QH High Broom Ltd

High Broom Care Home

Inspection report

High Broom Road
Crowborough
East Sussex
TN6 3SL

Tel: 01892654027
Website: www.crowboroughcarehome.com

Date of inspection visit:
16 March 2017
21 March 2017

Date of publication:
26 April 2017

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

We inspected High Broom Care Home on the 16 and 21 March 2017 and the inspection was unannounced. High Broom Care Home provides accommodation for up to 38 older people. On the day of our inspection there were 29 people living at the service. High Broom Care Home is a residential care home that provides support for older people living with dementia and other health related conditions. Accommodation was arranged over three floors with stairs and a lift connecting each level.

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

People, relatives and staff spoke highly of the service and the management team. One staff member told us, "We are one big family here." One person told us, "The staff are absolutely lovely and I feel ever so safe living here."

The management team and staff at all levels were committed to working in a person-centred way, respecting people's wishes and preferences and treating them with kindness and compassion. Visitors valued the relationships they and their loved ones had with the staff team, and told us they always felt welcome. All spoke highly of how caring the staff and managers were. Staff knew people and understood their care needs and preferences. They spent time with people, both during care tasks and at other times.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act (MCA 2005). One staff member told us, "The Mental Capacity Act is about people's ability to make specific decisions." Mental capacity assessments were in place but had not considered people's ability to make a capacitated decision about living at the service when an application for deprivation of liberty safeguard had been made. Improvements were made during the inspection. However, we have made a recommendation about the oversight of mental capacity.

The risks associated with falling were mitigated and actions were in place to prevent people from falling. The provider followed nationally recognised guidance and worked in partnership with external healthcare professionals to promote a safe environment for people. People's falls risk assessments were reviewed monthly, however, these reviews failed to consider how many falls that person had experienced that month and whether the risk assessments remained effective. We have made a recommendation for improvement.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them.

Systems were in place for the safe storage, administration and disposal of medicines. People told us they received their medicines on time and in their preferred manner. We identified a few omissions with the recording of medicines; however, these were addressed during the inspection. We have made a recommendation about the implementation of an overarching medicines audit.

People were protected from the risk of harm and abuse. Staff had received safeguarding adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advice staff on what they should do if they had concerns. Safe recruitment practices were followed before new staff were employed to work with people.

The delivery of care met people's individual choice. Care plans gave information on people's likes, dislikes. People's changing health needs, such as changes to eating and drinking were reflected and therefore staff were informed of important changes to care. Information was available on people's life history and this fed into their care plan. This impacted positively on people's well-being.

Positive relationships had been developed between people as well as between people and staff. There was a friendly, caring, warm and relaxed atmosphere within the home and people were encouraged to maintain relationships with family and friends. A range of activities were available for people to participate in.

Systems were in place to monitor the quality of the service provided and regular checks were undertaken on all aspects of running the service. The registered manager had a range of tools that supported them to ensure the quality of the service being provided.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People spoke highly of the food provided and lunch was a sociable experience for people. Risks associated with eating and drinking were mitigated and where required staff provided one to one support in a kind and sensitive manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

High Broom Care Home was safe.

Staff had a clear understanding about how to protect people from abuse. People received the medicines safely when they needed them.

There were robust recruitment procedures in place and there were sufficient staff to keep people safe and meet their needs.

Risks associated with the environment were mitigated and risks associated with people's care were assessed, monitored and reviewed.

Is the service effective?

Good

High Broom Care Home was effective.

Staff received training and supervision to support them in providing effective care to people.

Staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and there were procedures in place to ensure that the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to access health care services to maintain their health and wellbeing.

Is the service caring?

Outstanding

High Broom Care Home was exceptionally caring.

Staff communicated effectively with people and treated them with utmost kindness, compassion and respect. They took time to develop a positive rapport with people whom they valued and were particularly attentive, respectful and patient.

Innovative measures were in place to gain feedback from people and staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They

respected their privacy and dignity.

Is the service responsive?

Good

High Broom Care Home was responsive.

Staff were responsive to the needs of the people they were caring for. People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

There were opportunities for social engagement and involvement in regular activities.

Is the service well-led?

Good

High Broom Care Home was well-led.

The registered manager promoted an open and positive culture which focussed on people. They promoted links with the community.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

High Broom Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on the 16 and 21 March 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make.

During our inspection we spoke with 12 people, four relatives, registered manager, deputy manager, four care staff, the provider, an activity coordinator and the chef. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care plans and associated risk assessments, three staff files, medication administration record (MAR) sheets, incidents and accidents, policies and procedures other records relating to the management of the service. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's received and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

This was the first inspection of the service under the new provider with the CQC.

Good

Is the service safe?

Our findings

People told us they had no concerns and felt safe living at High Broom Care Home. One person told us, "I feel very safe here." Visiting relatives also confirmed they felt confident leaving their loved ones in the care of High Broom Care Home.

There were sufficient numbers of staff to ensure that people were safe and well cared for. Staffing levels were based on people's assessed needs. A dependency tool was in place which considered people's level of assistance with personal care, nutritional, continence and what level of support they required to meet their social, emotional and psychological needs. The registered manager told us, "On a monthly basis, we review people's level of dependency and this feeds into our dependency tool which calculates the number of hours of care we provide on a daily basis. This then allows us to determine our staffing levels." Documentation reflected that the service was providing over and above the assessed number of hours of care they had calculated. For example, the dependency tool calculated that the service was required to provide 88 hours of care a day, but instead was providing 102 hours of care per day. People, staff and visiting relatives confirmed staffing numbers were sufficient. One person told us, "Staff are very helpful and there are plenty of them." People had access to call bells throughout the service which enabled them to summon help and assistance. Call bell response times reflected that staff were able to answer people's call bells within seconds or minutes and people felt satisfied with the response time. One person told us, "I use my bell occasionally, the respond very quickly, they're very good, I should think within seconds." Observations demonstrated that staff were continually visible throughout the service to provide interaction and stimulation for people.

People were protected from individual risks in a supportive way which promoted their choice and independence. A wide range of risk assessments were in place which covered areas such as mobility and nutrition. Risk assessments were based on nationally guidance and tools, such as the Health and Safety Executive (HSE). Where people required the assistance of two staff members to move and transfer along with a mobility aid (hoist), risk assessments considered the equipment required, the number of staff required and what may prevent a safe transfer. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Staff told us how people went out and about with their family and how some people walked the grounds of the service independently. Staff understood the importance of promoting people to live autonomous lives whilst balancing any potential risks.

Staff had sufficient knowledge about what elements of people's care routine that posed a risk. For example, where people were at risk of skin breakdown, robust risk assessments were in place and pressure relieving equipment was used as a preventative tool for people with reduced mobility. For example, pressure relieving mattresses were set according to people's individual weight to ensure the mattress provided the correct therapeutic support. This minimised the risk of a person sustaining skin breakdown. Documentation confirmed the setting of the air mattresses was checked daily. Risk assessments were in place which assessed people's risk of skin breaking down (Waterlow score) and the actions required to mitigate the risk,

such as applying barrier cream. Where people's skin had broken down, staff worked in partnership with the district nursing team.

High Broom Care Home provided care and support to those living at high risk of falls. Guidance produced by the National Institute for Health and Care Excellence (NICE) advises that falls and falls related injuries are a common and serious problem for older people. They can be a major cause of disability. A falls folder was in place which contained guidance from NICE on falls in older people. The provider had an up to date falls prevention policy and protocol to follow. The registered manager told us, "We do experience a lot of falls, however, we are working in partnership with the GP, occupational therapist and other health care professionals to ensure we are doing everything possible which I believe we are." Where people were identified at high risk of falls, a fall assessment protocol had been completed which considered their history of falling, diet, clothing, health, mobility and environment. Falls prevention care plans were also in place which considered the actions and steps required to mitigate the risk of falls. For example, one person was experiencing regular falls. Documentation reflected they could experience in excess of 10 falls a month. The steps required to reduce the risk of falls included 'half hourly checks, sensor mat in place, encouraging fluids and ensuring they wore the most appropriate form of footwear.' Where people were experiencing regular falls, staff and the management team were working in partnership with other healthcare professionals to create as safe environment as possible. The registered manager told us, "We've had input from an occupational therapist for one person and regular medicine reviews." The registered manager also completed a slips and trip hazard spotting checklist which considered any potential issues the environment posed and how those issued could be actioned and mitigated. On a monthly basis, the number of falls was audited to identify any emerging trends, themes and patterns. People's falls prevention care plans were also reviewed monthly. Despite this review in place, we found it did not consistently consider and reflect how many falls the person experienced that month. For example, one person experienced ten falls in February 2017. However, this was not reflected on their monthly falls care plan review to consider whether the care plan remained safe and effective. We brought these concerns to the attention of the registered manager who acknowledged the review process should have considered the number of falls each month. Action was taken during the inspection to address this.

People were protected from the risk of potential abuse and improper treatment. A safeguarding notice board was displayed in the entrance of the service which provided information to people on safeguarding and how to remain safe within the service. Safeguarding procedures were in place and these were understood by staff. Staff had received training in safeguarding adults and understood their responsibilities for reporting any concerns to the registered manager and to the local authority safeguarding team. One staff member told us, "Safeguarding can include sexual abuse, discrimination, financial, emotional and neglect. I learnt from my training, that neglect is often a common category of abuse." Staff were aware of the service's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home.

There were robust recruitment processes in place to assess the suitability of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. All relevant documentation was in place such as proof of identity and a recent photograph. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting.

Staff demonstrated a good understanding of how to keep people safe. Environmental risks were identified and managed, for example, the maintenance worker undertook regular checks to ensure that the hot water in every room was within the recommended temperature range to prevent scalding. Regular fire alarm

checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was an emergency plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. In the event of the building needing to be evacuated, a place of safety had been nominated.

Systems were in place for the safe storage, administration and management of medicines and people confirmed they received their medicines on time. There were systems in place to ensure the safe management of medicines with organisational medicine policies and procedures in place for staff to follow. One person told us, "They come round and spray my eyes with the eye drops I need for glaucoma, my god they are here for me, if they didn't bring it round on time I'd go blind quickly otherwise." People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. All medicines were stored in locked cupboards and within drug trollies with the keys held securely. Medicines were only administered by senior care staff who had completed additional training and competency checks. When administering medicines, staff followed best practice guidelines. For example, staff checked with the person they were happy to take their medicines and explained what it was for. They checked the person had a drink of their choice and only signed the Medication Administration Record (MAR chart) once the person had taken their medicine. Where people were prescribed medicines on an 'as required' basis, there were clear protocols outlining the reasons a person needed their medicine and how often it was to be given in 24 hours. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. Regular stock checks were completed to ensure people received their medicines as prescribed.

People's individual MAR charts were subject to a monthly audit, however, the provider had not completed an overarching monthly medication audit. For example, during the inspection, we identified a couple of discrepancies on people's MAR charts and relevant documentation. One person was prescribed a pain patch; however, their pain patch record reflected that it had not been administered on one occasion. Their MAR chart, however, recorded that the pain patch had been administered and the management team confirmed it was a recording error on the pain patch record. We also identified some unexplained gaps on MAR charts which the management team also acknowledged as recording errors and subsequently provided evidence that people did receive their medicines on time, but staff had failed to sign the MAR chart. The failure of an overarching monthly medication audit meant the provider had not identified these shortfalls. The registered manager was open and responsive to our concerns and during the inspection, compiled a medication audit tool to be completed monthly.

Good

Is the service effective?

Our findings

Staff and the management team knew people well. They spoke warmly of the people they cared for and were able to explain people's support needs and individual qualities. People told us and indicated that they were happy with how they were looked after and the staff knew what to do to make sure they got everything they needed. One person told us, "Staff are very good, they look after me well." Another person told us, "They're very good at what they do."

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff actively sought support when people needed it and did not work in isolation. One person told us, "The opticians come here; they take you to the dentist. If you need the doctor he comes here. The hairdresser and chiropodist come here, it's pretty good." A GP visited the service on a weekly basis to promote people's health and wellbeing and the management team confirmed they had built a good rapport with the GP. Each person had an individual health record which reflected when they saw a healthcare practitioner, the reason why and the outcome. People had regular access to district nurses, GPs, dentists, chiropodists, opticians and the older people's mental health team. One person told us, "If I'm ever unwell, they look after me. They are very good."

The management of diabetes was effective. People living with diabetes have an increased risk of disability, pressure ulcer development and hospital re-admission. Staff worked in partnership with the district nursing team and clear diabetic guidelines were in place for staff to follow. Diabetic care plans were in place which included guidance on the signs of high and low blood sugar and the steps for staff to take. For example, one person's diabetic care plan noted, 'If their blood sugar drops to four or below, glycogen to be massaged gently into the side of their mouth and to check their blood sugars again after 10 minutes.' Documentation confirmed that people's blood sugar (if living with diabetes) was checked every evening to ensure their levels were stable.

Guidance produced by Skills for Care advises of the importance on a strong, skilled and competent workforce. This was recognised by the provider and registered manager. A number of staff had been supported to pursue vocational qualifications and diplomas in health and social care. One staff member told us, "The training is very good here. We can ask for training and it's usually offered. I have now obtained my NVQ in level three." A range of training was provided to enable staff to provide safe, effective and responsive care. Training included moving and handling, safeguarding, infection control and first aid awareness. Staff were also encouraged to undertake training to promote their personal development and we saw that staff had signed up for courses on epilepsy and bereavement.

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they felt supported within their roles and felt able to approach the registered manager with any queries, concerns or questions. One staff member told us, "I definitely feel valued and supported."

The registered manager and provider were dedicated to providing high quality effective dementia care. The registered manager told us, "We recognise that people are living longer and the number of people living with dementia is growing and I would like us to specialise in dementia care. We've recently had a programme of dementia training which I hope the staff found useful." A 16 week programme of dementia training had been provided by the Care Home in Reach. Staff spoke highly of this training and confirmed it provided them with further confidence and understanding about dementia care. One staff member told us, "The dementia training really opened my eyes and I gained a lot from it. It provided us with training on how to respond when people ask if they can go home or if they are looking for their children. I found it very helpful."

Care and support was provided to a number of people living dementia. Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. One staff member told us, "We try and put ourselves in people's situation. If someone is agitated we will leave them to calm down and go back or another member of staff might go back to see if that approach works." Documentation confirmed that some people displayed behaviours such as kicking and hitting. The management team told us how they were working in partnership with healthcare professionals to understand these behaviours and how best to support people in a consistent and safe manner. The registered manager told us, "Yesterday one person was asking to cook dinner for their loved one. So we took in a saucepan and vegetables. It relieved some of their anxiety but not all of it. We are continually learning and understanding how best we can support and meet people's needs." During the inspection, we identified that dementia care plans were not in place. For example, guidance on how to support people with behaviours which might challenge to ensure staff followed a consistent approach. We brought these concerns to the attention of the registered manager and these were put into place during the inspection. The registered manager showed us one newly implemented dementia care plan which identified that when one person was refusing care and treatment or becoming frustrated, interventions included, 'A different staff member attempting to engage with the person or inviting them to eat at the 'restaurant' when they are refusing to come along to the dining room, as they always enjoyed restaurants.'

Guidance produced by Alzheimer's society advised that 'eating and having a good meal is part of our everyday life and important to everybody, not least to people living with dementia'. With permission, we joined people at lunchtime. Tables were neatly decorated and people had access to a drink of their choice, condiments and napkins. People spoke highly of the food and confirmed they were always offered a variety of options. The menu was on display along with a light snack menu which was available 24 hours a day. One person told us, "There is always something available, I know that if I'm hungry at night I can always have a sandwich." People had individual nutritional care plans in place and people's risk of malnutrition had been assessed and guidance in place to mitigate those risks. One person had been referred to the speech and language therapist as staff had noticed concerns about their ability to swallow safely. Where people required support to eat and drink, we saw that this was provided in a kind and sensitive manner. For example, staff sat down with the person to maintain eye contact and assisted the person at their own pace whilst talking about their day. A permanent chef was in post who worked in partnership with people to devise the menu. They told us, "We have taster sessions for the new menu which has been popular." One person told us, "We have a meeting on a Tuesday, and we can taste different foods, to see whether we like it or not, and how it's cooked. We have a good old chew over it. If we don't like it we can just say." A four weekly rolling menu was in situ and the registered manager told us of their plans to introduce a pictorial menu in the upcoming weeks.

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. Training records confirmed staff had received training and staff spoke confidently about how they worked within the principles of the Act. One staff member told us, "The Mental Capacity Act is about people's ability to make specific decisions." Another staff member told us, "We always gain consent from people by asking them. We always involve them in what they want to do." Mental capacity assessments were in place for the specific decision of staff administering medication. However, for other specific decisions, we found mental capacity assessments were not in place. For example, a relevant assessment was not in place for one person who was unable to use their call bell and it was agreed for staff to check on them every 30 minutes. Where Deprivation of Liberty (DoLS) applications had been made, the management team had not initially completed a decision specific mental capacity assessment to reflect that the person lacked capacity to consent to living at the service. We brought these concerns to the attention of the management team who were responsive to our concerns and took action immediately. During the course of the inspection, they provided us with evidence of decision specific mental capacity assessments.

Staff understood the importance and principles of the MCA and the provider and registered manager took immediate action to ensure decision specific capacity assessments were in place. However, we recommend the provider reviews their internal oversight of the MCA and how they monitor their compliance with legal requirements.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager told us, "We have made applications, but these have not yet been authorised." Each person had a DoLS care plan which considered if they were deprived of their liberty and what actions could be taken to promote autonomy and independence.

Outstanding ☆

Is the service caring?

Our findings

We observed extremely positive interactions between staff and people over the course of the inspection. The registered manager told us, "Everyone comments that there is something about High Broom Care Home that they can't put their finger on. Relatives comment on the homely and friendly atmosphere and the warm welcome they receive." The service had recently been mentioned on a Radio Two programme which was talking about good care homes. The service was praised by members of the public, relatives and staff as 'being a lovely care home.'

Staff were highly motivated and inspired to offer care that was kind and compassionate. A number of staff had worked at the service for many years and with pride described how they met people's needs in an individualised manner and how meeting their needs was a priority. One person told us, "I love making a difference to people's lives. We are basically one big family here and we really get to know the 'resident's and how to support them." Another staff member told us, "I love working here. It is a very friendly home and we always put the 'residents' first. However, the 'resident's also keep us on our toes and happily speak up if we aren't doing anything right. It is good though, this is their home and not ours. Everything should be done as to how they want it."

The atmosphere in the service was calm and relaxed and staff spoke to people in a caring and respectful manner. One aspect which stood out was staff always acknowledged someone as they walked passed. This was observed to happen with all staff regardless of their position. This meant people felt important and part of the service. For example, the maintenance worker introduced themselves to a person who had recently moved into the service and commented on how lovely their hair looked as they had just seen the hairdresser. People were free to spend the day as they so pleased and the service had a large inviting lounge which overlooked the gardens. A grand piano was available and staff and people told us how a pianist visited the service weekly to play the piano which they enjoyed. One person who was a keen pianist also spent time playing the piano at their leisure.

We received many examples of how the service had worked with people to improve their quality of life and sense of wellbeing. Staff really understood what was important to people and supported them to achieve a sense of worth and value. Staff had a wealth of knowledge about people. One staff member told us, "We have one person who is a lovely painter and we have their paintings displayed within the home." Staff recognised the importance of promoting people's independence and enabling people to remain as independent as possible. One staff member told us, "I encourage independence by promoting people to do as much for themselves as possible. So I'll run the water for a bath but provide the person with a flannel so they can wash their face." Consideration had gone into how specialist aids could promote independence. For example, for people with sight impairment, the registered manager had sourced a yellow plate to enable independence with eating and drinking. Considerable thought and energy had gone into creating an environment that promoted people's wellbeing and independence. Signage was available throughout the service to help orientate people. People's bedroom doors had their individual names on them along with photographs of themselves. Throughout the inspection, people were seen navigating the home independently. Consideration had also gone into making the bathrooms as homely as possible. For

example, to help reduce bathrooms looking and feeling clinical, they had been decorated with pictures and ornaments. One bathroom had a Hollywood theme with pictures of famous movie stars.

Staff provided a dignified service and had good knowledge on how to protect a person's dignity. Dignity champions were in post. Led by the dignity in care campaign, dignity champions provide advice and guidance to other staff members on how to respect people's dignity and ensure the 10 dignity do's are upheld. A dignity board was available which included guidance on the importance of dignity along with information from Skills on Care on how to promote dignity. Staff members understood the importance of upholding people's privacy and dignity. One staff member told us, "We always knock on people's bedrooms doors. It is their home and we are entering it. We can't just walk in."

People valued their relationships with the staff and as a result they told us they felt cared for and that they mattered. One person told us. "The staff really are fabulous. I couldn't be without them." Another person told us, "They're very good, loving, very caring girls." A third person told us, "Very nice, yes very nice, especially the young girls that come and wait on you. They're very sympathetic, I couldn't say anything against the staff." The service had a 'take a wish' well which enabled people to consider their own aspirations and wishes for themselves and others. One person had wished to spend Christmas with a family member who lived abroad. Staff liaised with their family member and their wish came true. Together they spent Christmas at High Broom Care Home. A thank you tree had also been painted on an interior wall within the service. The registered manager told us, "Everyone was involved in the painting of the thank you tree and it's a lovely way for us to recognise our outstanding achievements." The commitment, compassion and dedication of staff had been recognised by various relatives and healthcare professionals and with pride; these outstanding recognitions had been displayed on the thank you tree. Feedback included, 'I could not ask for more caring and considerate people to take care of Mum, so please pass on my thanks to everyone.' We saw a recent email from a solicitor who commented, 'Thank you for providing a service that is caring which is over and above what I could have hoped for.' A relative described a member of staff who stayed with their loved one all night when they were unexpectedly admitted to hospital as 'so caring' and had sent the service a bouquet of flowers in appreciation.

People were encouraged to maintain their role in society and family life. Staff within the service were passionate about supporting people to maintain important relationships within their own family. Computers were readily available with skype built in for people to readily talk with their loved ones. The registered manager told us, "We recognise that some relatives live away, so to help maintain contact, we have skype available for people to use." Visitors were welcome at any time without restrictions and were warmly greeted by staff. We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names.

Staff thought of creative ways to meet people's psychological needs. For example, the service had adopted three cats. Guidance produced by Age UK advises on the importance pets bring to older people and this was fully recognised and embedded by the provider and staff. People had been involved in the naming of the cats and told us how they decided on the names, 'Lola, Bob and Oscar.' During the inspection, we observed staff bringing the cats to people and people happily sitting in the sunlight stroking the cats. One person told us, "They're lovely aren't they?" Visiting therapy animals had also visited the service. People told us how they enjoyed the visiting animals but especially enjoyed having three cats at the service. The use of doll therapy had also been implemented as an imaginative way of supporting people living with dementia. The Social Care Institute for Excellence (SCIE) report 'Dementia Gateway, keeping active and occupied' identified that the use of doll therapy can sometimes benefit people who are living with dementia. One staff member told us, "We use doll therapy for one resident, they know it's a doll but it helps to calm them down and give them

something to focus on. When we first gave the doll to the person, we hadn't seen them look so happy. They dress the doll up and support it with eating." The registered manager and staff had also worked in partnership with the Alzheimer's society to ensure they were meeting the psychological needs of people living with dementia in a creative and innovate way. For example, staff identified that one person was displaying behaviours of agitation. Through working with the person and trying different tactics, they identified that the person enjoyed sitting in reception and alerting staff when people were at the front door by calling 'shop'. In return, this reduced the person's level of agitation and promoted their well-being.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view. The registered manager had thought of innovative ways to involve people in the running of the service. This included the forum of 'Feedback Friday.' One person told us, "We have meetings once a week, we talk about a lot of different things and change does happen." Feedback Friday was a weekly meeting held with people and the registered manager and it provided people with the forum to discuss their week, what went well, what didn't go so well, any changes they would like to make and any suggestions for the following week. Minutes from the meeting were displayed in the dining room and minutes from previous meetings reflected that people made suggestions on items they wished to be added to the weekly menu. The registered manager provided people with updates on the running of the service and people also provided suggestions on how improvements could be made. People were at the forefront of the running of the service and the registered manager expressed dedication on trying to understand things from people's point of view.

The ethos and caring culture of the service meant considerable thought and energy had gone into developing a culture whereby people living with dementia were actively involved in the running of the service and innovate forums had been devised to gain feedback from people. Guidance produced by the Dementia Strategy identified that involving people living with dementia can promote their quality of life and enhance their well-being. Staff creatively utilised people's past hobbies and occupations to engage them with the running of the service. For example, one person use to be a keen gardener. They spent time going round the garden with the provider's gardener advising on what plants required trimming. Another person use to have a very high powered job, this person spent time in the registered manager's office with filing and taking minutes at 'resident meetings and Feedback Friday.' Creative forums were in place to gain feedback from people living with dementia. To help promote one to one interaction with staff and people living with dementia, the registered manager had implemented an award called the 'butterfly award.' One staff member told us, "The butterfly award is an award for a staff member who has spent the most time doing one to one interactions with people. At the end of the month, the staff member with the most time documented will receive a butterfly badge. It's a good idea as it promotes all staff to spend quality one to one time with the residents and gain their feedback." With pride, the registered manager provided examples of how feedback from people living with dementia had been acted upon and contributed to positive changes within the service. One person asked if they could amend the weekly activity sheet to make it easier to read. This was actioned and issued by the activity coordinator the following week.

Each month people would nominate staff members who they felt had gone the 'extra mile for them'. Comments from people who felt that staff had gone the extra mile for them included, '(staff member) always takes me to hospital appointments. They are very willing and lovely, kind and caring.' Another comment included, 'for being thoughtful and very kind and always has time to listen. A very lovely person.'

Feedback from relatives over recent months reflected an exceptionally caring culture within the service. Comments from relatives included, 'I understand that High Broom has performed yet another kindness for my dear mum. I believe she had an early Christmas present in the form of new nighties. That is such a generous idea and I would like to thank you all.' Another comment included, 'I hope you see the fact that we

wanted to hold the party at High Broom as a sign of our confidence in you and everyone at High Broom. I know Mum may not always find it easy to express this, but we see that she is at her most comfortable at High Broom and indeed in the best frame of mind she has been for many years. Whenever I visit, I am struck by the tender, patient care that so many of your team show to Mum, and the affection she has for them, I am sure that is the same for most if not all of the other residents. You and your team should be very proud of the work you do.'

Good

Is the service responsive?

Our findings

People were central to the care provided. The registered manager demonstrated a clear understanding of the importance of providing person-centred care, and care that enhanced people's quality of life. People felt they were able to spend their time as they so wished. One person told us, "I don't get bored, no, there are various things that happen." Another person told us, "Sometimes I sit, and see what's going on the telly. It's up to you really what you would like to do, you do what you like."

People's social, physical and health needs were met. People's needs had been assessed when they first moved into the service and care plans had been devised that were person-centred, comprehensive and considered from the person's perspective. They included, 'What are my needs; what support do I need; what do I like and don't like and what do I want to do in the future.' Care plans covered areas of care such as continence, personal care, dressing, mobility, mental health, end of life, sleeping and safeguarding. Consideration was given to the person's assessed needs and the outcome and actions required to meet that assessed need. For example, one person had been identified as requiring support with personal care. As part of the care planning process, it had been identified that the person did wish to receive support from male carers and this was clearly reflected in their care plan. Another person's health care plan identified they were living with a particular condition that affected their intestine and guidance was available in their care plan on dietary requirements and food recommendations.

Staff spoke highly of the care plans and felt care plans provided them with sufficient guidance to provide responsive care. During the inspection, we identified that some paperwork in people's care plan was under the heading of the old provider. In 2014, High Broom Care Home was brought by a new care provider; however, some care documentation had not been updated or removed. We brought this to the attention of the registered manager who was responsive to our concerns and started to review all paperwork during the inspection.

There was a staff handover between shifts. These provided staff with a clear summary of what had happened during the course of the day and gave them the opportunity to plan for the shift ahead. For example, staff used it to allocate duties and discussed individual updates on people. Staff used the time productively to ask each other questions and share ideas and views. Staff felt communication within the service was positive. One staff member told us, "The communication here is really good. We are sent regular memo's and always have a handover whenever we come on shift."

People felt they were listened to and that their voice mattered. One person told us, "If I have any concerns, I go straight to the manager." Another person told us, "They take our concerns seriously." There was a complaints procedure in place and people and their representatives told us they knew how to access and use this. People also told us they could bring up any concerns and issues at the residents meeting and feedback Friday. Concerns, grumbles and niggles were taken seriously by the registered manager and acted upon. Documentation confirmed that where people had raised niggles, action was taken. For example, one person raised concerns over the well-being of one of the cats and the registered manager responded by

ensuring the cat would be taken to the vet.

A wide range of activities that were suitable for older people and people living with dementia was available. The service employed a dedicated activities coordinator and the registered managed advised that another activities coordinator would be starting in post shortly, so the number of activity hours would increase to 80 hours a week. An activity timetable was on display and a range of activities were available which included word games, arts and crafts, crosswords, gardening, quizzes and knitting circle. During the inspection, we observed a morning of arts and craft where people enjoyed painting and pottery making. External entertainers also visited and provided activities such as movement and music. We observed a movement and music activity. People were seen singing and dancing along and enjoyed the activity. One person told us, "There is a greenhouse where everyone plants and grows vegetables like tomatoes, radishes, carrots, green beans, spring onions, chives and things. We do go out and about to garden centres and shops, we go round in the wheelchair, I used to walk but it gets too much sometimes. Christmas was nice because we saw the reindeers at the garden centre."

People had access to a safe and secure garden whilst also having access to local woodland walks. One person told us, "I love the gardens here; there are lots of walks we can go on." A visiting relative told us, "We talked to one of the carers and she said they had taken her round the garden yesterday. She likes that more than anything because she had a nice garden, she used to love gardening. That's why I picked the flowers here because she clasps them and it's a little memory." During the inspection, people were seen having their afternoon tea and coffee in the garden enjoying the sunshine with staff. We heard one staff member comment, "You look ever so glamorous in your sunglasses, just like a movie star."

Staff recognised the importance of supporting people to pursue their individual hobbies and interests. Where people an interest in jigsaws puzzles, a dedicated table was available and we saw one lady spending the morning doing their jigsaw puzzle. Some people preferred to stay in their bedroom and social care plans were in place. However, these did not consistently reflect how people could be supported to pursue their individual hobbies and interests in their bedroom and how the risk of social isolation could be mitigated. For example, one person was a keen painter and spent time painting in their bedroom. There social care plan identified they did not wish to participate in group activities, but failed to consider what support they required to mitigate the risk of social isolation and be able to pursue their hobby of painting. We brought these concerns to the attention of the registered manager who was responsive to our concerns started to review and amend care plans during our inspection.

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. People responded to staff with smiles and chat, and staff recognised the importance of supporting people to feel that they mattered. During the inspection, staff spent time with people in the communal lounge during the morning and afternoon. On the first day of the inspection, a sewing club was due to take place, however, some people decided not to participate in this activity. Where one person did, they received a positive one to one interaction from the activity coordinator. However, for other people, this meant they spent the morning watching the television. However, it was not clear what consideration had been given to see if there were any other activities they wished to do or engage in. We brought these concerns to the attention of the registered manager who was responsive to our concerns and identified that through the appointment of the second activity coordinator, they would be address these concerns but in the interim would consider what measures could be implemented. During the first day of the inspection, we found that the television remained on the same channel and we queried with the registered manager whether the channel the television was on was the choice of people living at the service. For example, the television was on E4, a TV channel aimed at a younger population. On the second day of the inspection, the registered manager told us what action they had taken to ensure people had choice and control over what

they watched on the television. A memo had been sent out to all staff advising them of the importance of asking people what they wish to watch and a memo was displayed under the television informing people of their right to be able to watch what they wished.

Special occasions were celebrated and a range of activities took place around those occasions. The registered manager showed us pictures of Christmas time when staff dressed up to provide people with their Christmas presents. At Easter, the service held an Easter service and again staff dressed up to deliver Easter eggs. For those interested in Wimbledon, the service organised a tennis tournament which the registered manager commented was well attended. People told us how staff supported them to celebrate their birthdays and with pride one person showed us their 100th birthday card they had received from the Queen. Pictures displayed throughout the service and feedback from relatives confirmed that birthdays were seen as a special occasion with the chef making an individualised birthday cake and the service holding a party.

Good

Is the service well-led?

Our findings

People, staff and visitors were complimentary about the way the service was run. One staff member told us, "The management team are excellent." Another staff member told us, "The manager is very approachable, any concerns we can go to her and she listens to us." One person told us, "Yes (manager), oh she's very good, she was here just a minute ago, and she's quite approachable."

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service. The service's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially. They were archived and disposed as per legal requirements.

People, staff and relatives were actively involved in developing the service. Satisfaction surveys were sent out on a regular basis. The latest satisfaction survey feedback which covered the period September to October 2016 found that 75% of relatives reported the quality of care to be 'very good' with the additional 25% of relatives reporting the quality of care as 'good'. One relative commented as part of the satisfaction survey, 'I am amazed at the staff's dedication and caring approach at all times and the consistent warm and homely greeting I receive when I visit.' Satisfaction feedback results were then used to drive continual improvement. For example, where satisfaction surveys raised concerns, the registered manager took action to improve the quality and running of the service. One satisfaction survey result identified minor concerns with the response to call bell times. Action was taken which included regular auditing of call bell response times.

The service maintained good links with the local community. The registered manager told us, "We have a volunteer who comes in every other week and speaks to the 'residents' and has a chat with them. We also have a volunteer pianist who comes in weekly which the 'residents' enjoy. The Brownies are also due to come in and we also have local church services held here." The service also had a contract with a local community college and a student was due to start their health and social care placement at High Broom Care Home. The registered manager was also keen to create and promote links with other care homes in the local area. They told us, "We have started to organise a sports day/BBQ that will place in July and have invited some of the other care homes in Crowborough to make up teams and join us for some fun. We are hoping it catches on and we can make this a regular thing for the care home residents of Crowborough."

There were systems in place to monitor the quality of the service and drive improvements. The registered manager had a range of tools that supported them to ensure the quality of the service being provided was meeting people's needs. This included care plan audits, health and safety checks, privacy and dignity audits, infection control audits, laundry and kitchen audits. When an audit had identified a shortfall, the registered manager checked that an action plan was set up, monitored the plan until completion and signed it off when satisfactorily completed. The provider had also employed an external care consultant to review the service against the Care Quality Commissions fundamental standards. The service had a mock CQC

inspection in January 2016 where a number of actions were identified. An action plan was in place and we saw these actions had been met. For example, the mock CQC inspection identified that care plans needed to reflect people's life history and past hobbies and interests. We saw that this had been actioned and care plans now contained detailed personal information on people's life history, hobbies and interests.

In 2015, High Broom Care Home was brought by a new provider. The registered manager told us it was an unsettling period at the time; however, the process of changing from a charity to private provider has been "enormous". The registered manager commented, "The takeover was a key challenge, however, the benefits have been great. Previously when registered as a charity, we had no money to put back into the service, but since the new provider has taken over, there have been investments, we have new furniture and are continually re-decorating." The registered manager also showed us a letter they had shared with other organisations that were registered as a charity and about to be taken over by a private provider about their experiences of this changeover. They noted, 'I only have positive experiences. From a home manager's point of view I have been given the freedom to the make the decision that I feel are right for High Broom and our 'residents.' The relationship I have with the provider is direct and immediate action is taken to remedy any situation. I feel respected and valued.' The provider took a hands-on approach and visited the service on a regular basis and the management team, staff and people spoke highly of the provider. The registered manager submitted weekly and monthly reports which enabled the provider to be kept updated and informed of any potential risks or concerns.

The culture and values of the provider and the service were embedded into every day care practice. One staff member told us, "We are one big family here and all work together. The service has a real homely feel to it." Another staff member told us, "It's a very friendly home and that's what I like about it." The history of the service was promoted and entrenched into the running of the service. High Broom Care Home use to a country house estate then it became a children's home. One staff member told us, "We've had people visit who used to be children here and share their stories of what the service was like then." A book of the history of the home was available for people to access and staff told us how people now residing in the home use to work in the service when it was a children's home. One staff member told us, "It is nice to work in a home with so much history."