Bupa Care Homes (AKW) Limited

Broomcroft House Care Home

Inspection report

Ecclesall Road South
Sheffield
South Yorkshire
S11 9PY

Tel: 01142352352

Date of inspection visit:
27 March 2018

Date of publication:
13 January 2020

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 27 March 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

Broomcroft House 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. Broomcroft House is an 87 bed home providing personal and nursing care to older people with a range of support needs, including people living with dementia. There were 46 people living at Broomcroft House at the time of this inspection.

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

The registered manager had a good oversight of the service and was experienced in their role. People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the management team.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

There were enough staff to ensure people's care and support needs were met. The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

People and their relatives told us they enjoyed the food served at Broomcroft House, which we saw took into account their dietary needs and preferences.

We saw the signage and decoration of the premises were suitable to meet the needs of people living with dementia.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

There was a range of activities and therapies available to people living at Broomcroft House. People were supported to engage in activities that were important to them.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

People, their relatives and staff were regularly asked for their views of the service. This promoted a culture of openness and empowerment with a focus on continuous improvement of the service.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were clear policies and procedures in place for staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

We found systems were in place to make sure medicines were safely stored, and people received their medicines at the right time

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

Is the service effective?

Good

The service was effective.

People were assisted to maintain their health by being provided with a varied and balanced diet, and were supported to access a range of health and social care professionals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager and care staff had an understanding of the Mental Capacity Act 2005 and what this meant in practice.

Staff were provided with an induction, relevant training and regular supervision to make sure they had the right skills and knowledge to support people.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind and caring. They were overwhelmingly positive in the comments they made.

Staff knew what it meant to treat people with dignity and respect, and we saw people had their privacy and dignity respected by staff at all times throughout the inspection.

People's different religious, spiritual and cultural needs were respected. People were supported to maintain these needs.

Is the service responsive?

Good

The service was responsive.

There was a range of activities and therapies available to people at Broomcroft House, as well as support to engage with the local community.

People's care records reflected the person's current health and social care needs. There were systems in place for them to be regularly reviewed.

People's comments and complaints were taken seriously, investigated, and responded to.

Is the service well-led?

Good

The service was well-led.

Staff were clear about their roles and responsibilities. They told us they felt supported by their managers, who they said were approachable.

People living at Broomcroft House, their relatives and staff were regularly asked for their views. We saw any concerns and suggestions were considered and acted upon.

The service had effective quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

Broomcroft House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 March 2018 and was unannounced. The inspection was carried out by three adult social care inspectors, one expert by experience and a specialist advisor. The specialist advisor was a nurse with experience of working with older people. 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 had experience in caring for older people and people living with dementia.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and Sheffield Clinical Commissioning Group (CCG).

During the inspection we spoke with 13 people who used the service and four of their relatives. We met with the registered manager, the regional recovery team manager and the regional director. We spoke with 12 members of staff. We spent time looking at written records, which included seven people's care records, five staff personnel files and other records relating to the management of the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We walked around the home and looked in the communal areas, including the bathroom, the kitchen, and lounges. With their permission we also looked in several people's bedrooms.

Good

Is the service safe?

Our findings

Everyone we spoke with, without exception said they felt safe living at Broomcroft House. Comments included, "I had struggled at home for a long time, Broomcroft offers me a place of peace and safety," "I feel so secure here, there is nothing to worry about" and "I believe my room to be a place of safety and privacy, where I can lock my belongings away if I wish to."

Relatives also had no concerns and were confident their loved ones were safe and well cared for. They told us, "When it comes to the aspect of safety it is excellent here," "We can leave our [relative] here knowing [relative] is in such good hands, feeling safe is so important," "I know when my [relative] is feeling safe and secure and I can assure you [relative] is safe here" and "Having [relative] here means we can all rest in the knowledge that [relative] is safe, safer than at home."

We saw it was mandatory for all staff to complete adult safeguarding support and protection training every year. Every member of staff we spoke with was able to describe what abuse might look like and what they would do if they suspected abuse had taken place. They were confident any concerns they raised would be taken seriously by the registered manager. Staff told us, "I have done my safeguarding training and I would not hesitate to tell [Name of registered manager] if I was worried about anything, she even encourages this."

We saw the registered provider had a safeguarding policy and procedure and a 'Speak Up' policy that was displayed throughout the home. This policy encouraged staff to speak up if they had any concerns and included a separate number to call if staff didn't feel able to talk to their manager.

We saw the registered manager kept a record of all safeguarding alerts she sent through to the local authority along with any action taken. In addition we saw the registered manager kept a record of incidents and accidents. The records were reviewed every month to identify any trends and common causes, and action plans were put in place to reduce the risk of them happening again.

The service was responsible for managing the personal allowances of some people living at Broomcroft House. We saw the service kept an individual financial record for each person and detailed every transaction, the money deposited and the money withdrawn. The records were regularly audited.

This meant there were systems and procedures in place to help keep people safe.

We checked medicines were stored safely and disposed of securely at Broomcroft House. We saw evidence of temperatures being monitored and recorded in the two clinic rooms where medicines were kept. Temperatures recorded were within the guidelines for the safe storage of medicines. We saw the temperatures of fridges used to store medicines were also monitored and were within safe guidelines. Both clinic rooms were clean and tidy. Medicine trollies were locked and secured to the wall, however these attachments required securing further as they were a little loose. We told a nurse about this, who agreed this would be resolved.

We saw there was a separate locked walk-in cupboard which stored medical equipment, topical medicines, such as creams and ointments, and food supplements. It also contained the controlled drug (CD) cupboard which was double locked. CDs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CDs record book was in place. On checking the CDs record book we saw two signatures in it whenever a CD was administered. These were audited every week by two qualified nursing staff to ensure the numbers tallied, which they did. We saw the records for the destruction of unused medicines. These were placed into a pharmacy envelope before being placed in the assigned medicine waste receptacle. The procedure for unused medicine was for it to be destroyed after seven days. This meant there were systems in place for the safe storage and destruction of medicines.

We checked to see whether people received their medicines safely and on time. We observed part of the medicines administration rounds during the day of this inspection. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered, and we saw the nurse stayed with the person until the medicines had been taken. Each MAR had a current photograph of the person to aid identification. The MAR also noted any allergies and any PRN (as and when required) medicines were recorded separately. We saw topical creams were recorded on charts in the person's room as these could be are applied by care workers as well as nursing staff. We saw these were signed and dated each time the cream was applied. We did find there were unsecured charts in some of the MARs we looked at, which meant they could get lost or misplaced. The unit manager agreed to check everyone's MARs for loose sheets so this could rectified as soon as possible.

We saw there were protocols in place for each separate medicine given PRN to guide staff as to when these medicines should be given. We asked qualified nursing staff how they might recognise pain or infection in a person who was unable to communicate their needs. Staff told us they would watch for changes in facial expression, crying out, anxiety and agitation, as well as checking baseline observations, urine analysis and toileting routines. They would also look for changes in mood and interaction.

We saw staff had access to up to dates medicines policies and procedures. Staff also had access to The National Institute for Health and Care Excellence National (NICE) guidelines for practical information on the selection and clinical use of medicines. We saw evidence of a number of effective audits of the storage and administration of medicines. A new audit process called, 'Medication Essentials' was in place at the home. This included a daily checklist to be completed by the nurse in charge. A weekly checklist was then completed by the Unit Manager ahead of the clinical risk meeting. A monthly audit was completed by the registered manager. This system aspired to ensure that any discrepancies were dealt with and quality management is assured at the first level, then double checked weekly and monthly. Nursing staff we spoke with were aware of the need to complete their daily checklist on finishing their shift. This system also provided updates to the nurse taking over a shift. This meant there was a framework in place to support and evidence safe practice in medicines management.

We looked at the recruitment files for five members of staff who had been employed in the previous 12 months. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. In addition, where a person had declared previous criminal convictions we saw a risk assessment had been undertaken. These checks helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We asked the registered manager how she calculated there were enough staff employed to keep people safe. She told us she completed a 'staffing to meet resident care needs review' each month. This was used to calculate the numbers of staff required based on the current occupancy levels and the needs of each person living at Broomcroft House. We saw evidence of completed care needs reviews on the care records we looked at and we saw they accurately reflected the level of care and support needs the person had.

We were told there was usually one qualified nurse upstairs and one downstairs during the day alongside four care workers and a member of hospitality staff on each floor. During the night we were told there was one nurse and two care workers on each floor. In addition there was a unit manager, customer experience manager, and a deputy manager was due to start imminently. The role of the customer experience manager was to bring together all of the non-clinical staff to make best use of resources. We saw this worked well as staff told us they had got to know everyone living at Broomcroft House, and they were clear on their specific roles and responsibilities.

Throughout the day of this inspection we saw there were enough staff to meet people's care and support needs in a timely way. Everyone we spoke with confirmed there were enough staff.

We checked both floors at Broomcroft House were clean, this included communal bathrooms, toilets, dining areas and lounges. We found all to be clean and in a good state of repair. We saw plastic gloves and aprons were readily available and used by all staff at appropriate times throughout the day of this inspection. This meant there were systems in place to reduce the risk of the spread of infections.

Good

Is the service effective?

Our findings

It was clear from what we saw and from what people told us that people received a wide range of good quality food and drinks which they enjoyed. Everyone we spoke with was complimentary about the food and the catering team. There were two dining rooms, one on each floor. The registered provider employed hospitality staff specifically to lead and manage the dining experience. People told us, "It is like eating in a first class restaurant here [Broomcroft]," "All the food [served at Broomcroft] is to a very high standard" and "The hospitality staff are fantastic, [name of member of staff] is particularly polite and kind, along with having a good sense of humour. We have a real giggle."

Relative's comments about the food included, "[Name of relative] loves the hospitality staff, they really cheer [relative] up," "The food is prepared with love and delivered with care, it means so much."

We saw meal times on both floors were a pleasant and calm experience. Although the menus on display did not reflect one of the main meals offered on the day of this inspection, we saw an apology had been offered the day before explaining why there had been a change to one of the main course choices. Posters were also displayed offering the apology. People were very clear about the change and made their choices accordingly.

We saw the dining tables were neatly set out with matching linen tablecloths, napkins and flowers. and the trays for those eating in their rooms were decorated with paper doilies. Nurses, care workers and hospitality staff were all involved in supporting people's meal time experience. We saw all staff were patient and polite when serving meals and asked people if they were happy with what they had received. Staff offered people a selection of drinks throughout the meal times and encouraged people to eat and drink where appropriate.

Where people required support to eat and drink we saw this was given with dignity. Adapted crockery and cutlery was used as required. Staff were aware of people's dietary needs. After each person had finished their meal we saw staff discreetly report to the hospitality staff if anyone had not taken a full meal and this was then recorded in the person's daily record. This in turn triggered the hospitality staff offering a fortified addition with the person's afternoon drink. A member of staff told us when people first moved to Broomcroft House their food intake was monitored for between three days and a week to make sure they were eating and drinking enough. If there was found to be risk then the care plans were updated and monitoring was put in place in an on-going way. We saw evidence of this on the care records we looked at.

Care records showed that people were supported to access a wide range of health and social care professionals. Each care record contained a 'Professional visit and referrals log.' All the people we spoke with said they were supported to see a range of health and social care professionals and therapists. Comments from people included, "The staff support me with my physiotherapy and I am much better for it" and "I see the doctor whenever I need to, the staff have supported me in maintaining my own GP." A relative told us, "The staff and nurses are so easy to talk to, they keep us informed of everything."

Some people residing at Broomcroft House were living with dementia and we checked the premises were

appropriate for them. We saw the doors on people's rooms had their names on them and there was clear signage throughout the home to enable the people living there to navigate their way around. We saw there were interesting wall decorations and historical pictures which offered talking points to aid reminiscence and positive interactions. In addition there was a communal area with a bar and a small dining room was decorated as a café. Chairs were arranged to suit small group conversations and to make the most of the views of the countryside outside.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met

We saw there were possible restrictions on people's liberty at Broomcroft as a key code was required to enter and exit the building and to move between the two floors. The registered manager understood her responsibilities under the MCA and we saw she kept a record to track all DoLS applications and outcomes. Where these had been authorised, we saw the registered provider was complying with any conditions applied to the authorisation.

The care records we looked at demonstrated people's mental capacity had been considered. Throughout their care records we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions. Where a person lacked capacity we saw records of best interest meetings taking place regarding potentially restrictive care and support interventions. For example, where a person's medicines were given covertly.

From our conversations with nursing and care staff and the registered manager it was clear they had good working knowledge of the MCA and DoLS. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Staff were able to give us examples of what this meant in practice. One member of staff told us, "We assess people under the Mental Capacity Act and if they don't have capacity then we get the GP and the social worker to help us make a decision in the best interest of the person, it is all recorded in their care plans."

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. All staff completed an induction and we saw completed 'new starter' records on staff personnel files. This included completing mandatory training, such as safeguarding, fire safety awareness and infection control. The registered manager told us most mandatory training was delivered via eLearning web based training and completing workbooks. More practical training, such as people moving and handling was instructor led.

We saw the registered manager kept a supervision tracker. The registered provider's policy specified every member of staff was to receive four supervisions a year, as well as a mid and end of year performance review. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing.

Every member of staff we spoke with told us they received regular supervision in line with the policy. We saw written records of these meetings taking place. In addition we saw records of supervisions around particular issues. For example, we saw night staff had received an additional supervision regarding correctly completing people's supplementary charts.

Comments from staff included, "BUPA (registered provider) has great training for staff. There is a four or five day induction for all staff, then there is the extra training and annual updates. We have good links with St Luke's Hospice and they do our training around bereavement," "The management here are fantastic. They help us and are there for us. I get regular supervision where I can talk about things every month, but they will always make time to talk to us in between. That includes [name of registered manager] too, if you ask she will always get back to you" and ''This is a good team. The staff are well trained to manage people with dementia, they understand it and the care is very person -centred."

Good

Is the service caring?

Our findings

Everyone we spoke with made positive comments about the staff. These included, "The staff hear are absolutely marvellous," "They look after me so well," There is excellent staff interaction, they [staff] work so well together."

We saw staff treated everyone with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. A privacy screen was available in each lounge for use when needed. We saw people and staff were comfortable together. There was a lot of laughter and friendly conversations between people. We saw people's relatives were also welcomed in a caring and friendly manner. Relatives told us, "Staff offer such compassion and care towards our whole family," "The care and respect they [staff] provide is wonderful," "We are so grateful for how they [staff] are caring for our [relative]," "The staff work so hard to keep [relative] happy."

Staff we spoke with were able to tell us how they were able to treat people with dignity and respect. For example, one member of staff told us, "It is important to address people how they want to be addressed. Some people, their first name is okay and others like Mr or Mrs and we always have to remember that." Throughout this inspection we saw staff were patient with people and gave reassurance to anyone who appeared anxious or confused.

We saw staff knew people well. Staff told us they get to know people and their personal preferences. For example, comments from staff included, "We have [people] who always have a huge breakfast, juice, cereal, and everything cooked. Then they have less for lunch and only a small supper. That is the way they like to eat and we accommodate that," "We have a duty to keep people happy. If we see this [Broomcroft] as their home rather than our workplace it makes a huge difference. Staff are here to assist people to live and we need to be flexible in our approach" and "Some residents like to eat together, so we'll move the tables and people have wine with their lunch if they want it."

We saw staff promoted people's independence as much as possible. For example, one member of staff told us, "It's like when we take peoples clothes back for their rooms. Some people like us putting them away for them, and others like to be independent and do it themselves."

Staff told us meeting people's spiritual, religious and cultural needs was a key focus of the service and they supported people with whatever spirituality meant to them. This was summarised particularly well by one member of staff who told us, "Everyone is an individual, and we see the person first, with their own religion, food etc. We speak to families to see how we can support their beliefs, maybe by making sure a particular TV programme is on for them, or by providing special foods."

A chaplaincy team (from varying denominations) visited people and relatives regularly and also responded to specific requests. People told us, "It is so reassuring to be able to call upon the church when I need to pray, it means a lot to me. The staff make the contact on my behalf" and "Religious diversity is celebrated here."

Staff told us they enjoyed working at Broomcroft House and this was apparent in how they supported people and their relatives. Comments included, "I have worked in a number of care homes and this is by far the best. It was the best decision I ever made to work here," "I treat people as I would want to be treated myself if I was receiving care," "We are person centred in the way we work. We always ask people what they want, what activities they want to do, what they want to wear [and what they want] to eat. Our team has passion" and "At the end of the day I treat the people here like I would want to be treated if I lived here."

Good

Is the service responsive?

Our findings

Everyone we spoke with told us they enjoyed a wide range of activities and therapies at Broomcroft House. People told us, "I get involved with anything I can," I love it when the entertainer comes and they play the piano and sing," "We have done lots for charity, we have real fun on Red Nose Day" and "I love the animal sessions, there is a lovely dog and other people bring reptiles, it's such fun."

Relatives told us, "I know [relative] benefits from the activities, they make a real deference," "The party nights are great and they have entertainers too," "[Relative] loves the pampering sessions and having their nails done" and "They invite the children from the local school [to visit] and they [people living at Broomcroft] love it."

Throughout the home upcoming activities were displayed alongside photographs of people enjoying previous events. Regular activities included pet therapy and visits from a local nursery school. There were a range of activity resources available for people to use, such as craft materials, board games and DVDs. We saw popular televised events were advertised and would be screened on the large televisions in communal areas as activity events for group viewing and participation. Staff told us there was also a leisure bathroom for people to, "Enjoy a nice bath, not just getting washed but a real soak and bubbles."

Throughout the day different members of staff were seen sitting with people and chatting. During the afternoon some people were looking forward to an informal Easter service in the downstairs lounge provided by the local church. Someone played the piano as people were gathering for the service. We saw staff encouraging and supporting people from upstairs to come down and join in. It was clear people were happy and relaxed together as they laughed and smiled.

We looked at seven people's care records in detail. At the front of each record there was a 'Portrait' covering a summary of the 14 domains of the care plan. This summary included the person's support needs and any actions needed to reduce risks. This meant it was possible to gain a quick overview of people's needs and preferences. Behind this were the person's more detailed risk assessments and care plans.

The 14 domains of the care plan included 'Lifestyle,' which contained details around the person's cultural observances and any religious or spiritual practices. It also gave the person's social history. Where any risks were identified, such as in the 'Moving around' domain we saw additional plans were in place to support the person and staff to reduce the risk of falls. There was also a domain covering 'Future decisions,' which recorded people's wishes for the end of their life.

We saw care records were regularly reviewed and updated to reflect any changes in the person's care and support needs. Care records contained evidence of the person and/or their relatives being consulted with regard to the creation and reviews of care records. We saw frequent discussions and interactions with relatives on many occasions were recorded in the daily notes and in care plan reviews

The registered manager told us a number of different types of care records had been tried and she was

currently in the process of auditing the latest version with her quality manager. The care records we looked at were personalised and gave the reader a clear picture of the person's needs and preferences.

Nursing and care staff were aware of the importance of recording their interventions on the relevant supplementary chart. For example, 'Personal care record', 'Preventative creams record' and 'Pressure relief record'. These were kept in the person's room. All the ones we looked at were fully completed and up to date.

This meant each person had an up to date record which accurately reflected their care and support needs alongside their personal preferences. This enabled staff to provide people with appropriate support in a way that was person centred.

The service had a 'Complaints' leaflet and copies were available in the main reception area. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response.

People and their relatives told us they knew how to make a complaint and they told us they would inform the registered manager if they were unhappy with their care. Comments included, "I certainly would complain if I was not happy, but there is never anything to complain about. I have lived here for [number of] years and never complained," "If I have any worries or concerns I have a number of people I could turn to, but the manager is really approachable.

Some relatives told us they had approached the managers about various matters and they felt as though they were listened to. We saw the registered manager kept a customer feedback file. This was a record of all complaints, suggestions and compliments she received about the service. We saw two compliments had been received so far this year regarding staff going out of their way to make sure people could maintain their relationships with their relatives. We saw there had also been three complaints during this timeframe. These were recorded alongside the actions taken to resolve them. This meant people's concerns and complaints were listened to and responded to.

Good

Is the service well-led?

Our findings

Throughout this inspection people, relatives and staff consistently offered positive feedback about the managers, in particular the registered manager. People told us, "Broomcroft House is so well run, everyone knows what they are doing." Comments from relatives included, "The manager and staff are approachable and communicate well."

Staff told us, "The staff and residents are much safer now we have good management and staff in the home. I'm proud to work here now" and "[Name of registered manager] is great. She always says hello and I would feel comfortable to go to her about anything."

We asked people, relatives and staff if they were asked for their views on the service and given opportunities to make any suggestions for improvement. People and their relatives told us their thoughts and ideas were acted upon.

The registered provider undertook an annual satisfaction survey of people and their relatives. We saw the results were analysed and key areas of what had worked well at the home and what could be done better were identified. We saw from the latest survey people and their relatives had been particularly positive about staff. We saw there were quarterly meetings held for people and their relatives. We saw upcoming meeting dates were advertised throughout the home.

We saw there were regular meetings with staff, which were recorded. Staff told us they had regular team meetings. Comments included, "Lots usually comes out of these meetings of things that are and aren't working and the manager makes any changes that are needed, "Unit managers feedback from other meetings so we always know what is going on and can ask questions" and "Management at the home say that we [staff] know people better than them and they ask us for our views of what is going to work well and that makes things work better. It's a massive help." The registered provider also undertook an annual satisfaction survey of its staff. We saw the results of this were summarised, published and made available to staff.

This shows the service had systems in place to regularly ask people and staff for their views on the service so they could continually improve.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the registered provider had a comprehensive quality audit and governance system in place. This included a 'Walk Round and Take 10' which we saw was undertaken every day and any actions recorded. The walk round was undertaken by a manager and followed by a short meeting with key staff to discuss the walk round and any operational issues.

We reviewed the service's policy and procedure file. The registered provider had created the policies and

procedures for all its services. We saw they covered all areas of service provision and were up to date.

We checked maintenance records for the premises. Water safety and legionella testing, gas, electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.