OakRay Care Ltd

Broadhurst Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was completed on 16 and 17 January 2108 and was unannounced.

Broadhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Broadhurst accommodates 25 people in one adapted building. There were 22 people at Broadhurst at the time of the inspection.

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

The previous inspection was completed in October 2015 and the service was rated Good overall. At this inspection the service remained Good.

We have provided two recommendations within this report to support the provider to complete the improvements they had started making to the home environment and people's end of life care planning prior to our inspection.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. The administration and management of medicines was safe. There were sufficient numbers of staff working at Broadhurst. There was a robust recruitment process to ensure suitable staff were recruited.

People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they like to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide

consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to keep people safe.

Medicines were managed well with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind. People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes. The service was taking action to ensure people's end of life care plans were completed.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Broadhurst Residential 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 service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 16 and 17 January 2018 and was unannounced. Inspection site visit activity started on 16 January 2018 and ended on 17 January 2018. It included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by two adult social care inspectors.

We spoke with the registered manager and deputy manager of the service and five members of care staff. We spoke with five people living at Broadhurst. We contacted four relatives by telephone who gave us feedback on the service provided at Broadhurst.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel really safe. They are amazing and look after us all so well". One relative said, "This is where I would choose to live if and when I need care and support. They keep people safe. They are brilliant".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. The staff we spoke with had a good understanding of provider's safeguarding policies and procedures. The staff told us they would report any concern to the registered manager who would raise these with external agencies. People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service and their presenting needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

Staff completed a six month probationary period which enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly

reviewed and kept up to date. One person's risk assessment had been updated after their skin integrity started to deteriorate. The risk assessment had been regularly updated as the person's level of need changed to ensure the support they received managed their changing risk.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. For example, one person had suffered a wound. The cause of the wound had been investigated and safeguards had been implemented to minimise the risk of future injuries. The staff had also used documents such as wound charts to fully map the person's injury, treatment and subsequent recovery.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. All relatives were satisfied that people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). These checks were carried out by an external company on a regular basis. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. For example, the kitchen staff told us how they had been trained to accurately take food temperatures before food was served to people. We saw records of temperatures being taken for each meal before it was served to the people living at the service. This ensured people were receiving food that was safe and well cooked.

Good

Is the service effective?

Our findings

During our last inspection in October 2015 we made recommendations that the provider seek advice and guidance on adopting the latest best practice in respect of mental capacity assessments for people living with a cognitive impairment and staff training with regard to meet the needs of people living with a learning disability in the best way.

We found the provider had met these requirements during this inspection. Mental Capacity assessments had been completed for those who required them and staff had been trained in person centred care. Activities had been planned to include those living with a learning disability and adaptations made to the activity schedule. Some examples of these activities included; singing, musical instruments, giant bowling and arts and crafts.

People could be assured that staff had the relevant knowledge and training to be able to do their job effectively.

The registered manager was constantly seeking ways to improve staff knowledge and understanding. For example, the registered manager had developed their own training courses which they used during staff induction and team meetings to improve staff understanding of conditions such as dementia. For example, the registered manager had developed a training course which they called the 'Pepsi Challenge'. The registered manager told us how they used a bottle of fizzy drink to reflect some of the anxieties experienced by a person with dementia when they moved in to a care home. They explained they would tell the story from the person's perspective and ask each member of staff to describe the possible feelings of anxiety when people moved into a care home and shake the bottle to represent each anxiety before passing it onto the next member of staff. The registered manager would ask staff to finish the story of the person's journey and ask them to open the shaken bottle. The registered manager used the experience of the fizzing bottle to support staff to describe how they would support the person to manage their anxiety in the same way they would attempt to manage the rush of the drink from the shaken bottle.

The registered manager had also developed a method called 'Pass the Safeguarding' to support staff competency and understanding of safeguarding. The registered manager told us this was based on the 'pass the parcel' game and staff would pass the 'safeguarding parcel' around. When the music stopped, the member of staff was asked to remove the wrapping and would be presented with a treat as well as a question around safeguarding. The registered manager told us how this would facilitate discussion around the group and maximise staff learning. The staff we spoke with told us they felt these methods of learning were 'innovative' and 'made learning fun and effective'.

Staff were encouraged to gain further skills that would support them and their colleagues in their role. For example, we observed a meeting between the registered manager, deputy manager and senior carers. There was discussion around how one person wanted to become a wound champion to improve wound care and staff understanding of this subject. Another member of staff expressed an interest to become an end of life care champion for the service. The registered manager and staff then spent time in the meeting discussing

what support the staff would require to facilitate this learning and how the knowledge would be shared with other members of staff in the service.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff told us they had found the shadow shifts a 'good learning experience'. The registered manager told us they used an induction checklist to ensure all of the relevant parts of the staff induction had been completed to satisfactory level and fully understood by the staff. All staff had completed mandatory training during their induction such as; safeguarding, health and safety, moving and handling and first aid. Newer staff were completing the care certificate in line with current legislation.

Broadhurst had a welcoming and homely feel as the entrance area and communal living room had recently been decorated. However; other areas of the home required updating and re-decoration. One corridor leading to some people's bedrooms was very dark and the carpets had not been replaced for many years. This meant people who used mobility aids may find it difficult when walking to their bedrooms. Some of the doors required painting and other areas looked tired and required updating. The registered manager told us these were all on the maintenance and improvement plan.

We recommend the provider seek resources to ensure the home is redecorated and updated to ensure people can access all areas comfortably.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people.

We found the service was working within the principles of the MCA and DoLS legislation. 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 where 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 so that they can receive and treatment then this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, improvements had been made following our previous inspection and best interest decisions had been recorded. We saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. The registered manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority. The registered manager was clear around their understanding of the notification process to CQC.

We looked at the records of people who had a DoLS in place and found these were up to date. The registered manager had a process of ensuring they regularly reviewed people's DoLS application to ensure these were still required and where a person's DoLS was due to expire; a renewal was applied for in a timely manner.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. One person said, "I like to help". People spoke positively about the food provided at the service. One person said "It is fine. There are options if we don't like what's on the menu". Another person said "The food is very good but I sometimes buy my own and they will cook it. I do like a steak and I can be fussy". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. We looked at the menu and found there was a varied choice of meals available to people. The chef told us there was always an alternative available to people if they did not like what was on the menu. Relatives we spoke with told us they felt the meals served at the home were of good quality and people had a good choice of meals.

The provider assessed people's needs and choices in line with current legislation and standards. If people were at risk of malnutrition or required extra support with areas such as wound care the provider assessed the risks associated with this condition and used the Waterlow tool to analyse and adapt the risks.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "There are always other people visiting if people are unwell. They will call for help if people need it".

Good

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said, "I've been in and out of care homes for a long time. This is the best I've been in. I'm very happy here. The staff are kind". One relative said, "[The person] is always treated with affection and respect. The girls are jolly and nice and I can't praise them enough".

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, "To all of you, words cannot say how very thankful we are for all the love and care you all gave to [The person]." Another family member had written "Many thanks for your care and support shown to my uncle". A health care professional who regularly visited the service had written, 'I visit Broadhurst Care Home almost every week. I can say this is a home away from home'. The registered manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "The staff are great I like them all. I am treated with respect and nobody gets treated badly". Staff commented on how they worked well as a team and were keen to support each other in their roles.

The registered manager told us that recognising and valuing the work of staff was important to ensuring a caring staff team. With the provider, they had nominated many staff members for different awards which was an incentive for staff to provide good support and go 'above and beyond'. The registered manager had a lucky dip where staff could choose a prize if they were invited to. This included chocolates, perfume or vouchers of their choice in recognition for their hard work. An employee of the month scheme was in place. One staff member who was the activities co-ordinator had recently been awarded the 'Access Group Activities organiser of the Year' for the whole isle of Wight in December 2017.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs.

Good

Is the service responsive?

Our findings

We saw that each person had a care plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each person's care and support plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff, they were able to describe how people liked to be supported. For example; one member of staff told us about one person's preferences for their personal care.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that the staff working the next shift were well prepared.

There was evidence regular reviews of care plans were being carried out. Staff told us reviews were carried out monthly and more frequently if required. Professionals who visited the service and people's relatives told us they felt staff responded well to people's needs and were proactive in managing changing needs.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication.

People were supported on a regular basis to participate in meaningful activities. There was a full time activities coordinator employed at the home. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. All of the people we spoke with praised the activities coordinator for the effort they put into their role and the variety of activities on offer. Relatives also praised the activities coordinator for their enthusiasm and dedication. The home had a pet rabbit called Marble who spent time with people living there if they wished. One person let Marble sit on their lap and stroked him whilst listening to music. This person told us Marble was amazing and helped them to relax. We saw staff encouraging people to spend time with Marble. One staff member told us, "Marble is therapeutic and everyone loves him".

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they

were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "I have all my faculties so I see what's going on. They are really good at sorting out problems. I was a bit cold in my room so they went straight out and bought me an extra heater. There are no problems here". One relative said, "They are very receptive. I feel listened to and if I'm visiting I feel able to tell them any worries and they come quickly".

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. Staff told us they knew what end of life care was and the provider was identifying further training for staff in this area. The registered manager had identified people's end of life care plans required improvement and action was being taken to complete these. They had identified that staff had not always recorded how people's end of life care had been planned to show how consideration had been given to people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care. Although staff understood people's wishes this record would support staff to inform specialist health professionals of people's wishes and preferences at the end of their life. The registered manager was discussing this area of improvement with staff and updating people's care plans as a matter of priority.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care, treatment and support.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is fantastic and always asks us how we are. She's very approachable". One staff member said "We have a great team and we can always raise issues. The manager is great and well respected. If she is not available the deputy manager is always around too".

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager shared with us the improvements they had planned for 2017 and going forward including ; maintenance and re-decoration, updating care plans, updating specific policies and introducing a matrix for staff supervisions.

Staff attended regular team meetings and briefings in the main office. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. We attended a team leader meeting on the second day of our inspection which gave us an insight into the outcomes of the meetings. For example, the registered manager discussed having 'champions' in specific areas such as; dementia and end of life so that they could share knowledge and experiences with other members of the team.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. One person had recurrent falls in their bedroom. The provider had assessed this and changed the flooring which had resulted in fewer falls.

The registered manager was working in partnership with the local authority to improve areas of the service. An annual review report had been carried out six weeks before our inspection which identified some recommendations. It was clear that the registered manager had been responsive to the recommendations and was taking action to improve the service. For example, some new training courses were being implemented and a new maintenance man had commenced employment. All actions had timescales and a responsible person to ensure these were completed as planned. We discussed about the service redecoration and end of life care plans and training during the feedback on the second day of our inspection. The registered manager assured us these would be implemented.

The service was actively seeking peoples, relatives, staff and other stakeholder's views through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. All people, relatives and health professionals were satisfied with the service on offer at

Broadhurst. Following an inspection at another provider home, practice was reviewed and action taken to make improvements such as; employment of maintenance staff member and a quality improvement plan.