

QH High Broom Ltd

High Broom Care Home

Inspection report

High Broom Road
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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?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service:

High Broom Care Home is a residential care home providing care and support to 31 people aged 65 and over at the time of the inspection. The service can support up to 38 people. Care and support was provided to people living with dementia and physical disabilities. Support is provided in one adapted Victorian building and in nine cottages that are in the grounds of the service.

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

Feedback from people and relatives was overwhelmingly positive. They consistently praised the exceptional caring and supportive nature of the staff at High Broom Care Home. Staff talked about people being 'the heart of the service'. Staff demonstrated a culture of inclusivity and positivity that was evident throughout the service. Staff constantly looked for ways to improve the service and ensure people received the outstanding care they deserved.

People received exceptional care that was tailored to their needs and wishes. This was provided by caring, attentive and compassionate staff. The service's atmosphere was positively energetic with activity, very welcoming, warm, and inclusive with friendly staff providing care and support in a way people liked and enjoyed. Positive interactions took place between people, staff and each-other throughout our visit. Nothing was too much trouble. People had their privacy, dignity and confidentiality observed by staff, and they were encouraged and supported to be independent. Staff, the registered manager and provider recognised the importance of companionship and pet therapy. Animals regularly visited the service and the service had three cats who provided people with companionship and cuddles on tap.

The service was exceptionally well-led. The registered manager and provider had further built on the development of dementia care since the last inspection and were committed to further enhancing the quality and provision of care for people living with dementia. The registered manager's dedication to a person led approach to supporting people provided a positive model for all the staff. The registered manager and their staff team were passionate and committed in placing people at the heart of the service. The staff team were dedicated, compassionate and strove to provide high quality dementia care. Staff recognised the importance of seeing the person as an individual.

The registered manager's passion and commitment to achieving high standards was evident in how the service was managed, and supported by people, relatives and staff's comments. This translated into staff practice that provided people with very high standards of care. The registered manager understood the importance of the service within the local community and how family values and connections were vital to how people lived their lives. Community links were strong. People regularly accessed a dementia choir and a toddler group had been set up to help strengthen community links.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. The policies and systems in the service supported

this practice. Staff were skilled, motivated and knowledgeable. They had received appropriate training and support and were encouraged to develop their individual skills and interests. People received a balanced diet which met their individual needs and took into consideration their preferences. People spoke highly of the food provided.

People were supported by staff who were incredibly kind and caring and who maintained their dignity and privacy and treated them with utmost respect. People were fully involved in the service and had opportunities to give feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (report published 26 April 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally Well-Led.

Details are in our Well-Led findings below.

Outstanding ☆

High Broom Care Home

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 team consisted of one inspector and a specialist dementia advisor.

Service and service type

High Broom Care Home 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

Our planning considered information we held about the service and included information about events and incidents the provider must notify us about. We asked commissioners, the local authority and professionals who worked with the service for their experiences of the service.

We used the information the provider sent us in the provider information return. 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 and in making our judgements in this report.

During the inspection

We spoke with seven people who used the service and two visiting relatives about their experience of the care provided. We spoke with the registered manager, head of care, nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), five care staff and the activity coordinator. 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 a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Further information was emailed to the inspection team. We obtained feedback from five relatives via telephone and one healthcare professional.

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 benefitted from being supported by staff who knew them well and understood how to provide an environment in which people felt safe. Relatives confirmed that they felt safe leaving their loved ones in the hands of High Broom Care Home. One relative told us, "I am confident that they are safe."
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. This gave staff the knowledge and confidence to identify safeguarding concerns. They knew what actions to take if they felt people were at risk of harm. One staff member told us, "Safeguarding can include physical abuse, financial, neglect. We have to look out for the signs as abuse could come from anyone."
- Safeguarding policies and procedures were readily available. The service had a designated safeguarding board displayed. Staff's understanding and competency around safeguarding was regularly discussed during supervisions and team meetings.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals. Staff provided support in a way which minimised risk for people. Observations of care demonstrated that staff ensured people had their mobility aids to hand, that their footwear was appropriate and that the environment was free from clutter.
- Care and support was provided to a number of people assessed at high risk of falls. Falls protocols and risk assessments were in place which considered how the risk of falls could be mitigated whilst promoting a person's freedom and independence. Staff worked in partnership with the GP and falls prevention team to ensure appropriate measures were in place.
- Consideration had been given to the best ways to support people who displayed behaviours when they became anxious. This included recognising any triggers and developing strategies that reassured people and maintained their safety. Staff told us how they followed this guidance and regularly reviewed their approach to ensure it was safely meeting the person's needs.

Staffing and recruitment:

- People, staff and relatives confirmed staffing levels were safe and sufficient. One staff member told us, "Staffing has recently been increased in the afternoon which has been a great help. What I really enjoy about working here is that we do get that meaningful time to spend with people." One relative told us, "There are always staff around chatting with people."
- Staffing levels were regularly reviewed, and the registered manager determined staffing levels based on people's care needs alongside feedback from staff, people and observations. Observations of care

demonstrated that people's care needs were met in a timely manner.

- People were protected by appropriate recruitment processes. The provider ensured appropriate checks had been carried out such as criminal records check before staff were employed and started work. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services.

Using medicines safely:

- The management of medicines was safe. People received their medicines in a personalised and dignified manner. Observations demonstrated that the administration of medicines was safe and accurate records were maintained. Consideration had been given to the timings of medicines as some people were not early risers. Staff had therefore liaised with the person's GP to check it was safe to administer the medicine later than prescribed as so the person could enjoy their morning lay in.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- The management team worked in partnership with the local pharmacist to ensure people were not overprescribed anti-psychotic medicines (medicines for the management of behaviours which challenge).
- Staff told us that they had received training in medicines handling which included observation of practice to ensure their competence. They said that they felt confident administering medicines.

Preventing and controlling infection:

- The provider had systems in place to prevent the spread of infection and ensure people as well as staff were safe. Staff had personal protective equipment (PPE) such as gloves and aprons available to them to prevent the spread of infection. They also had received training in this subject and were aware of their responsibilities. Relatives commented that the service was always clean when they visited.
- Infection control audits were regularly completed, and the provider employed a dedicated team of housekeepers. The service presented as clean and tidy.

Learning lessons when things go wrong:

- Accidents, near misses and other incidents were analysed so lessons could be learned, and improvements made. The registered manager reviewed falls, infections and hospital admissions on a monthly basis to monitor for any trend, themes or patterns.
- The registered manager was open and honest and recognised the importance of learning from safeguarding's or safety events. The registered manager told us about a safeguarding concern whereby a person failed to receive their medicines on time and required hospital admission. Their medication policy was reviewed, and action plan implemented to prevent reoccurrence.
- A "learning from safety incidents" folder was in place and the registered manager received regular updates on key safety incidents within social care. They commented, "Following the publication of CQC's learning from safety incidents, we devised a risk assessment for the use of emollient creams."

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:

- People received effective care and support from staff they knew and who knew how they liked things done. Staff demonstrated thorough and clear knowledge of people's needs.
- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured staff were able to meet people's needs.
- Protected characteristics under the Equality Act (2010), such as religion, sexuality and disability were considered as part of this process and regularly reviewed during the care planning process.
- The provider was using nationally recognised, evidence-based guidance to track and monitor people's health outcomes, such as MUST (malnutrition universal screening tool) tools to monitor people's nutritional needs.
- Best practice guidance around the management of falls was being followed. Falls risk assessments were in line with National Institute for Health and Care Excellence (NICE). They considered people's medicine, environment, mobility, osteoporosis risk and consideration of sensory impairment. This enabled staff and the registered manager to ensure appropriate support was in place.

Staff support: induction, training, skills and experience:

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff were well trained to make sure they had the skills and knowledge to effectively support people. Staff spoke highly of the training provided. One staff member commented, "We had recently had training on the use of thickener in drinks. It was really interesting, I'm always learning new things in this role."
- People and relatives thought staff had the training and skills they needed when supporting them. Relatives spoke highly of how staff provided personalised and meaningful care. One relative told us, "The care workers are just fantastic, they definitely know what they are doing."
- On starting work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction, which incorporated the Care Certificate Standards, consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Staff received ongoing access to training and the registered manager recognised the importance of meaningful high-quality training. The registered manager told us, "We've recently had hearing aid training,

diabetes and stepping into dementia which was provided by the Alzheimer's society." The rolling programme of training meant staff remained up to date with best practice guidance and skilled in dementia care. Observations of care demonstrated that staff were skilled and knew people well. For example, when communicating with people, staff recognised the importance of communication and ensured that they maintained eye contact and either sat or knelt down next to the person.

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

- People had enough to eat and drink throughout the day. Staff were aware of people's individual preferences and patterns of eating and drinking. We saw that drinks were available at all times and people were free to decide what and when they ate. Fresh fruit was readily available along with snacks which people could access independently.
- Staff consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs. People told us they enjoyed the food at the service and could always choose something different if they did not like what was planned. The chef gained feedback from people on a regular basis on how they found the food and presentation. People's feedback was used to drive improvement and ensure mealtimes were a sociable event.
- With permission, we joined people for their lunchtime meal. Tables were neatly decorated, and people sat with visiting loved ones or their friends. Laughter and gentle humour was observed throughout the meal. People were offered wine with their lunchtime meal and staff took time to ensure people were happy with their meal and to check if they required any assistance. People spoke highly of the food provided, one person commented, "The food is very nice. They always try and think of different meals that would interest you."
- Staff and management monitored people's nutritional intake to monitor for any unplanned weight loss or weight gain. The management team regularly monitored those at high risk of malnutrition and worked in partnership with healthcare professionals to ensure they maintained a stable weight.

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

- People were supported to receive co-ordinated care when they used or moved between different services. This included staff passing on important information when a person was admitted to hospital.
- The management team worked in partnership with healthcare professionals to provide consistent and timely care. The service had recently introduced the SBAR tool (situation assessment and background tool). This tool helped determine whether the person required hospital admission or a GP visit.
- The oral care of people had been assessed and carefully monitored. Where needed, staff had assisted people with brushing their teeth.

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

- The service was furnished and decorated in a way that people had asked for. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.
- People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The accommodation was well light and had a fresh atmosphere. There were signs to identify communal bathrooms and toilets and to indicate who occupied each bedroom. Consideration had been given to the environment and meeting the needs of people living with dementia.

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.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made.
- Staff had received appropriate training in the MCA and were clear on how it should be reflected in their day-to-day work. All staff we spoke with had a good working knowledge on DoLS and mental capacity.
- Observations of care demonstrated that people were empowered to make day to day decisions and staff respected people's choices and wishes. One person told us, "They always gain my consent." Where people lacked capacity to make specific decisions, best interest meetings were held to ensure decisions made were the least restrictive and in their best interest.

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 registered manager, provider and staff continued to demonstrate a strong, visible person-centred culture. Staff remained highly motivated and offered daily care that was exceptional, compassionate and kind. For example, staff interacted with each person in a manner which was unique to them. When talking to people, staff knew whether their left or right side was better for hearing. Staff always sat with people at their level and recognised the importance of human touch.
- Relatives had nothing but praise for the care their loved ones received. One relative told us, "Everyday they go above and beyond. Nothing is too much. We are just so lucky to have found High Broom Care Home."
- We observed that staff always spoke to and about people with the upmost respect. They also spoke about each other and the management with the same care and contentment.
- The inspection team were embraced with the same respect, warmth and welcoming that was offered to people, relatives, professionals and staff. One relative told us, "The service has such a homely atmosphere and when my loved one moved in, staff made a real effort to make them feel welcomed and part of the family. Recently they were discharged from hospital and when they returned back to the service, they were made to feel like they had come home. All staff, including the cleaner and maintenance worker enquired how they were and that they had missed her. It was so lovely."
- Since the last inspection, the provider and registered manager had significantly developed the provision of person-centred care. The registered manager had spent considerable time and energy developing the provision of care so that people felt happy, content and valued. For example, one person spoke about how they use to have fresh bread at home and always had the crust of their bread. This was a ritual that was important to them and made them feel content. Staff recognised this and therefore fresh bread was made daily and the person always had the crust of the bread.
- People were truly valued and respected for their diverse needs. Staff told us how they empowered people to have a meaningful life and recognised the person for them and not their diagnosis of dementia. Staff told us how people could experience anxiety of agitation or display behaviours of concern. Staff recognised that these behaviours were often the impact of the person's dementia and recognised the importance of understanding these behaviours. One staff member told us, "It's important we imagine what things are like for them and that a behaviour could be their way of telling us something." During the inspection, one person was walking around the service. Staff recognised that the person may be looking for something, so instead of redirecting the person, they walked with the person, engaging and ascertaining what they might be looking for.
- People were supported to follow their spiritual and religious needs and LGBT was celebrated within the home. Since the last inspection, the registered manager, staff team and provider had further developed and

enhanced their understanding of equality and diversity and taken steps to ensure the service was inclusive, compassionate and supportive. The registered manager had spent time with people discussing the importance of making the service feel safe and welcoming for everyone. Information on equality and diversity was displayed throughout the service which included information on the importance of attitude, understanding and community. Staff spoke highly of the registered manager and commented that through the registered manager being open and honest about equality and diversity, they felt comfortable being open and honest about their diverse needs with their colleagues and people using the service.

- Staff were completely in tune with people's emotional needs. Staff recognised the impact of moving into a care home and of the ageing process. Staff told us how they supported people's emotional needs by providing day to day support with enabling people to maintain their appearance. For one person, having their hair plaited everyday was important. During the inspection, we observed this person with their hair plaited. The support provided from staff enabled them to feel content and valued. For another person, wearing make-up was also an important ritual and enhanced their wellbeing. One person told us, "The girls are just lovely. They help me to look after myself and they also know if I'm feeling a little down. They help me paint my nails and do my hair which always makes me feel better."
- Staff recognised the importance of valuing conversations and observations. One staff member told us, "What I find outstanding about the care here is that all staff understand the importance of meaningful conversation and just sitting down and having a cup of tea with someone. Often people just miss having a good old chat."
- Staff continued to think of creative ways to meet people's psychological needs in a person-centred manner. The service had three cats who had been named by people living at the service. Relatives, people and staff spoke highly of the impact the cats had on people's wellbeing. One person was observed sitting stroking the cat, commenting, 'what a darling you are.' The person then started to sing to the cat with staff commenting on their lovely voice. Staff told us how the presence of the cats promoted positive outcomes for people and supported people during times of distress. One staff member told us, "We have one person who does walk without a purpose and consequently we do get worried about their fluid intake. However, we find that when they sit down with the cats, they are so content stroking the cats that they will happily finish a cup of tea or water. It's having such a positive effect on them." Relatives also spoke highly of the cats and their impact. One relative commented, "Mum just loves the cat, they keep her so calm, its fabulous to watch her with them."
- Staff also recognised the importance of meeting people's psychological needs through objects of importance. Staff told us how one person could experience agitation if they did not have their knitting bag to hand. They commented that the presence of their knitting bag would provide immediate reassurance.

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

- People felt valued and important. Staff used the knowledge they had about people to create meaningful engagement. For example, one person was an avid football fan. Staff would print of their favourite football team's schedule of games so that the person knew when they would be playing. Staff also provided support by ensuring their TV was on at the time of the football game. This enabled them to continue following a keen passion of theirs.
- From the point of assessment, right through to the care planning process, people were at the heart of everything at High Broom Care Home. People's life history was documented within their care plan and used to capture information that was important to people to enable meaningful conversation and bespoke care. For example, one person had their own business and enjoyed feeling useful and part of the team. The person therefore had their own individual sweeping broom and would go outside most days and sweep leaves in the garden. When the service received deliveries, the person would assist with putting the deliveries away. This provided them with a sense of purpose and of feeling useful. Staff's knowledge on the person's background enabled them to deliver bespoke care which promoted their quality of life. The ability for the

person to feel involved and useful enhanced their wellbeing and in return reduced their level of anxiety. Staff were knowledgeable about all people living at their service, their likes, hobbies and past interests. Relatives spoke highly about how all staff could relay what their loved one had been up to and what was happening with their care.

- Staff put into practice a fundamental belief that everyone living at the service should have control of their care and treatment for as long as possible and be thoroughly involved in the running of the service.
- The ethos and caring culture of the service also meant considerable thought and energy had gone into developing a culture whereby people living with dementia were actively involved in the running of the service and innovate forums had been devised to gain feedback from people and involve them in the running of the service. Every Friday, the registered manager held a meeting called 'feedback Friday.' This meeting provided people with a forum to discuss their care, worries, concerns and running of the service. Minutes from previous meetings were displayed in the service and also provided to people in their bedrooms. Meeting minutes demonstrated that people provided input around activities, meal planning, staffing and ideas for the future. One relative spoke highly about how the service provided a copy of the meeting minutes to their loved one whilst they were in hospital to ensure they remained up to date on what was happening in the service.
- The registered manager and staff team recognised the importance of enabling people living with dementia to be meaningfully involved in the running of the service and in their care. The forum of feedback Friday meetings enabled the registered manager and staff team to provide people living with dementia a dedicated time and forum to put forward their ideas and perspective. The registered manager recognised that people living with dementia required additional support to contribute their perspective and this was provided. For example, with support, one person raised concerns about a light shining in their bedroom. The staff team investigated and identified that the light was from an outdoor fire exit. Working with the person, the staff team reorganised their bedroom so that they could no longer see the light. In return this promoted their sleep and overall quality of life.
- Staff had spent considerable time speaking with people about their experiences at the service and what they did that was important to them. People's feedback was placed on the service's dignity tree which was on display. These comments were used as the basis for developing the values and culture within the service as well as supporting people to keep achieving. People told us how important it was to them to be in control of what they did and how they were treated. For example, the dignity tree identified that people had a choice of GP. One person expressed a wish for their GP to continue being their GP despite the GP service being outside of the service's catchment area. The registered manager recognised the importance of supporting the person to retain their own GP as they had been their general doctor for many years. Steps were taken to enable this to happen.
- People were encouraged to maintain their role in society and family life. Staff within the service were passionate about supporting people to maintain important relationships within their own family. Technology was encouraged and used to support people to maintain relationships with their family who were unable to visit regularly. Staff supported people to set up SKYPE accounts so that they could talk with their loved one's online. Technology was also utilised to support and meet people's emotional needs. Staff used Google Earth (a computer software) to show people their houses where they grew up. This provided people with happy memories and prompted people to remember their past and what was important to them growing up.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the service, with a sense of equality between people and staff. People said their choices were sought, respected and followed and staff supported people to follow their own ideals, faiths or beliefs.
- Since the last inspection, the staff team had further developed and enhanced how they supported people

with their sexuality needs. A 'residents meeting' was held to discuss relationships and sexuality with people, where people discussed what was important in a relationship to them. The information gathered during this meeting helped to devise and implement 'sexuality care plans.' These considered what was important to the person and if any further support was needed. For example, one person's care plan considered supporting the person to find a companion.

- Care and support was also provided to a number of couples. Staff understood the importance of supporting people to maintain their relationships. One person told us, "We are so happy here. We have our own space and can continue being in one another's company, whilst knowing support is available."
- Promoting people's independence was integral to the culture and ethos of the service. The registered manager and staff team had further developed the culture of the service since the last inspection and placed a greater focus on promoting independence. One staff member told us, "We are here to make people feel valued and to ensure they have a good quality of life where their independence is promoted." With pride one relative told us how their loved one had a new lease of life since moving into the service. They commented, "They moved from another care home and since coming here, their quality of life has increased. They have their own cottage which has increased their independence. I've noticed a big difference. They adore it here."
- Staff and the registered manager recognised the importance of supporting people to achieve their potential. The registered manager told us how they supported one person to get a new passport so that they could go abroad for a loved one's wedding. Staff worked in partnership with one person to support them in achieving their aim of moving back home. The person told us, "It's been very good here. They've thought of everything and supported me to get back on my feet." The person was subsequently in the process of moving into extra care housing as part of their rehabilitation programme to help achieve their aim of getting back home.
- Staff recognised the importance of enabling people to remain as independent as possible. One person was independent with their medicine regime and to remain independent with this was extremely important to them. However, the dispensing pharmacy notified the service that they would be unable to continue dispensing the person's medicine into boxes as part of their current regime. The management team recognised that this would impact on the person's ability to continue administering their medicine independently. Action was taken to enable the person to remain independent with their medicine and promote their quality of life.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care. Staff used their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.
- Staff were responsive to people's changing needs. Staff told us how they recognised that one person was not well. However, routine blood tests identified no concerns. Staff told us that they advocated for this person to eventually go to hospital where an underlying heart condition was found. Staff demonstrated ongoing commitment to ensuring people's needs were met.
- Living with dementia care plans were in place which considered how the individual's dementia impacted on their day to day life and the care required to support them to live a meaningful life.

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.

- People's assessments included specific details of their communication needs, this information was then recorded in people's care plans. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.
- The registered manager was aware of the requirements of the Accessible Information Standard. They had considered how the service was meeting the requirements and what further action was required. Staff had received training on AIS and people's hearing aids were tested on a regularly basis. Information displayed throughout the service was also displayed in pictorial format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The provider employed a dedicated and compassionate activity team. One activity coordinator told us, "My role is to make sure people feel valued and that they have fun and laughter in their life."
- There was always something happening at the service. Events included sherry and nibbles, slow yoga, motivational classes, music and movement, quizzes and a variety of activities. One person told us, "There's always something happening."
- Activities were provided in groups and on a one to one basis. Staff used their dementia awareness training

to ensure people living with dementia needs were met fully. One staff member told us, "We have to always think about things from the perspective of the person and how they are feeling and what will support them."

- Steps were taken to reduce the risk of social isolation. A visitor log book had been introduced to provide visual oversight of those who were not receiving regular visitors and to ensure activities were tailored to mitigate the risk of social isolation.
- The service had recently celebrated Halloween. One person told us how much effort staff had made in decorating the service and dressing up. One person commented, "I had a pirate to support me with getting ready in the morning and a cat to assist with my lunchtime medicines. It was a great day. The home was beautifully decorated, and we had ghost marshmallows and all kinds of fancy food. I was tasked along with another resident of judging the fancy dress costume, it was extremely difficult as everyone dressed up so well."
- Activities were tailored around people's hobbies and interest and passions. Reminiscence activities also took place which promoted people to recall events about their past and for staff to further learn about the person. On the inspection, we observed a game of pictictionary. Staff were drawing a boat which in return promoted people to recall boating holidays and cruises that they had been on.

Improving care quality in response to complaints or concerns:

- The service had complaints processes in place for people to utilise. There had been one formal complaint raised in the past year. This was thoroughly investigated, and feedback provided.
- Learning was taken from any concern which was discussed with staff and looked at as an opportunity to improve the service for everyone.
- People, relatives and staff all told us they did not have any complaints but knew how to complain and felt they could speak with anyone and would be heard. They all had confidence the registered manager would take quick action to resolve them.

End of life care and support:

- People's end of life needs were met with the greatest dignity, respect and were as pain free as possible.
- Where required people had advanced plans in place that detailed how they wanted their end of life needs to be met. This included their faith, culture and who or what they wanted to have with them at this time.
- One relative praised the service and the staff team on the dignified care that they provided to their loved one as they approached the end of their life. They told us, "I can't fault them. The care was beyond what we expected, and it was great comfort to know that staff were sitting with them, holding their hand."
- Staff worked closely with healthcare professionals to ensure people received end of life care that was dignified and respectful of their needs. The service had received training as part of the gold standards framework (a framework which provides frontline staff on how to provide end of life care). Following the death of a service user, the registered manager completed a significant event analysis. This considered what went well, what didn't go well and what could be improved. The registered manager and staff team were committed to providing high quality end of life care and support.
- Staff recognised the importance of supporting family members at difficult times and also ensuring that people without family members receiving a dignified funeral. Staff told us how they organised the funeral for one person who sadly had no immediate family. The registered manager wrote a speech which staff read at their funeral. A service was then held at the care home to celebrate the person's life.
- The service had a remembrance table with pictures and cards to remember those who had passed on.

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 improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and provider had further developed the visions and values of the service since the last inspection. People remained at the heart of the service, but the registered manager and provider had developed a clear strategy and supporting objectives to further develop the service to deliver outstanding care for people living with dementia. The registered manager commented, "Moving forward, we've identified that more people will be living with dementia. More and more residents are coming to the service living with dementia and to ensure that they receive the best quality of care, we've therefore developed a dementia strategy to ensure we can deliver the best dementia care possible."
- Empowering people living with dementia to live meaningful, fulfilled and enhanced lives was at the core and heart of the service. Since the last inspection, the provider had organised for specialist dementia training for staff. This included a virtual dementia tour (VDT). The VDT gives people an experience of what dementia might be like by using specialist equipment and creating a simulated environment. The use of it further enhanced staff's understanding. One staff member told us, "The training was so insightful. We were asked to perform day to day tasks such as pairing socks. However, the environment was set to how a person living with dementia see's and experiences things. I really struggled with the task. It taught me the importance of what life is like living with dementia and how you approach things. Primarily it taught me that people with dementia have a hard time and we must always appreciate things from their point of view." One staff member commented on how they learnt the importance of sitting in front of people. This was observed on the inspection and people were observed readily smiling and engaging with staff.
- Staff and the registered manager were committed to enhancing the quality of dementia care provided. Since the last inspection, the service had been visited by Healthwatch. Following feedback from a Healthwatch visit (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England), the provider and registered manager thought of an innovative way to boost people's memory and implemented a 1950's reminiscence area in the service. This area included a 1950's TV, radio and other items of interest from the era. The purpose of the area was to transport people back to the 1950s to help boost their memory. During the inspection 1950's music was playing, and the TV was displaying images from the 1950's. People and relatives spoke highly of the area and the impact it had on their loved ones. One relative commented, "My loved one loves sitting on the sofa listening to the music. It makes them feel at home." Staff told us how the area helped to reduced people's agitation and provided a calming impact. One staff member told us, "One resident will often sit in the area, listen to the music and you can see their face light up and their feet start tapping to the music. Its lovely to watch."

- People spoke highly of the 1950s area. One person told us how they enjoyed sitting on the sofa in the area with their book listening to the music. They told us, "It's calming, it relaxes me." Subsequent to the inspection, the registered manager advised that this person informed staff that the reminiscence area was their favourite place. Staff spoke highly of the area and the impact it had on people. One staff member commented, "It's just amazing to see how they light up when sitting in the area. People will often sing along to the music and talk about things from their past. Its been a huge success."
- The staff team considered innovative and creative ways to meet people's needs and reduce any feeling of anxiety or agitation. A member of the staff team told us how they were supporting one person who could experience anxiety. They commented that they had been researching weighted blankets (a blanket designed for people living with dementia). They told us that they felt this blanket might support this person and therefore made a suggestion to the registered manager to trial one. The registered manager and provider took this idea forward and the service is now trialling weighted blankets.
- The registered manager and staff consistently placed people at the heart of the service, understood the importance of maintaining an inclusive culture and a belief in getting the best from people.
- The culture within the home had improved and the registered manager had cultivated an attitude of 'we can do this' amongst people and staff to achieve ambitions. This had led to some life changing outcomes for people, with a significant impact on their wellbeing and the quality of their lives. For example, one person moved into the service and was facing significant debt. Staff and the registered manager worked in partnership with the person to ensure that they were accessing the right benefits which in return promoted and improved their quality of life whilst reducing their level of anxiety around their finances.
- The service had a 'take a wish' well which enabled people to consider their own aspirations and wishes for themselves and others. In return this promoted people's wellbeing and promoted a positive culture. One person expressed their wish to look fabulous on their Son's wedding day. Staff granted this wish and provided the person with a pamper morning. Staff supported the person to do their hair and make-up so that they looked glamorous for their loved one's wedding day.
- People and their relatives commented that the way the service was led was exceptional and distinctive. One person told us, "I can't praise the manager enough." One relative commented, "How the manager runs this care home is superb, they run a tight ship but they lead by example and support the staff to be involved." One relative described how the management team regularly kept them updated was exceptional. They commented, "No matter what, I regularly get emails about what my loved one has been doing, how they are and what has been happening at the service. It's quite exceptional." The service's visions and values placed people at the heart of the service. Staff told us of their passion to deliver high quality dementia care.
- High Broom Care Home was led by an innovative registered manager who was committed to trialling new ideas, promoting links with outside agencies and supporting people to achieve positive outcomes. The service was part of a pilot scheme organised by Environment Health. An officer from Environmental Health visited the service to review moving and handling. As part of this visit, they looked at how staff supported people safely to move and transfer, staff's training and competency alongside the service's policies on moving and handling. The outcome of this pilot scheme meant the provider's management of moving and handling was thoroughly reviewed and it identified that the provider's moving and handling policy required some additional information.

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

- There was a strong organisational commitment to ensuring equality and inclusion across the workforce. The registered manager recognised and wished to celebrate the diverse nature of the workforce at High Broom Care Home. With Christmas approaching, staff and people told us of the service's plan to celebrate Christmas traditions from other countries. The registered manager told us of the plans to introduce Romanian, Polish and Hungarian traditions along with food specialities.

- Staff fully engaged with the running of the service. The provider and registered manager were thoughtful in their approach on how to engage staff and consequently translated the staff handbook into different languages for staff. The registered manager had also devised a poster for staff on what to expect from a CQC inspection. This had also been translated into staff's own language. Staff spoke highly of these little touches and how it made them feel part of a family but also involved in service delivery.
- There were consistently high levels of constructive engagement with people who used the service. People were regularly involved in the running of the service and the registered manager recognised the importance of fully engaging people. For example, people were consulted and involved in the design and implementation of the 1950s reminiscence area. People provided ideas on what furniture should be included, what pictures should be displayed and what 1950s accessories were needed. One person suggested that the area should include a wooden drying rack and stone hot water bottles. Following the implementation of the area, the person told the registered manager how the stone hot water bottles brought back many positive memories.
- Relatives continually gave examples of the little things that made the difference, such as homemade cake on arrival, making people feel special, encouraging people to be involved and supporting families to have special moments which reflected the provider ethos. People were therefore put at the heart of the home because the registered manager led a dynamic and positive culture that was person-centred, values based, inclusive and empowering. People spoke positively of the little touches undertaken by staff which promoted their wellbeing. For example, staff would heat up a person's commode seat with warm towels so that the person didn't have to sit on a cold surface.
- The management team were committed to making sure staff felt valued and respected. A member of the management team made homemade cakes for staff's birthdays and special events. Staff told us how these little gestures made them feel part of the team.
- This open culture incorporated these values through day to day practice, through regular discussion group meetings, one to one reviews and continually seeking people's voice. Everyone was involved in how they lived their lives and what they did. Relatives praised communication within the service. One relative told us, "I visit Mum three times a week, but the management team are always emailing me telling me what Mum has been doing. It provides me with comfort."
- Without exception all staff felt they were listened to and appreciated the open-door approach the registered manager had. Throughout the inspection staff were able to come in to speak to the registered manager in the office. The provider recognised the importance of valuing staff and organised for staff to have access to occupational health. Staff well-being days were held and the service celebrated women versus cancer day. The staff team raised the importance of women having regular smear tests.
- The service had close links with services, such as district nurses, GP and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The registered manager and management team had developed strong links with the local community. Every week, staff supported people to attend a local dementia choir, also attended by other residents from local care homes in the area. Staff had also set up a toddler group at the service. Local children from a nursery visited the service and engaged with people doing arts and crafts. People spoke highly of the toddler group with one person commenting, "It is delightful to see the children. It made me want to sit on the floor, but I was worried I wouldn't be able to get back up. I enjoyed the role play where they children pretended to make me a cup of tea. It was also nice to chat with the mums. I really enjoyed it."
- The registered manager and staff had cultivated an extremely open, and inclusive culture. They sought ideas and feedback from people, relatives and staff to create a very open and relaxed place for people to live. One relative told us, "They treat everyone as an individual and the atmosphere is just incredible." We observed communication at all levels in the home was very good and people were happy, and their independence was very actively promoted.

- The views of people were at the heart of the service. The registered manager told us that following the announcement that a member of the management team was due to retire, people asked if they could throw a retirement party for the staff member. People were involved in the planning and preparation of the party
- Relatives were also actively involved in the running of the service and their feedback was used to continually drive improvement. One relative informed the registered manager about the toddler group and how the group were looking for a venue. This feedback was taken forward and the toddler group now attends the service on a regular basis.

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

- Relatives said the leadership instilled confidence in staff, which meant staff managed each situation well by taking responsibility. Relatives were confident that when the registered manager was not in the home, quality and standards were maintained. One relative commented, "I know if the manager was not here, my loved one would still receive great care." Another relative commented, "I know anyone here would be well looked after."
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The registered manager and management team had recently been working with a pharmacist to ensure ongoing improvements were made to the management of medicines and to enable a person to safely administer their medicines independently. Feedback from the pharmacist included, "The staff are very responsive to any advice I give and are keen to understand and update their knowledge in best practices to support the needs of the people they look after in the service be this in administration or ensuring a service user is able to maintain their independence to self medicate. The management team were forward thinking and embraced the move to patient pack dispensing to also support person centred care at an early stage and have managed this very well."
- The registered manager completed a wide range of audits and submitted a weekly report to the provider. The provider had a service improvement plan and was clear about the visions for the future. The registered manager demonstrated a strong commitment to high standards and further developing the quality of dementia care. They commented, "Our aim is to get more animals, as we recognise the importance that pet therapy brings. We are looking at getting pigs in the near future."
- The registered manager was open and transparent throughout our inspection and it was clear the ethos of the home was to promote an open and transparent approach in all they did. They were clearly dedicated to their role and fully aware of their responsibilities in relation to the duty of candour. Staff understood the importance of reporting any accidents and incidents and changes in people's mental and physical health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised and valued within the service's culture.
- Certificates of registration and current inspection ratings were on display within the home. Appropriate notifications had been submitted to the Care Quality Commission (CQC), which is a legal requirement.