed staff received training in line with the nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the quality of the food provided. One person said, "The food is very good here. The chef comes and talks to us. If we don't like something there is always an alternative. Nothing can beat a nice home cooked meal."
- People's dietary needs and likes and dislikes were well known to the chef. They told us, "I am really passionate about cooking. I ask people what they like, or dislike and I make the menu. If people don't like something we always make alternatives. I fortify the food and take into consideration that some people advanced in their age lost their taste and they are looking at how you present the food and portion. It comes down to knowing the residents I know the special diets and allergies and likes and dislikes."
- Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration and referrals were made to dieticians and GP where weight loss was identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff working at the home were able to identify when people's needs changed and seek professional advice. We saw that people were referred to GP, dieticians, physiotherapists and other professionals when their needs changed.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

Adapting service, design, decoration to meet people's needs

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed. The standard of décor throughout was clean and homely.
- People's bedrooms were personalised with items they wished to bring from their own homes including pictures.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us, and we observed staff seeking their consent before they carried out any aspects of their care. Staff asked people if they wanted to take their medicines, if they wanted to come out of their rooms or what they wanted to eat.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done lawfully.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Caring for people in the true meaning of the word ran through the core of the organisation. The providers systems and processes were value based and designed to put people first and enable them to feel valued and at home in a family like environment.
- People we spoke with were delighted about how caring and kind staff were. One person told us, "I never had any regrets moving in here. The staff are so kind to me. I really feel at home here."
- Relatives of people who were not able to speak with us were impressed by the staff working at the home, the registered manager and the provider. All the relatives we spoke with told us they were convinced that due to staff's kindness and individualised care their loved ones lived a comfortable life although when they moved in they were predicted to only having a short time left.
- One relative told us, "[Person] was dying, lonely at home not eating well and struggling. When they moved in it was thought they would die very soon. [Person] is not very good in forming relationships with people and every staff member spent a lot of time to get to know them and they formed a special relationship with staff. Everyone is supportive, and kind and they know [person] well. They were dying of loneliness and depression. The staffs` behaviour and being included in the homes` life and offering mental stimulus saved their life."
- Another relative told us, "[Person] is not well, they are on borrowed time. They would not be alive today if it would not be for the kindness of the staff. They are just marvellous they look after them so well. They are really lovely and we feel lucky to have found this place. I wish everyone could experience this."
- Staff understood the importance of making people feel valued, useful and promoted people's self-esteem to enable a positive mindset. This contributed to people's increased well-being and they achieved positive outcomes. One relative told us, "Staff will sit with [person] and because they were a teacher they are asking them to correct their spelling and grammar and it's great. [Person] feels useful and it's amazing."
- Staff told us they were proud to work for an organisation where the provider themselves demonstrated and led by example in how to show kindness and compassion, not just to people using the service but to staff as well. One staff member told us how the provider helped them when they had a family crisis and they were in danger of losing a relative due to health issues. With the provider's help they could continue to work knowing their loved one was safe. This staff member told us, "This was done just out of kindness which was showed to me and [my relative] without the provider having a financial gain out of this. Not many providers will do this for staff. I can only do the same thing and be kind to people."

Respecting and promoting people's privacy, dignity and independence

- Treating people with upmost dignity and compassion were staff's trade mark. They spoke about people

with respect and consideration emphasising how important it was for them to show respect and value what people loved and cherished.

- One staff member told us, "This home is like a second home and I really love working here. I like it because I developed really good relationship with people and families. Dignity is in everything we provide, in looking after residents and their families with kindness, develop good relationships, just showing that we care it's really important."

- A relative told us, how staff respected their loved one's privacy and choice of not coming out of their room initially, but also how staff promoted their dignity by slowly encouraging visits to a hairdresser and continuing with a long-life hobby the person had. This made the person feel better about themselves and they were more engaged. Another relative told us, "Staff are lovely very protective of people's privacy and dignity. I was talking to a new resident (when visiting) who only just moved in and they told me how kind the staff were. I do feel they are doing an outstanding job just by being so kind and caring. I really hope they will achieve outstanding."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us their views were always listened and acted upon. One person said, "I am the one who decides, and staff will listen to me. They are really truly amazing. They suggest things and I can choose to listen. I am very independent, and they let me be, but I know they are here when I need them."

- Relatives told us they felt included in every aspect of their loved one's care and they considered staff and everyone living in the home as their extended family. One relative told us, "We are always involved in reviews and they are caring enough to actually let us know if something changed or if the GP has been. It doesn't matter when we are coming in, we turned up different times and the care is wonderful. They are providing lovely care by being aware of what little things people like. It's a real family and community and we made friends with other people's families and become a part of our life. They always listen and involve us."

- Another relative told us, "They are doing more than just involve us in [relative's] care. They comfort me when I am a bit tearful and had a bad day and show me the same respect and compassion they show my [relative]. They listen and hear what I have to say. It's only them I can thank for that my [relative] is still alive and I can spend time with them. It means a lot to us as a family."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that staff were responsive to their needs. They received care and support in a personalised way and often this improved people's health and well-being. One relative told us, "[Person] has bad [health] problems and in the past, they had to send them to hospital and this caused so much anxiety. They [staff] discussed with the GP and got everything in [equipment] and they supported [person] marvellously. They recognised issues early and prevented it from happening. [Person] used to have chest infection after chest infection but now this reduced because they know them so well and they are providing excellent care."
- Care plans were developed well and in place for each identified care and support needs people had. These were kept electronically and were under review to fully incorporate and detail people's likes, dislikes and personal preferences.

Meeting people's communication needs

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

- People's care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.
- Staff told us they could interpret people's facial expressions and body language where they were not able to verbally communicate. This was echoed by relatives. One relative told us, "Often when I visit, I find a staff member sitting with [person] in the room and just chatting away whilst they write in their records. [Person] cannot talk but staff knows them well and reads the expressions better than I do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us there were plenty of activities and opportunities for people to socialise with family members or each other.
- One person told us, "I like the organised events. I join in." A relative told us, "The music session is lovely. [Staff] saw a program on TV about dementia and music and started a music session and it is amazing. People I know who are not verbal and do not speak they start singing and dancing." Another relative told us, "They know us as a family and they know my dogs and we can bring them in. They know my [relative] likes a special program on TV and they never forget to put it on."
- There were numerous events organised at the home which gave people the opportunity to interact with

members of the local community, like school children. People also had opportunities to attend regular church services as well as take on or continue hobbies like painting, arts and crafts and others.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and if they had an issue they talked to staff or the managers. One person said, "I only need to mention something to staff and its done. I have no reason to complain." Relatives told us they had no complaints. One relative said, "I always know who to go to if I have a concern and this is nice it's a very friendly and inclusive service."

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- Relatives told us they discussed and planned the care for people's final days with staff. One relative told us, "End of life care wishes were discussed, and we went through those a few times. They are able to offer a room for us as a family, so we can be present when the time comes."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff felt that the service was well managed. One person said, "The managers are good, they come and talk to me." A relative said, "It all comes from the top. The managers are good. I never had to raise any concerns or complaint and we as a family were asked for feedback. I am very happy with the service."
- Staff told us they felt honoured, valued and proud to work for the provider. One staff member said, "I feel part of a big family and not lower just because I am a cleaner. Its lovely and I think it is because of the caring nature of all the staff. It's really nice to be included and I never had that in previous roles." Another staff member said, "The difference here is that it is like a big family and with ups and downs, but we care for everyone and its really good."
- Accidents and incidents were recorded investigated, reported to safeguarding authorities and CQC when needed.
- The care and support people received was value based. The provider`s values were reflected through staff`s attitude, and people`s care plans. People were empowered to be as involved as possible and lead the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. Staff told us they had knew their responsibilities and how the provider was expecting them to deliver care and support to people.
- Audits were completed on a regular basis by the registered manager and the provider to ensure the quality of the service was regularly checked. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated.
- Staff told us they were well trained, and training was very important for the registered manager. One staff member said, "I read a lot about current best practices and regulations and the registered manager is good in pointing out any changes. I have done training and I am the wound champion and end of life champion in the home."
- The registered manager told us, "We are encouraged by the provider to develop and to seek training. We

look as managers to see what we need to develop further."

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

- People and relatives told us they were asked to give feedback about the service and they only had praise. One relative said, "We are always asked to give feedback and they give us a form to do so but we only have positives."
- A health professional told us, "I can only give positive feedback. I never seen anything to worry me at all. Staff are extremely kind, and they know patients well."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. A local hospice and other community palliative care specialists were involved in training staff in end of life care practices.