Broadoak Group of Care Homes

Broadoak Grange

Inspection report

Sandy Lane
Melton Mowbray
Leicestershire
LE13 0AW

Tel: 01664562008

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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

We inspected the service on 8 February 2017 and the inspection was unannounced.

Broadoak Grange is a care home without nursing and provides care and support for up to 33 older people, people with dementia and physical disability. At the time of the inspection there were 28 people using the service.

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

Staff understood their responsibilities about protecting people from abuse and avoidable harm. Risk was assessed and management plans were put in place. People's freedom to make informed decisions and take risks was supported.

There were sufficient numbers of staff to meet people's needs. Pre employment checks were carried out so that so far as possible only staff with suitable character and skills were employed.

People's medicines were managed so that they received the right medicine and at the right time.

Staff had received training and knew how to meet people's individual needs. Consent was sought in line with legislation and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.

People were supported to eat and drink a varied and nutritious diet. They had access to the healthcare services they required.

Staff were caring, compassionate and treated people with respect. People had their privacy and dignity respected.

Care and support was delivered in the ways that people preferred. People felt comfortable making a complaint and confident they would be listened to.

The culture of the service was open and inclusive. There was a clear organisational structure and staff understood their responsibilities. The quality of the service was monitored and changes were made to continually improve.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Appropriate risks to people were identified and action was taken to reduce the risk.

There were sufficient numbers of staff to meet people's needs.

People were protected by a safe recruitment process.

People's medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff asked for consent before they carried out any care or support and followed the Mental Capacity Act requirements.

Staff received the training and support they required to meet people's needs. The Mental Capacity Act (MCA) (2005) was followed.

People enjoyed a varied and nutritious diet.

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

Staff knew people very well and showed concern for their wellbeing.

People and their families were involved in making decisions

about their care.

People were treated with dignity and respect.

People's visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care and support was delivered in the way people preferred.

People knew how to raise concerns or make a complaint. These were listened to and appropriate action was taken.

Is the service well-led?

Good

The service was well-led.

People and staff spoke positively about the registered manager and said they were supported.

People, relatives and staff views and feedback were taken into account to improve the service.

There quality of the service was monitored and safety checks were carried out.

Broadoak Grange

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.

The inspection visit took place on the 8th of February 2017 and was unannounced.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in caring for someone living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with five people who used the service and one relative. We spoke with the registered manager and three care staff. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines; health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "There is always a staff member around if you need anything." Staff had received training about protecting people form abuse. They knew how to recognise the signs of abuse and what action to take if they suspected it. This included reporting concerns to the local authority safeguarding team. There was a whistle blowing policy. This guided staff to report any concerns they have to the registered manager or to the provider. Staff knew about the whistle blowing policy and records showed that staff had been reminded about this at the last staff meeting.

Risks were assessed and action was taken to reduce risk. For example, where a risk of developing pressure sores was identified, a plan of care was developed to manage this risk. We saw that staff were carrying out positional changes and using a specialist mattress to reduce the risk.
We saw that people's freedom to take risks was supported. For example one person had decided not to follow the advice of a healthcare professional, the risks had been explained to the person and discussed with the person's family and doctor but staff respected the persons decision. Staff had a good understanding of behaviour that may present a risk and knew how to respond in the least restrictive way while also keeping people safe.

Systems were in place to manage risks in the environment. Routine maintenance and safety checks were carried out on the building and equipment. For example, the fire alarm system, mobility hoists and electrical equipment had been checked to see if they were in safe working order.
The registered manager reviewed all accidents and incidents and took action when this was required. Records showed that a pressure mat was being used to alert staff when a person got out of bed at night. This was introduced because the person had fallen earlier in the month. Another person had their mobility needs re assessed by the community nurse following a fall.

Staff were able to describe the correct action they would take in the event of an accident. People had personal evacuation plans in place so that staff knew the safest way to evacuate people should they need to. There was a plan for staff to follow in the event of an incident.

People said there were sufficient numbers of staff to meet their needs. One person told us that staff answered their call bell promptly and did not keep them waiting. Throughout our inspection we saw that staff were responding to people's needs in a timely way. Call bells were answered in a timely manner during. In the lounge, a staff member pulled the call bell and staff appeared after two minutes to assist in using a hoist. A person told us "I have a mat by my bed, I only have to stand on it and someone is there, I never have to wait."

We discussed the arrangements for assessing and monitoring staffing levels with the registered manager. They told us that staffing levels were decided based on the needs of people who used the service. They told us there was a low turnover of staff and the service was fully recruited at the time of our inspection. We looked at the staffing roster and saw that planned staffing levels were achieved; there was always a senior carer on each shift. This meant that the skill mix of staff on each shift was also considered. Staff we spoke

with told us there were enough staff and they felt able to meet people's needs. A staff member said "There is not much staff sickness and the registered manager is good at finding staff to cover when this is required."

We looked at staff recruitment procedures and saw that checks were carried out before people were offered employment. This meant that as far as possible only people with the right character, skills and experience were employed.

People told us they received their medicines at the right time and in the right way. One person said . "They look after my medication and if I need anything, they get me seen and get me my treatment". We saw that medicines were given to people in a safe an appropriate way. During the lunchtime medicine round we saw that the staff member wore a red tabard which indicated to people that they should not be disturbed while they were administering people's medicines. The staff member explained what the medicine was for and assisted people to take it where this was required.

There were systems in place to record and monitor the administration, receipt and disposal of medicines. This meant that staff could check that people were receiving the medicines they were prescribed. We saw that medication administration records were accurate and were regularly checked by staff. Medicines were stored securely and correctly and in line with the manufacturer's specifications. There was a separate register to record the administration of controlled medicines as is required. Staff checked the controlled medicine stock levels at the end of each shift. There had been a recording error when stock levels were carried forward to a new page. Staff were signing to say stock levels were correct when in fact they were not. This meant that staff had not counted the medicines properly. The registered manager took immediate action and corrected the recording error and spoke with staff about the correct procedures to follow.

Good

Is the service effective?

Our findings

People received effective care that was based on best practice. People praised the staff employed and said they knew how to meet their needs. We saw that staff communicated effectively with people. Staff told us they received the training they required and also received supervision from their line manager. A staff member was able to describe people's individual needs and how they met them. For example a staff member told us they had recently received training about dementia and about end of life care. They were able to describe how they used their learning to meet people's needs and explain how they put their learning into practice.

We spoke with a community nurse who was visiting the service during our inspection. They told us that staff were well trained and described them as 'excellent'. They said that staff always followed their guidelines and were knowledgeable about people's individual needs. The community nurse had recently carried out training for staff about pressure sores. They said that staff were very keen and motivated to learn.

There was an on-going programme of staff training and all new staff received induction training when they first employed. Staff were also able to undertake nationally recognised training in care. Records showed that the majority of staff training was up to date. The registered manager told us that senior staff were completing 'train the trainer' training and this would mean more training could be offered at the service.

We saw that staff asked people for their consent before they provided care and support. Records showed that people had been involved in planning their care and were able to make their own decisions. Staff assessed people's capacity to make specific decisions. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We saw that care plans included mental capacity assessments and where the person lacked capacity a best interest decision was made.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. Care plans set out how staff should meet people's needs and apply any deprivation of liberty in the least restrictive way. For example one person's care plan instructed staff to give the person lots of time and not to rush, to gently persuade and give choices.

Staff had received training about the MCA and DoLS and were able to describe the correct action to take and how this was applied to people who used the service. Staff knew how to deal with behaviour which may challenge others.

Most people spoke positively about the meals provided and said they were given a choice. One person said,

"The food is good and we are well fed." People were assisted to eat and drink in a sensitive way where this was required. People had their risk of malnutrition assessed and action was taken where risk was identified. For example people were referred to their doctor and community nurse. Records were maintained of food and fluid intake so that staff could check they had enough to eat and drink each day. A community nurse told us "The food looks good and staff would take action if malnutrition was suspected". Records showed that staff monitored people's weight and met people's individual eating and drinking needs. We saw that some people were offered milkshakes during the day if they required extra calories. There was a varied and balanced menu on offer and people had a choice. Staff were able to describe how they met people's dietary and hydration needs. They knew about people's preferences and specialist needs. They gave us examples of providing people with alternative meals when they did not want the food on the menu and at different times to suit the person's needs. They told us one person would often have a meal in the middle of the night. People were offered hot and cold drinks throughout the day and there were cold drinks available in people's rooms. A member of staff said that offering people drinks was ' a big thing here'. They said that if people were not drinking enough, they would monitor their daily intake and take action if they did not have enough to drink.

People were supported to access healthcare services. They were seen by their doctors and by other healthcare professionals such as nurses and dieticians when they needed to. Staff worked with healthcare professionals and followed their guidelines. For example, when people had been assessed as being at risk of choking or risk of developing pressure sores, staff referred people to an appropriate healthcare professional and followed their guidance. Staff were able to recognise deterioration in people's health and they knew what action to take. We saw that staff had requested doctors' visits for two people they were concerned about during our inspection.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us "They [staff] work hard to keep us going. They are very kind and they care for you and don't let you suffer." A relative told us, "The staff are very kind and welcoming."

We saw that staff spoke kindly and gently to people. People were given time and not rushed, staff explained what they were doing when carrying out care and support. Staff showed concern for people's wellbeing and made sure people were as comfortable as possible. Some people required a hoist to assist with their mobility. We saw that this was done in a caring way and at an appropriate pace. On one occasion staff were concerned that a person was not comfortable while being hoisted. They sought advice from the registered manager to make sure they did not cause any discomfort to the person. We saw that the registered manager had spoken with staff at the last team meeting about the importance of giving people time and never to rush.

We saw that people were making choices about where to spend their day and which activity to take part in. Staff knew people well and knew about their needs and preferences and personal histories. They described how people liked to spend their day and how they preferred to receive care and support. They told us how one person liked staff to sit in their room with them and chat but then at other times did not want any company. Staff responded to people in a flexible way that met their needs.

A community nurse told us that staff were caring .They told us that staff would challenge them in a positive way to make sure people received the care they required. They told us staff knew people well and contacted them quickly if people were in pain or unwell.

People were involved in planning their care and staff supported them to make daily choices. People were involved in developing their plan of care and had signed to say they agreed with it. Staff described ways in which they tried to encourage people's independence. One person told us, "I am very self-sufficient and independent." Staff knew people's preferred routines, such as who liked to get up early and who liked to stay in bed.

The registered manager told us that there was no-one requiring advocacy services at the time of our inspection but this could be arranged if required. Relatives told us that communication was good and they were kept informed and consulted where this was required. A relative explained how they had supported their relative to be involved in the care planning process, they told us they had added to the care plan before signing it. People's relatives were made welcome. A relative said, "I come in at different times and they [staff] are no different whenever I come."

People had their privacy and dignity respected. We saw that staff protected people's privacy and dignity. Staff were able to describe how they did this, they told us how they managed intimate care so that people felt as comfortable as possible. 'Do not enter signs' were used on people's doors during personal care so

that other visitors and other staff knew not to disturb them. A staff member told us they had attended training the day before our inspection about protecting people's privacy and dignity. The registered manager told us they carried out observations of staff practice to make sure that privacy and dignity was respected.

Staff had recently attended training about end of life care. They told us how they applied their learning and described how they spent as much time as possible with the person and with their families. We saw that staff were providing care and support to a person receiving end of life care at the time of our inspection. Staff provided care and support as instructed by healthcare professionals. The person was comfortable and their family members were able to spend time with them.

Staff we spoke with said they would recommend the service to people that they cared about. A staff member said "I love it here, I would recommend it and have done so".,

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. A person said, "I can honestly say that I have never had an unhappy moment in here, it's a smashing place." People had their needs assessed before moving into the service and were involved in developing their plan of care. Care records were focused on the person and instructed staff to deliver care and support in the way the person preferred. For example, people's preferred time of going to bed, personal care routines and other things that were important to them were recorded. People told us they had their needs met. One person said "I really like it here". Another person said, "I was disappointed when I came here but I love it here now."

Staff knew people well and knew about their social histories and cultural and religious needs. People were able to follow their chosen religion and staff respected this.

People were able to follow their interests and take part in activities. There was a designated staff member employed for five mornings a week to support people with activities. During our inspection we saw there were activities taking place in both of the communal lounges. People were engaged with these activities and appeared to thoroughly enjoy them. People were asked if they would like to join in, and those that did not had their opinion respected. One person said, "I join in the activities as they make an effort to keep you busy." A relative told us that staff supported their relative to knit and helped to cast on the stitches.

During the afternoon we saw there was less activity going on and many people were unoccupied. The registered manager told us that this was how people preferred to spend their time. Some people were living with dementia and opportunities for sensory or reminiscence type activities were limited. We spoke with the registered manager who agreed to develop these activities within the service.

There were pictorial signs for the dining room and for bathrooms to assist people to identify these areas. Each person's door to their room was personalised to assist people living with dementia to orientate themselves. We were told that pictorial menus were available to assist people to select their choice of meal.

People said they could speak to staff and felt they would be listened to if they had concerns. One person told us they had spoken with staff about the portion sizes at meal times and changes were made accordingly. Records were maintained of all complaints and these were investigated. The registered manager was able to describe the action they had taken in response to a complaint. Improvements had been made and further staff training was provided. Meeting were held for people who used the service so that changes could be communicated and people's feedback was sought. Satisfaction surveys were sent out to obtain people's feedback. The registered manager told us the most recent satisfaction survey results were positive.

Good

Is the service well-led?

Our findings

People praised the registered manager and said they were open and approachable. A staff member said about the registered manager, "You can talk to the manager about anything, they will sort things out, all the managers are great." Staff told us they could approach the managers at any time and felt sure they would be listened to. The provider also regularly visited the service wand was available to speak with people and with staff.

There was a clear vision and set of values based on involvement, compassion, dignity, respect, equality and safety. Staff were working to these values and were able to describe how they applied them. The registered manager was highly visible at the service and knowledgeable about people's individual needs. The registered manager monitored staff behaviour and culture on an on-going basis. Staff competency checks, staff supervision and appraisals were carried out. The registered manager also carried out unannounced visits to the service during the night so that night staff could be supported and have their competency assessed.

Staff understood their responsibilities and there was a clear organisational structure. The registered manager notified the CQC and other appropriate organisations of events and incidents as they were required to. A visiting community nurse said "There are some really good carers, the registered manager is excellent and knows exactly what is going on."

There was a range of quality monitoring systems in place. People's care plans were reviewed and updated monthly or sooner if people's needs changed. Checks and audits were carried out on the premises and equipment. For example, electrical equipment, hoists and fire alarms were checked to ensure they were safe and in good working order. People and staff were asked for their views about the quality of the service. We saw that people had been consulted about care, decoration, food and activities. A daily health and safety check was carried out by the registered manager or senior carer. Where shortfalls were identified there was a person employed to carry out maintenance and repairs.

Staff meeting were held and used as an opportunity for learning and improvement. For example, staff were reminded about the providers whistle blowing policy at the last staff meeting. Improvements had been made following a recent pharmacy inspection regarding the storage of medicines requiring refrigeration. This meant that action was taken where shortfalls were identified.