Care Quality Commission

Bupa Care Homes (CFChomes) Limited

Broad Oak Manor Care Home

Inspection report

Broad Oak Close, off Arnolds Lane
Sutton at Hone
Dartford
Kent
DA4 9HF

Date of inspection visit:
16 May 2017
18 May 2017

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19 June 2017

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

Broad Oak Manor Care Home is registered to provide accommodation and personal care for up to 42 older people who have complex health conditions requiring nursing care. There were 37 people living at the service on the day of our inspection. The accommodation was spread over two floors with a lift to help people move between the floors easily.

At the last inspection, on 11 February 2015, the service was rated as Good. At this inspection we found the service had remained Good.

People continued to be safeguarded from abuse by staff who knew and understood the procedures in place and what their own responsibilities were within these. Staff were confident concerns would be acted on immediately by the management team. People were protected from the risks they faced as an individual. The nursing staff identified risks and made sure guidelines and management plans were in place to control the risks. Accidents and incidents continued to be recorded well and improvements made to keep people safe by close analysis.

There were sufficient numbers of nursing and care staff available to support people and to meet their needs. Safe recruitment practices were still in place to make sure the service employed only suitable staff. New staff were given the training and support they needed to do well in their new role. Refresher training continued to make sure staff updated their skills.

People were supported to have their healthcare and nutritional needs met. Specialist advice was sought by the nurses when necessary to make sure the advice was available to care for people's needs well.

Although the staff completed daily charts to record people's food and fluid intake as well as changes to their position in bed, these were not always recorded consistently. We have made a recommendation about this.

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

People were supported by nurses and staff who knew them well and were therefore able to support them in a person centred way. The atmosphere in the service was relaxed and friendly where people and staff interacted well.

People had access to a range of activities to suit most preferences. Outings to places such as the theatre were regular. Residents meetings and regular surveys ensured people's involvement and views were sought.

People, their relatives and staff thought the service was well run and thought the new registered manager was making further improvements to an already good service. The registered manager and deputy manager reacted quickly and positively to areas for improvement. The provider and registered manager effectively

used monitoring and auditing tools to ensure the quality and safety of the service continued to be maintained and improved.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Broad Oak Manor 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 checked 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.

This inspection took place on 16 and 18 May 2017 and was unannounced.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of caring for a close family member who was living with dementia and also lived in a care home.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with six people who used the service and five relatives to gain their feedback of the service. We spoke with nine staff including two nurses, three care staff, the activities coordinators, the maintenance officer, the registered manager and the deputy manager. We contacted health and social care professionals to ask for their views and feedback about the service.

We looked at the provider's records. These included seven people's care records, which included care plans,

health records, risk assessments and daily care records. We also looked at medicines administration records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send us a maintenance certificate after the inspection. These documents were sent through in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe living at Broad Oak Manor Care Home. The comments we received included, "Yes, I do feel safe, they help me with a lot of things here", "Yes, very safe, I should imagine" and, "No problem at all, we all feel safe here, I am sure". Relatives also thought their loved ones were safe living at the service. They said, "They let us know about everything that happens to dad, we are very pleased that dad is here, he is very well looked after and also safe" and, "She is safe here, no doubt about that, mum is kept nice and clean all the time".

People continued to be protected from abuse or harm. Staff had received refresher training in safeguarding adults from abuse since the last inspection to make sure they continued to understand their responsibilities in keeping people safe. Staff knew the procedures to follow if they suspected abuse and told us they felt confident that any concerns raised with the management team would be acted upon. They knew which organisations they could contact outside of the service if they felt they needed to do this and told us they were given a card with the contact numbers they would need during training.

Individual risks to people continued to be identified and plans to manage those risks detailed with clear guidance for staff to follow. For example, people who were at risk of acquiring pressure sores due to their frail health and inability to move freely and independently had plans in place to reduce the risk. Some people were assessed as requiring a positional change every two hours and others every four hours when in bed. A risk assessment to help to keep people safe was included in the care plan for all those who required the use of bed rails when they were in bed and all those who required assistance with moving around or were at risk of falls. A falls diary was in place for those who had experienced more than one fall, to monitor and review falls so that action was taken to try to prevent further incidents.

People continued to receive their medicines as prescribed from nurses that were suitably trained. Medicines were kept safe and secure at all times when not in use within a medicine room. Systems were in place for the ordering, obtaining and returning of people's medicines. The staff ensured that medicines used for people at the end of their life were stored correctly and accurate records kept of when they were administered by the staff or other health care professionals.

Registered nurses administered medicines and had a good understanding of the policy and procedures for administration. People's records contained up to date information about their medical history and how, when and why they needed their prescribed medicines. Some people had 'As and when required' (PRN) medicines. Although guidance was in place for staff to follow, these were quite general, for example, paracetamol 'for pain' without specifying the nature or location of pain. We spoke to the deputy manager about this and they acted immediately, adding more detailed information to the PRN protocols. We saw these in place on the second day of our inspection. The temperature of the medicines fridge had been recorded each day, however, the temperatures were not correct as the fridge temperature gauge had not been reset after each check. So, although the temperatures themselves were actually within the correct range, they had not been recorded as such. We spoke to the registered manager about this who told us this was a new fridge and nurses had clearly not understood the procedure for resetting the gauge.

Accidents and incidents were recorded by staff as they happened. The manager reviewed the incident, investigating if necessary and making sure the appropriate action had been taken straight away, such as reminding people to use their call bell if they need assistance or contacting the GP or family members. All accidents and incidents had continued to be recorded on the provider's electronic system by the registered manager. The provider reviewed and analysed the information each month, determining where preventative measures or improvements could be made.

The provider and registered manager continued to carry out safe recruitment procedures to make sure only suitable staff were employed to support people living at the service. This included the continued checking of applicant's employment history and gaining references before employment commenced. Checks had been made against the Disclosure and Barring Service (DBS. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. The registered manager told us they were keen to increase the involvement of people in their recruitment process. To this end, one person had shown an interest in this so far and had taken part in the interview process in an informal capacity, meeting potential new staff and offering their views on the suitability of the candidate.

The provider employed a maintenance officer to look after the premises and grounds as well as a gardener to keep the gardens well maintained. All routine servicing of equipment and services had been kept up to date, for example, hoisting equipment, gas safety and electrical appliances. The maintenance officer kept all fire servicing up to date such as firefighting equipment, fire alarms and emergency lighting. Fire evacuation drills were carried out regularly to make sure staff knew what to do in the event of a fire. Comprehensive maintenance plans were in place to ensure the safety of the building for people, staff and visitors. A personal emergency evacuation plan (PEEP) was recorded within people's care plans. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

There continued to be suitable numbers of nurses and care staff available to meet the health and care needs of the people living in the service. The provider had a dependency tool to assess the needs of the people and calculate the numbers of staff required to meet those needs. Staff told us they thought there were enough staff and they did not feel under pressure or rushed. One member of staff said, "I think there is definitely enough staff, and we cover each other if there is sickness".

Good

Is the service effective?

Our findings

We asked people if staff knew what they were doing and helped them in the way they wanted. The responses we received included, "Yes all the time, they are very helpful, and quite often I need their help", "Yes they do, they also do a very difficult job" and, "Yes, without any concern".

New staff were still well supported to develop into their new role through a comprehensive induction which included classroom based training with other new employees from other homes within the provider's regional group. New staff then had a period of shadowing a more experienced member of staff within the service to get to know people before supporting them. They continued to work closely with an experienced member of staff for a period of time until they had gained the experience necessary to support people well. One member of staff said, "My induction was very, very thorough. I had four days training by a trainer who was very knowledgeable, and then went on to shadow experienced staff". Training updates for staff was through a mixture of face to face training, for example moving and handling and fire training, and competency papers with a written test.

The registered manager was relatively new in post and acknowledged that staff supervisions had not been carried out as often as they would have liked as they focused on other areas within the service. All staff had however had at least one supervision meeting this year and a plan was in place with dates for one to one supervision. All staff had the opportunity of having an annual appraisal to reflect and receive feedback on their previous year's work and to set their learning and development targets for the coming year. Staff told us they felt well supported and could speak to the registered manager or deputy manager at any time if they needed support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities to ensure people's capacity to consent to care and treatment and to live at the service had been assessed. Where people were deemed to lack the capacity to make this decision, DoLS applications had been made to the local authority supervising body in line with agreed processes. This ensured that people were not unlawfully restricted.

The registered manager continued to make sure that people's capacity to make specific decisions had been assessed. Some people had been assessed as having the capacity to make simple day to day decisions but not more complex decisions. Where people were deemed to lack the capacity to make a decision, processes were in place to make sure any decisions were made in their best interests, with the involvement of relevant people such as family members, staff or a GP. For example, one person's risk assessment showed they needed to have bed rails in place to keep them safe while in bed. A decision was recorded as having been made in their best interests with family members to use bed rails for their on-going safety. Staff had a good understanding of their responsibilities in supporting people to make choices and decisions. One staff member said, "We get to know people well, so can tell by facial expressions or body language".

Mealtimes were relaxed and plenty of time was given to support those who needed assistance with eating their meal. Staff chatted to people at the dining tables, adding to the enjoyment and socialisation of the mealtime. Some people had a sherry with their meal, while others had juice or water. People generally thought the food was good and were happy with the choices available giving positive feedback, such as, "Food is good, no complaints from me, it is well cooked, we have variety, you can always ask for more" and, "Not really like home cooking, but it is alright, you can ask for more and you will have it, simple as that".

Some people required assistance with eating and drinking and also needed the advice and guidance of specialist health care professionals such as Speech and Language Therapists (SALT) or dieticians. Nurses had referred one person to SALT and were awaiting an appointment. In the meantime, initial advice had been taken and was being followed through a reviewed care plan to make sure the person had access to a safe pureed diet until being properly assessed.

Daily food and fluid charts were not consistently recorded. For example, staff had recorded on one person's fluid chart that they had been offered a drink at 09.50. At 12.30 no record had been made of staff offering further drinks, even though we had seen that this had happened. Another person had only 50mls of fluid recorded by 11.30 which would not be enough to prevent dehydration, however, fluids had been offered and taken but not recorded. Other daily charts were recorded well.

We recommend the registered manager ensures an efficient method of monitoring daily charts is developed and continues to be maintained.

Although the service was clean and well decorated, the décor and carpets were not the most appropriate for older people or those living with dementia. For example, changes between floor or carpet colour could be perceived as steps, potentially increasing the risk of falls. The regional support manager told us they had just been given permission to order new carpets by the provider and intended to take this on board when ordering.

People's health needs were well documented in the care plan. Where people had specialist health care needs referrals continued to be made appropriately. These included referrals to health care professionals such as the GP, tissue viability nurses or a dementia nurse. When concerns had been noted regarding one person's change in behaviour, referrals had been made to the community mental health team. All contact and interventions by health care professionals, either visiting the home or when people had attended a hospital clinic, were recorded within the care plan to ensure good communication across the staff team. A local GP looked after the health needs of people living in the service. The GP held a weekly surgery, visiting all the people in the home who required healthcare advice. They also attended at other times in the week where it was felt necessary, if someone's health deteriorated for example. The nurses we spoke to told us they really liked working at the service, taking pride in working for a good home.

Good

Is the service caring?

Our findings

People spoke positively about the staff and their approach. When asked if they thought the staff were kind and caring, we were told, "Yes, I mean I am sure you have noticed that yourself too", "Absolutely, I tell you what, they are all nice people and genuine" and, "They are very nice and they also work very hard, I have become happier here because I have managed and the staff have helped me to settle in". Relatives were also positive about the attitude and approach of the staff. One relative said, "Yes, I can only speak of what I see and I couldn't fault them you know" and another told us, "They are caring and kind, yes".

Since our last inspection the registered manager continued to ensure that people were treated with dignity and respect by a caring team of staff. Staff described how they made sure they maintained people's privacy, such as knocking on bedroom doors before entering, making sure doors were always closed when providing personal care or making sure personal conversations were held in a private place. People told us they were treated with dignity and respect. One person told us, "Yes, they do, they would ask me if I am alright, just to check up on me and they also knock on my door, they never just come in without permission" and another said, "Yes, they do, they are trained I think, they respect me at all times and they are not rude".

Care plans were clear that staff should give people the time to do as much for themselves as possible to help them to maintain their dignity as well as promoting their continued independence.

People were encouraged to help with tasks where appropriate, to help them to remain occupied and maintain their independence. One person was folding napkins in preparation for the meal at lunchtime. They said, "I like helping them out you know and it also keeps me busy, I enjoy it". People were enjoying a game of bingo in the afternoon, clearly enjoying the game. The activities coordinators clearly knew people well and were engaging and including everyone. People were laughing and obviously enjoying themselves.

Family members were kept informed of any concerns regarding their loved ones. For example, if their health had deteriorated or if they had a fall. All communication was documented within the care plan.

Staff knew people well and were able to give examples of peoples' personal preferences. Staff told us, "One lady loves to have an egg salad" and, "Some people like hot milk on their cereal and some prefer cold. It is important we know these things and remember them". Their knowledge of individuals enabled them to give person centred care.

Staff appeared relaxed and people living at the home appeared comfortable and looked well cared for. One staff member said, "I go home feeling I've achieved and helped people".

People were involved in developing and reviewing their care plan. People's relatives were also included to make sure all the information necessary to support people well was gathered.

Good

Is the service responsive?

Our findings

People told us they were happy with the amount of activities available at Broad Oak Manor Care Home. The comments we received included, "There are certain activities I like, for example I like the quiet lounge so I can look at the fishes", "Not physical [Activities], but I don't really want to do many of their activities, I am quite happy with bingo", "Staff take their time to speak with me, which is nice, we have also been to the theatre, one of the lady`s organised it and we got the minibus there, it was very good and pleasant" and, "I like to read and to play bingo with the girls".

People had access to a range of activities. Two activities coordinators were employed by the provider to plan and deliver meaningful activities. Residents activity meetings were held once a month to involve people in decisions about what they would like to see available the following month. One of these meeting was being held when we were visiting and we were able to see how people were encouraged to speak up. Some people wanted knitting to be a regular activity and it was agreed to start this the following week. The activities coordinators worked together to develop plans for bigger events through the whole year, such as an afternoon tea in July 2017 and a Halloween party in October. People had the opportunity to go out to planned activities such as the theatre, a regular event. The activities coordinators regularly took people out around the grounds for a walk in a wheelchair when the weather was fine. People were having a manicure in the lounge which was a weekly event for people to take advantage of if they wished and was available on the same day as the hairdresser attended. People who stayed in their room either by choice or due to poor health had one to one visits once or twice a week. For example, the activities coordinators read to people, put their washing away, chatted, provided a manicure or washed their hair. One person had always kept birds at home and the activities coordinators had supported them to keep birds in a cage in their room, looking after them and cleaning their cage a number of times a week on the person's behalf. Staff told us that although activities had been good previously, they thought the activities programme had improved since the last inspection. Individual records were kept of all activities people had taken part in, whether they had been involved in the group activities in the lounge area or reading their post or having a chat in their room.

People continued to have their care needs assessed by the registered manager or deputy manager before any decisions were made for them to move into the service. The registered manager checked that the skills were available within the staff team to support people with their assessed needs. People and their family members where appropriate were fully involved in this process.

Following the initial assessment, care plans were developed by nurses to make sure staff knew how people wanted and needed to be supported. A range of care plans to address people's daily care and support needs were in place including; moving and handling, skin care, healthier happier life, senses and communication, choices and decisions and personal care. For example, one person could not verbally communicate. Their care plan clearly set out how staff should use eye contact and body language to understand their needs or wishes. The care plan went on to state that as the person could also not use the call bell, staff must check on them at least hourly and record this. One person's sleep care plan recorded that they liked to have the television on before settling for the night, liked to have a warm drink before they took their medicines and

liked to have the door open and their side lamp on. Staff found care plans easy to follow with the information they needed to support people well. One staff member said, "Everyone is different so it is important to know their individual needs".

All care plans were reviewed at least once a month by the registered nurses to check that people's care needs had not changed within that time. Where needs did change, care plans were reviewed at the time to make sure people continued to receive the care and support they required.

Resident and relatives meetings were held every three months so people were able to raise issues within the service and give their views. At a meeting on 08 May 2017 ten people attended and two sets of relatives. A lot of discussion was held about food, such as people saying they loved the homemade bread that the chef had started to make and that all were generally happy with the food. The maintenance officer introduced themselves and asked that people let them know if they had repairs they needed doing. Activities were discussed and people asked why activities were not available at weekends. The registered manager said they would look into this.

People had been asked their views of the service by being asked to complete a survey. The last survey had been undertaken in December 2016 when 17 people had completed the questionnaire. People appeared through the survey to be very happy with the care they received at Broad Oak Manor. Comments included, 'Lovely people', 'Well kept home', Very good gardens' and 'First class staff'. The provider highlighted the areas they wanted action to be taken as a result of the survey. Copies of the results were available in an easy to read format in the foyer of the service.

People and their relatives knew how to make a complaint. Relatives told us, "Yes we know [How to make a complaint] and we also know who to speak with" and, "Yes, we do know but we have never had any need to complain". Complaints had been responded to by the registered manager, following the provider's complaints policy. The registered manager continued to keep a record of all complaints, the action taken and a copy of investigations and responses made. One family member complained on behalf of their parent who was worried about the lift breaking down, following a period of maintenance issues with the lift. The registered manager responded by asking the person if they wished to move to the ground floor. This was facilitated and the person and their family expressed their thanks for the satisfactory response. The service had received many compliments, all of which were documented and passed on to the staff team.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they thought the service was well run. We received complimentary responses confirming that people generally thought it was. The views we received from people were, "Yes, this home is nice, people are also nice", "I can't find any fault with it, it is very good and organised, but the people here are so nice and open, honestly", "I believe it is, and from what I see daily they couldn't do any better" and, "Yes I can say so, we are all safe so I guess they are organised". Relatives comments included, "I think the home is well managed and organised for the simple reason that my mum is settled and they keep us informed at all times, plus the manager hasn't been here long but has managed to make a few changes" and, "Well managed and the manager hasn`t been here long, but definitely well managed, she has taken a few things into consideration which I am happy about".

The registered manager had various ways of ensuring communication remained good across the staff team. A 'Take 10' meeting was held every day at 11.00 with a representative of each department in the service attending, including maintenance, housekeeping, activities and nursing staff. Actions outstanding from the previous day's meeting were discussed plus any new information to share and agree actions. For example, contractors who were on the premises, equipment that needed repair such as the washing machine, or others who were expected to visit that day such as the GP. Relevant information to share about people was also discussed, such as people who had appointments to attend or whose health was of concern. The registered manager or the deputy manager had a 'Daily walk around' to speak to people and staff and to check any areas of concern. Action points from the walk around were taken to the take 10 meeting. Regular staff meetings were held every three months to keep staff up to date with service and organisational news and information. The opportunity to check staff understanding of policies and procedures and their responsibilities was also taken.

We spoke to the registered manager and deputy manager about the inconsistency in daily record keeping as some of the daily records did not reflect the care given. They responded straight away by introducing a monitoring process for the nurses to undertake. On the second day of the inspection, the nurses were checking all the daily charts every time they administered medicines, generally four times a day, and signing to say they had checked. This meant they could deal with poor recording straight away with the staff responsible. The registered manager had also reacted straight away to an issue found with the medicines fridge temperature recording. They had corrected the issue by resetting the new fridge. They had planned a group supervision with all nurses the following day to make sure they all understood how to reset the new fridge's temperature gauge.

The provider held regular managers meetings for the benefit of all the managers within the local area. The registered manager attended these and found them to be beneficial for peer support and to receive organisational updates to pass to the staff team.

The provider was finding ways to reward staff for their work. The previous week, before the inspection, a 'Grateful day' had been held where all staff had the opportunity to have afternoon tea at the service. The registered manager added to this by providing breakfast to staff at Broad Oak Manor and the regional

director sent an ice cream van later in the day to offer ice creams to staff. The initiative was welcomed by staff as a positive gesture.

Staff were complimentary about the registered manager and management team, saying they were approachable and would always listen to ideas or concerns. One staff member said, "It is well run, one of the nicest homes. I have been here a long time because I like it so much". Another staff member told us, "[Registered manager name] is always looking for things to improve, to make the place more homely for example, like the fresh flowers in the dining room".

The provider carried out a staff survey every six months. The provider analysed the feedback and provided the results in graph form for ease of reading. A survey in March 2017, when the new manager had been in post for four months, showed the satisfaction of staff. Comments included, 'We give excellent care here in the home, our residents are happy and safe' and, '10 (top score), because it is a nice friendly atmosphere'.

The provider had a range of monitoring and audit processes and these continued to be used effectively to check the quality and safety of the service. The registered manager completed 'Quality metrics' each month, recording specific data requested by the provider. The areas covered by the data collection came under the four headings of quality of care, quality of life, quality of leadership and management and quality of environment. Data collected included medication errors, safeguarding concerns or incident and accidents. The data provided by the registered manager was converted into graphs and comparisons made against previous months, showing trends, poorer or better performance and improvements.

Other monthly audits undertaken by the registered manager or the deputy manager included a 'First impressions' audit, looking at the environment, and a care plan audit. Care plans were checked to make sure the information was up to date and reflected the standard expected by the provider. The findings were recorded and an action plan put in place to address any areas that required improvement. Each area was scored to show the level of compliance through a rating of red, amber or green. The rating expected was green. One care plan had been rated red in the March 2017 audit as the provider's new MCA paperwork and a bedrails assessment had not completed. Actions were put in place and the registered manager had signed to say that all actions were completed by 06 April 2017.

Quarterly audits carried out every three months included health and safety, nutrition and catering and infection control. The registered manager had noted at the last quarterly nutrition and catering audit on 06 February 2017 that there was inconsistency in staff recording food and fluid intake on the daily recording charts. Areas had been identified for improvement and actions recorded, with a timescale of compliance by the end of May 2017. This was an area we had found was still inconsistent, however, the registered manager was confident they would meet their target of compliance by the end of May 2017 with the plans they now had in place.

A regional director carried out a 'home review' once a month as well as a six monthly full review. The six monthly review was comprehensive, checking all previous audits and ensuring all actions had been completed and recorded. Speaking to people, staff and visitors was an important part of this review to gain feedback and gauge people's satisfaction with the service, highlighting good or poor practice. The provider and registered manager continued to take the quality and safety of the service seriously by having effective processes in place to monitor systems.