

# Care UK Community Partnerships Ltd

## Broadwater Lodge

### Inspection report

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Date of inspection visit:  
02 October 2019

Date of publication:  
08 November 2019

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Broadwater Lodge is a care home which provides residential support to older people, many of whom are living with dementia. The service is registered to provide care for up to 67 people. At the time of our inspection there were 59 people living at Broadwater Lodge.

The service is arranged into five individual units, referred to as 'suites' throughout this report. Each suite has its own adapted facilities, including lounge and dining areas. People were however free to access all areas of the service, including the outside grounds which provided a small holding and was home to a variety of animals including ponies, pigs and rabbits.

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

Broadwater Lodge continued to provide excellent dementia care in its own unique and special way. People loved the quirky nature of the service which enabled them to be themselves and live their life, their way. The culture of the service was one of exceptional personalisation that involved people in all aspects of both their care and the running of the home.

The atmosphere within the service was once again vibrant and fun, with laughter echoing down the corridors. The stimulating environment had been further developed to include an award-winning farm yard where people enjoyed spending time outdoors petting a variety of animals. Activities were as varied as the people living at the service and no suggestion was ever considered too difficult to be achieved. People were supported to take active risks, with a widespread philosophy throughout the service that, "Life is for living."

People were supported by an enthusiastic and lively team of staff who were exceptionally caring and compassionate in their approach. Staff had an excellent understanding of people's needs and were responsive to people's changing needs. Personalised care was automatic, because people were at the heart of everything.

Staff were well trained and supported and people felt safe in their hands. People received their medicines as prescribed and were supported to access external professionals to keep them healthy and comfortable. People enjoyed a wide range of nutritionally balanced meals and specialist diets and preferences were catered for.

The management team championed people's rights and worked collaboratively with staff and external partners to constantly improve the service and develop Broadwater Lodge as a hub for the local community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Outstanding (15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Broadwater Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Broadwater Lodge 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service. This included the statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

During the inspection we spoke individually with seven people about their experience of the care provided.

We also joined people at lunchtime and in communal areas throughout the day and talked to them more generally about their life at Broadwater Lodge. 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 met with five relatives/visitors of people who used the service who provided us with their views of the care their loved ones received. We also spoke with eight members of staff, including the registered manager.

We reviewed a range of records. This included five people's care and medicine records. We also looked at the recruitment files for three staff and information relating to their training and supervision. The registered manager showed us documents relating to the management of the service. These included how feedback is gathered and acted upon and the audits in place to maintain the safety and quality of the care delivered.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also contacted the lead GP for the service to gain feedback about how managers and staff engage with other professionals.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. For example, one person said, "I've never seen a nasty attitude here." Likewise, people's representatives confirmed that they felt confident with the care their loved ones received. One relative told us, "There is not a single member of staff that I get a bad feeling about."
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. For example, one member of staff confirmed, "We have training in safeguarding and there are regular refresher discussions about what how we would deal with different situations." Similarly, another staff member said, "If I had any concerns I would report them straight away. I've not had any major issues or any worries, but if I ever wonder about anything then I just ask, it's our job to protect people."
- The management team understood their legal responsibilities and continued to ensure safeguarding concerns were appropriately reported to relevant agencies without delay.

Assessing risk, safety monitoring and management

- People confirmed they felt safe living at Broadwater Lodge and their representatives echoed this view. For example, one person told us, "I feel safe here. I didn't like where I was before, but I'm happy now and feel like I'm at home." Likewise, a relative informed us, "She is very safe here."
- Risks to people were understood and carefully balanced people's safety with their right to live the life they wished. For example, one person was at risk of falls, but loved to spend their time walking in the garden. This had been assessed as being in the person's best interests and staff understood the need to make sure the person had their walking frame and were checked at regular intervals. We saw the person enjoying their walk in the garden and observed staff discreetly checking they were safe.
- People's care plans included risk assessments that outlined the action needed to keep people safe. For example, one person liked to mobilise independently around the service in their wheelchair. Staff had recognised that this posed a risk of the person wounding their legs and so there were guidelines in place to make sure leg protectors were used to mitigate this. We observed these being used in accordance with the guidelines recorded.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) described the support people would need to safely leave in the event of a fire.

Staffing and recruitment

- People told us they received support from staff when they needed it and that their calls for help were responded to promptly. Feedback from representatives informed us that staffing levels were safe and that they had never seen people having to wait for care.

- Throughout the inspection, we observed that people were well supported, and that staff were appropriately deployed around the service.
- The registered manager told us that staffing levels were calculated using a dependency tool that considered people's fluctuating needs. A staff member confirmed, "Staffing levels feel ok at the moment and [the registered manager] is good at increasing staff when needs are higher."
- Despite some regular use of temporary staff, the registered manager advised that the same agency workers were booked to support consistency of care.
- The management team continued to ensure that appropriate recruitment checks were made to help ensure staff were safe to work with people who used care and support services.

#### Using medicines safely

- Staff supported people to take their medicines safely and in their preferred way. For example, we saw that people were given medicines with a drink of their choice and that staff waited to ensure the medicine had been taken.
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed Medication Administration Records (MAR charts) following the administration of people's medicines. We found a small number of gaps in records which indicated that staff did not always sign the MAR charts immediately after people had taken their medicines. This was highlighted to the registered manager who agreed to address this with staff.

#### Preventing and controlling infection

- People and their representatives told us that they were happy with the standards of cleanliness at the service.
- We observed the service to be clean and tidy throughout. Some malodour was noticed in a couple of parts of the service and the registered manager informed us that the flooring in those areas was scheduled to be replaced.
- Overall, staff demonstrated a good understanding of infection control procedures, although on two occasions we observed care staff carrying used continence products without any protective equipment. The registered manager was surprised by this feedback and provided assurance that this was not usual practice.

#### Learning lessons when things go wrong

- The management team were committed to learning when things went wrong. One member of staff told us, "If something happens, like a fall or safeguarding incident, then the manager uses this information sensitively to share learning with us." Another staff member confirmed, "It's not about looking for blame, it's about getting it right next time."
- Accidents and incidents were reviewed after occurrence to identify causes and actions to prevent re-occurrence.
- Staff meeting minutes reflected that learning was also taken from events that occurred outside of Broadwater Lodge. Where serious case reviews had been published, these were discussed as a team and staff asked to consider how to avoid similar events occurring at Broadwater Lodge. For example, in response to a published report on choking, the team had agreed that only permanent staff would take responsibility for giving out meals to ensure people received food that was safe for them.

# Is the service effective?

## Our findings

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

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

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

- The management team had a holistic approach to the assessment, planning and delivery of people's support. During the inspection we observed a staff member completing the assessment of a prospective person. The staff member spent a considerable amount of time talking to the person and their relative and getting to know their needs and preferences. The person then went on to spend the day at Broadwater Lodge where staff continued to assess their needs within the service environment.
- People's health needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks and a Waterlow assessment was used to understand people's skin integrity. Assessments were kept under regular review and staff followed the corresponding plans in place for people.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff who supported them. One person said, "I really like the staff; they are very kind, obliging and patient." Relatives also spoke highly of the staff team. One relative informed us, "You can ask the staff anything. They are also absolutely on the ball with the medical side of things."
- Staff were competent in the way they supported people and told us that they received ongoing training to develop their skills. One staff member told us, "We update ourselves at least every year. There is a programme about when each area needs to be updated." In addition to mandatory training, staff also completed specialist learning in topics such as dementia care, pressure prevention and hydration.
- New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff and agency staff confirmed this was the same for them.
- Staff repeatedly told us that they felt supported in their roles and that the management team were approachable and supportive. One staff member said, "It's a friendly and nurturing environment where staff are encouraged and supported to follow their interests. We can do extra training if there's an area we want to develop in."
- Individual and group meetings with staff were used to check their knowledge and develop skills in accordance with best practice. Staff told us the registered manager was constantly working alongside them and checking their competencies and providing coaching support.

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

- People spoke positively about their meals and told us their dietary preferences were catered for. For

example, one person said, "I'm a vegetarian and it's a nice touch that the cook comes to talk to me to ask what I would like each day."

- People were supported to maintain adequate levels of nutrition and hydration. One relative told us, "There was a period when [person's name] wasn't eating and staff tried everything to encourage her to eat. They also made sure she had plenty of fluids." Hydration and snack stations throughout the service acted as prompts to encourage people to eat and drink.
- Staff had a good knowledge of people's dietary needs and preferences and ensured these were respected. For example, staff knew that one person liked to eat breakfast and supper but was not keen on lunch and therefore modified the person's meals accordingly to ensure they maintained a balanced diet and consistent weight.
- Support given at lunchtime was provided in a dignified and appropriate way that encouraged people to eat well. Staff sat individually with people and provided support at their own pace.
- Care records reflected any health risks associated with eating and drinking. For example, where people were identified as being at a low weight, there were guidelines in place to fortify and supplement meals. Staff were aware of these risks and able to describe the plans in place.
- Staff regularly monitored people's food and fluid intake and maintained a check of people's weight.
- One staff member had undertaken specialist training as part of a hydration project with the local Clinical Commissioning Group (CCG). They told us through their role, "We aim to reduce urine infections and falls through good hydration and diet." As part of this project, individualised placemats had been introduced which sensitively provided key information about people's nutrition and hydration needs. We saw that this not only helped new and temporary staff to recognise people's needs, but also prompted conversations between people about their dietary preferences.

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

- People were supported to access the healthcare services they needed. One relative told us, "If [person's name] needs a doctor, they act quickly and always keep me informed."
- Staff had a good knowledge of people's healthcare needs and worked effectively with each other and other professionals. One member of staff said, "We look for any changes in the person and if we notice anything then we report it to the team leader. For example, if we see that someone is coughing or not swallowing properly, then this is discussed with the GP and they refer to the speech and language therapist or a dietician."
- Records showed that people received input from other health professionals, including GPs, district nurses, speech and language therapists (SALT) and physiotherapists. There were good oral assessments in place which included ensuring people had access to dental care.

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

- The physical environment was continuously being reviewed and improved in line with best practice dementia guidance. Considerable thought had been given to creating an engaging environment. As people moved around the service, we saw them enjoy spending time in areas such as a cobbler's, library and the local pub.
- Since the last inspection, part of the garden had been transformed into a farm which housed numerous animals including a pony, goats, pigs, chickens and rabbits. Enjoyed by people, their families and the community alike, the farm had also received external recognition including a recent Surrey Care Homes Award for 'Best outdoor Space.'

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had choice and control over their lives and we saw that staff routinely sought people's permission before providing support. Where people declined support, this was respected and offered later.
- Staff demonstrated they understood the principles of the MCA and how to follow a best interest process. For example, one staff member told us, "The MCA requires us to assume that someone has the capacity to understand the choices they decide." They went on to describe that where a person lacks this capacity, "I consult with the manager and we talk to the family and other relevant people to help us make a decision for them."
- Where people lacked the capacity to make decisions for themselves, appropriate best interests processes had been followed. For example, where a person was at high risk of falls and lacked capacity in respect of this, a best interests decision had been made with regard to the measures in place to mitigate the risk of them falling at night.
- Appropriate DoLS applications had been made and where authorised, the conditions were recorded in care plans and adhered to by staff.

## Is the service caring?

### Our findings

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

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

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

- The vibrant and inclusive atmosphere was striking from the moment of entering the service. Staff and management alike were fun and engaging. One person told us, "You are always met with a smile wherever you go."
- Management and staff had a unique way of promoting parity between people and those who supported them. The 'Butterfly Model' of care was embedded throughout the service and resulted in high levels of engagement and stimulation. The 'Butterfly Model' is a recognised model of dementia care that rests on the belief that people's emotional needs are paramount to their well-being. Through this model people living with dementia can thrive when they and those supporting them know how to be person centred together. At Broadwater Lodge, whether it be through staff wearing different shoes, brightly coloured clothing or holding an animal, people's attention was caught, and joy was the prevalent emotion. One relative told us, "My first thought when I came in was that it was bonkers, and then I realised there was actually something very special about here and I absolutely love it." Staff and people embraced the 'Butterfly Model' together which resulted in enhanced well-being for those living at the service.
- People had wonderful relationships with the staff that supported them. We noticed a person sitting chatting with a staff member about their former home life and the staff member was asking questions and listening to the person with genuine interest. When the staff member later went to get the person a drink, the person told us, "He's a lovely, lovely man. So easy to talk to." Likewise talking of staff, another person said, "We only have the best here."
- Relatives told us the feeling they got from Broadwater Lodge was unique. For example, one relative said, "I looked at a lot of other care homes and nowhere rivalled the care, integration and interaction that I observed here." Another commented, "It's remarkable here. The attitude is good, and staff are always cheerful and smiling." Letters of compliments and praise from family members, past and present were in abundance.
- Staff were completely in tune with people's emotional needs. For example, whilst dancing with a staff member we overheard a person reminisce, "I don't have my sisters anymore." The staff member immediately replied, "That's true, but you have us, and we love you very much." The person said, "Ah yes" and continued dancing and singing happily. On another occasion, a person was observed to be rocking in their chair. On noticing this, a staff member got up and handed the person their baby doll and engaged the person in a conversation about their 'baby.' The person was soothed by this interaction and began smiling as they cared for their 'baby.'
- Broadwater Lodge is a place where people were celebrated for being themselves. Staff knew what was important to people and ensured that was provided for. Staff supported people to attend a variety of

different religious services and spiritual meetings. One person told us, "I'm a Quaker and staff used to take me to my meetings every week. When our group lost its venue, the manager said we could hold the meetings at Broadwater instead and so that's what we do now."

- Visitors were welcomed and staff proactively supported people to maintain their own relationships. One person had a spouse that lived in another care home. Staff recognised the distress the separation was causing the person and so the management team liaised with the relevant parties to enable both people to live together at Broadwater Lodge. Staff fully respected the couple's privacy and each morning they shared breakfast together in the day centre, away from others living at the service.

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

- People were actively in control of their own support. When we asked people about their involvement, one person told us, "I can do what I want."
- Involving people in every aspect of their care led to excellent outcomes for both their physical and emotional wellbeing. People felt valued and important. Staff used the knowledge they had about people to create meaningful engagement which in turn reduced levels of tension and conflict within the service.
- From the point of assessment, right through to reviewing care using the resident of the day process, people were at the heart of everything at Broadwater Lodge. Life story books were used to capture information that was important to people to enable meaningful conversation and bespoke care. Memory boxes outside people's rooms included, "Things to talk to me about", so new and temporary staff could still communicate effectively with people.
- There was an active residents' committee and each member had their own corporate name badge. It was clear that the people who sat on this committee were proud of their role and enjoyed the regular meetings where they advocated on behalf of people. The creation of the farm and library had been born from people sharing their ideas and feedback.
- People were actively involved in the recruitment of new staff. The registered manager told us, "Seeing how prospective staff interact with people is so important, we can teach skills, but we need to know they care before they join our team."

Respecting and promoting people's privacy, dignity and independence

- People were supported with their personal care needs in a way which promoted their privacy and dignity. Staff told us how they respected people's choices about the gender of the staff member supporting them and ensured they responded to both verbal and non-verbal cues.
- People were encouraged to make their own choices about their appearance. One person's care records reflected that the person liked to be 'well groomed with hair done and nails painted.' We met this person and it was obvious that they were very proud of how they had been supported to look.
- Staff were discreet in the way they offered support and took people away from others to discuss or deliver support. For example, during the inspection, one person was visited by the dentist and staff supported the person to a quieter area of the service to have their consultation in private.
- People and their relatives told us that staff encouraged people to be independent where possible. Similarly, staff talked confidently about the things they did to encourage people to be independent. One staff member told us, "We encourage people to do as much as they can for themselves. At breakfast for example, we lay things out, so people can make their own choices and pour their own cereal."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service continued to deliver excellent opportunities for people to participate in activities that gave them meaning and purpose. The new addition of the farm had been a huge success in encouraging people to enjoy spending time outside both with staff and visitors. We observed people helping staff to groom the animals and noticed that even people who were otherwise quietly spoken were engaged in deep conversation about the animals.
- The management team had continued to develop Broadwater Lodge as a hub for the local community. The newly renovated Broadwater pub, along with the day centre and farm, were used as special places for people to spend their days and meet new faces. In the PIR, the registered manager told us, "Since the farm opened in 2018, the home has become a magnet for local schools, nurseries and a host of other community groups. This has meant that Broadwater Lodge has been able to build strong community connections and as a result, residents have regular interaction with children and animals." During the inspection we observed people hosting a cream tea event in the bar with visitors from another service. There was a lively and fun atmosphere in which people were chatting, laughing and dancing together.
- The ethos at Broadwater Lodge was to focus on individuals and what was important to them. One member of staff told us, "We want people to live their lives. People do what they feel like doing. We don't force anyone to do activities they are not interested in, but we do try and find out what they enjoy." As such, we saw that opportunities for engagement were as diverse as people. For some people musical entertainment was a highlight, whilst others preferred to spend one-to-one time with staff petting the animals or doing a crossword. One person who had previously worked in a Chinese restaurant loved nothing more than going into the kitchen and showing the chef how to cook authentic egg fried rice.
- People's diverse needs were respected. Staff respected people's religious and spiritual needs and ensured these were reflected in the support they provided.
- External organisations continued to recognise Broadwater Lodge for its unique approach to supporting people living with dementia. For example, the service were the latest winners of the "Excellence in Delivering Dementia Care" award at the Surrey Care Awards.
- Managers and staff continued to have an excellent understanding of people's individual needs and were responsive to changes. One relative told us, "Staff are really good at recognising whether [person's name] is having a good or bad day and adjusting their support accordingly." The fluctuation of this person's needs was clearly detailed in their care plan and staff spoken with were familiar with the guidelines in place.
- Staff recognised and responded quickly when people's needs changed. For example, where people had become unwell or their dementia had deteriorated, they ensured a timely review of care needs. Through excellent communication across the service, professional referrals were made, care records were updated,

and changes shared to ensure all staff were up to date.

#### Meeting people's communication needs

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

- Staff were skilled in the way they communicated with people. They used their exceptional knowledge of people to engage with them effectively. One relative told us, "When [person's name] lived at home they were always cross, but here that's not the case. Here, they are cheerful and happy."
- Information and choices were presented to people in a way that made them accessible to people living with dementia. Each person had a communication care plan which outlined how staff should support them to make decisions about their care.
- Where required, staff ensured people were supported to wear their glasses or hearing aids to facilitate good communication. We observed that steps were taken to ensure these were kept clean and in good working order.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection, but where this support had been provided, we saw letters of thanks and praise from people's family members. One family had expressed, "We could not have hoped for a more respectful and dignified passing."
- Staff had sensitively supported people to think and talk about how they would like to be supported at the end of their lives. It was clear from the information recorded in care plans, that this had been done at a pace and level that was right for the individual.
- The service was an advocate of John's Campaign and supported family members to stay with their loved ones when they became terminally unwell. John's Campaign is an initiative which champions the right for people with dementia to be supported by their family carers. A relative's basket had recently been introduced which included a selection of toiletries. The registered manager told us, "We noticed that relatives would sometimes need to leave their loved ones to go home and freshen up and so we thought we'd make it possible for them to do that here."
- Feedback from other healthcare professionals commended the end of life care that people had received at Broadwater Lodge. One healthcare professional stated, "Carers are proactive and work hard to maintain pressure areas, encourage good nutrition and liaise with healthcare professionals promptly to alleviate any terminal symptoms. Residents are very fortunate to be looked after so well by staff that go above and beyond every day."

#### Improving care quality in response to complaints or concerns

- People and their relatives did not have any concerns about the service they received, however all expressed that they were confident that any concerns would be addressed. One person told us, "There's nothing much to grumble about here, but if I ever mention anything then it is always rectified."
- There had been no recent complaints received, but previous concerns had been fully investigated in line with the provider's complaints policy.
- The management team led by example in ensuring that the culture was open and reflective. Where issues had previously been raised, people always received an apology and information about what action had been taken.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff continued to display a unique approach to care in which a high quality, person centred culture was sustained. People told us they appreciated the "Quirky" nature of the service which enabled them to feel included as part of the Broadwater Lodge family.
- People were at the heart of the service. One person said, "Other services might have higher material standards, but here has something else." That 'Something else' was continually referred to and was what made the service a special place to be.
- People's thoughts, comments and wishes shaped the direction of the service and no idea was too big, too extreme or too difficult. The specialist environment, for which awards had been won, had evolved because people's voices had been heard. In addition to the highly-acclaimed farm, a corridor of light had been created because of people commenting to staff that they missed the lights when the Christmas decorations had been taken down.
- Staff shared the management's vision for the service and believed in the support they delivered. One staff member told us, "It's a friendly, nurturing environment where there are no fixed rules. I would 100% recommend here as a good place to work." The energy, motivation and commitment of staff underpinned in their practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example and by working alongside staff each day she understood life in the service, and staff respected her authority.
- Other professionals praised the registered manager's knowledge of people and leadership of the service. For example, a GP told us, "The home is very resident-focused. [Registered manager's name] is a really dynamic manager who is willing to embrace new ideas and look at ways of increasing activities and quality of life."
- The registered manager had effective oversight of what was going on within the service. They understood their regulatory responsibilities and were proactive in the way they notified and kept CQC and other agencies informed of events within the service.
- The provider also played an active part in monitoring the safety and encouraging improvement of the quality of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

- At both provider and management levels, an open and transparent approach was promoted which ensured people were treated with respect and honesty. All feedback was viewed constructively as a way of driving forward continuous improvements.
- People had confidence in the leadership of Broadwater Lodge. One person told us, "I rate the manager very highly, she is up to her neck in common sense. Her leadership is effective – she doesn't often have to bang the drum but is not afraid to do so if needed."
- There were processes in place to monitor incidents and events that occurred within the service. When incidents and accidents occurred, these were reviewed and learning shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team understood and valued the active participation of all stakeholders in the development of the service. There were various systems for gathering feedback, but most importantly when opinions were shared they were listened to and ideas acted upon.
- There was an active residents' committee which met monthly and changes to the environment, activities and menus had occurred because of people's feedback. One of the people who sat on this committee told us, "They ask my advice, because I have experience."
- Regular staff meetings and a high management presence within the service facilitated good communication and staff involvement. One staff member told us, "There's a very hands on management style which brings new ideas to the service. The manager encourages us all to share our viewpoints."
- Staff worked in partnership with other professionals and across teams to support people effectively.
- The service had continued to open its doors to the public and integrate people living at the home with others in the local community. In addition to the various inter-generational group activities, staff had linked with the local GP surgery and supported people to join the 'Walking for Health' project. Furthermore, the farm had been used as a therapeutic space for people living with anxiety and depression.