

L Adams and J Adams

Broad Oak Manor Domiciliary Care

Inspection report

Broad Oak End
Bramfield Road
Hertford
Hertfordshire
SG14 2JA

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06 October 2016
13 October 2016

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Ratings

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|---------------------------------|---------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Outstanding ☆ |
| 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 06 and 13 October 2016. On 06 October 2016 we visited the office of Broad Oak Manor Domiciliary Care Service and then on 13 October 2016 we talked to relatives and health and social care professionals to ask for feedback about the service. The service offers care and support to 12 people in an assisted living service; however at the time of the inspection only 7 people received the regulated activity of personal care.

People who used the services offered by the provider owned their own properties which were situated on the same site with a nursing home owned by the provider and other facilities including a restaurant, a coffee shop and a converted barn which was used for social events. People had staff at hand over a 24 hour period if they needed help because staff were based on the site and able to get to people`s houses within a few minutes.

There was a registered manager in post. 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.

Staff received training in how to protect people from harm and they were aware of how to report any concerns internally and externally. People and their relatives told us that the care and support people received from staff was safe and had a positive impact on people`s lives.

People told us staff were respectful and offered care and support in a caring way which promoted their independence. Health care professionals praised the staff for the effective care and support they gave to people and for their dedication to help people keep in good health. People were involved in developing their own care plans based on their needs and wishes.

Staff had comprehensive induction training when they started working for the provider and they attended regular refresher training sessions. The registered manager identified and offered specialist training for staff to develop and progress in their career.

Health professionals told us staff were skilled and competent in recognising people`s changing health needs and were prompt in involving them in people`s care. This meant that people received health care support in a timely manner enabling them to remain in their own homes.

The provider successfully supported people to overcome the risk of social isolation. They had facilities for people to use and organised regular events to encourage social interaction. People were given opportunities to pursue their hobbies and interests.

People and their relatives told us they had good communication with staff and the managers who were

running the service. They felt their voice was listened to and any suggestions they mentioned to staff were actioned to their satisfaction. People confirmed that staff sought their consent before assisting them and the service worked in accordance with the principles of the Mental Capacity Act 2005.

People and their relatives told us they felt the service was well managed and well led. Health care professionals were complimentary about the registered manager who they felt was running a service which had people`s best interests at heart. People we spoke with told us how they enjoyed living and being supported by staff at the service. Regular audits were carried out by the registered manager and areas identified as being in need of improvement were actioned and the quality of the service provided was improved.

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

Staff knew the signs and symptoms of abuse and how to report concerns internally and externally to safeguarding authorities.

People were supported to understand risks associated with activities of daily living and manage and mitigate these.

There were sufficient qualified and skilled staff to meet people`s needs at all times.

Staff were employed through thorough recruitment procedures which ensured staff were fit and able to support people who used the service.

People were supported to take their medicines by staff trained in safe handling of medicines.

Good 

Is the service effective?

The service was very effective.

People received support from staff who were well trained. The registered manager and health professionals were observing staff practice to ensure they were working in line with recognised good practice.

Staff felt supported by managers, they had regular supervisions and yearly appraisals.

People`s consent to care was sought by staff and the principles of the Mental Capacity Act were followed.

People were encouraged to have a healthy balanced diet.

Staff worked collaboratively with health and social care professionals to promote people's health and well-being and respond to any health concerns.

Outstanding 

Is the service caring?

Good 

The service was caring.

People developed long standing relationships with staff who they trusted and were involved in decisions about every aspect of the support they received.

People were supported to be as independent as possible.

Staff promoted people`s dignity and privacy in a respectful manner.

People`s personal information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People`s care and support plans were regularly reviewed and contained up to date person centred information about the support needs people had and also their abilities.

People were encouraged to pursue their hobbies and interests.

People`s views were actively sought in regular meetings.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Broad Oak Manor Domiciliary Care

Detailed findings

Background to this inspection

The location was inspected by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the service, five relatives, five staff members and the registered manager. We looked at care plans relating to three people who used the service and four staff files. We looked at documents relating to staff training, medicine management and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people. We also received feedback about the quality of the care and support provided by staff from three health care professionals who regularly visited people who used the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the care was safe and staff met their needs safely. One person told us, "I feel very safe, they [staff] are very good." Another person said, "I trust the staff here and although they are not in my home all the time I know they are just a few minutes away. This really makes me feel safe. Moving here was the best decision." One relative told us, "We [family] always felt [person] was very safe at Broad Oak Manor."

Staff received training in how to protect people from harm and they were aware of how to report any concerns internally and externally. Staff were able to confidently describe to us signs and symptoms of abuse and how they made sure people were safe. One staff member said, "We know people very well and we are able to pick up the signs if something is not right. We are monitoring people`s skin for bruising and will report any concerns we have."

People and their relatives told us staff were available any time people needed them. In addition to the planned visits people had they could use the call system to call staff whenever they needed it. One person told us, "Staff are just minutes away. They always come when I call them." Another person said, "I have a big red button which I press in case I need something. It makes me feel safe to know they are coming any time I want them." One relative said, "Staff are based on the site which makes a huge difference. They pop in and out when is a need for it."

Staff told us they felt there was enough staff to carry out their duties in an unhurried way and meet people`s needs. One staff member said, "We are definitely enough staff, we can do the visits to people then because we are based on the site we go back to check on people every two hours or more often if it is a need for it." Another staff member said, "I never worked in a place where staff was enough all the time. We are never short or not enough staff. We have time to have a cup of tea with people and just sit and chat about anything they want." On the day of the inspection there were enough staff to meet people`s needs safely and in a timely way. We saw that staff rota`s were planned in advance and ensured that all the shifts were covered.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. Candidates were interviewed and all necessary pre-employment and identity checks were done before staff were offered employment. These checks included references from previous employers, identity and criminal record checks.

Risks to people`s health and well-being were identified and kept under regular review to make sure that risks were mitigated to keep people safe. For example, there were risk assessments in place if people had to climb stairs, for pets, for moving and handling and health and safety for staff to observe and manage the risks appropriately. We found that staff discussed the risks with people and listened to their views and managed the risks in partnership with people. For example one person told us, "I don't want foot plates on my wheelchair. Staff explained the risks to me and they respect my decisions."

People told us staff assisted them to take their medicines safely. Staff were trained in the safe administration of medicines and had regular competency checks to help ensure they continued to work in a way that supported good practice. Staff worked closely with a pharmacist and ensured people had their medicines in time and as intended by the prescriber. One health care professional told us, "Staff always inform the pharmacy of doctor visits and are very helpful in faxing prescriptions across and communicating the urgency of the medication, to the point that front of desk team members [staff] will even drive to the GP practice to collect prescriptions which cannot be sent via fax." One person told us, "They [staff] give me my medicines so I don't forget." Medicine administration records (MAR) were accurately completed and signed by staff after they administered people`s medicines. Staff regularly audited medicines and ensured that people had their medicines at the right time and as intended by the prescriber.

Is the service effective?

Our findings

People who used the service and their relatives praised the staff who provided care and support. One person told us, "Staff know what they are doing. I really trust them." Another person said, "The care I receive from staff is excellent. The girls [staff] are extremely good." One relative told us, "The whole team is very knowledgeable about older people's care."

Staff had received an induction when their employment commenced and had on-going training in a range of topics relevant to their role. Following induction newly employed staff worked alongside a more experienced staff member until they were confident in working alone. At the end of their induction staff obtained the 'Care Certificate' qualification. One staff member told us, "The training we get is really good. We have the usual topics and then we are listened to what we need and we get it." Another staff member said, "We are up to date with all the training we need to do our job well. We are encouraged to do NVQ's [national vocational training]." A third member of staff told us, "I fell in love with both the role and the environment within my first week. I had a thorough induction process and on-going support and training. Regular supervision was important and helped me to develop my skills quickly and confidently."

Staff told us their work practices were regularly observed by managers and sometimes health professionals to ensure they were following best practice and the care they provided was effectively meeting people's needs. One staff member told us, "We are observed regularly in how we work, administer medicines and other things. This happens to make sure we are good at what we are doing." One health care professional told us, "Care workers attend medication training classes provided by the pharmacist and are competency accessed."

The registered manager actively encouraged staff to identify their areas of interest and develop to the roles of 'champions' in the service. For example there were champions in dementia, medication, training and infection control who actively supported staff to make sure people experienced good outcomes. For example, ensuring people received care and support that enabled them to remain longer in their own homes. The champions held the highest qualification in their subject areas and actively trained and coached staff. This reinforced the training staff received and as a result staff acquired knowledge and skills to meet people's needs effectively.

One health professional told us, "All care workers and staff members are highly motivated with patient care in mind; an example of this would be a care worker asking me if I could check the medication of one resident for interactions because [person] had just started to take cranberry juice in their diet." This meant that staff were knowledgeable and able to cross reference every aspect of the care and treatment people received to ensure this was safe and effective.

Staff had the opportunity to develop in their career and acquire new sets of skills which benefitted people using the service. One staff member told us, "I have recently completed my NVQ3, qualifying me to be a senior carer and have been sent on numerous training courses. I have a personal development plan in place that stretches and enriches me. I go home each day completely satisfied that I have made a difference to others on many different levels and excited about what the future will bring."

Staff told us they were supported through regular one to one and team meetings and had an annual appraisal. One staff member said, "I have regular supervisions and yearly appraisals, however the manager has an open door policy and I can talk to her any time I need it." Another staff member said, "I do have regular supervisions but I don't need to wait to have one. Over the years I worked here I was always well supported by the manager not just professionally but when I had personal issues as well. I am always listened to and helped when I need it."

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 received effective care following an assessment of their needs. People confirmed that staff sought consent before assisting them and the service worked in accordance with the principles of the Mental Capacity Act. We saw from people's care records that people had signed to agree their consent to their care plans. One person told us, "They always listen to what I want and what I need and they [staff] does things how and when I like it."

Staff demonstrated a good understanding when we asked them about the five principles of the Mental Capacity Act. One staff member said, "Everybody is given a choice here. We don't take this away from people we ensure they live as they like and we adapt to them."

The provider created a friendly and supportive environment where people using their services were supported to live part of a community. People lived in their own homes however on the site there was a barn conversion which had been developed into a communal focal area. This served as a place where people could gather and share a range of activities, as well as enjoy a meal with families. The barn was an inclusive environment and people from both the adjoining nursing home and assisted living scheme were encouraged to attend. In addition there was a coffee shop where people could socialise. One person told us, "The coffee shop is amazing. We [people living in their own houses] really enjoy coming together there."

There was a strong emphasis on promoting good nutrition and hydration for people. People were able to choose what and when they ate and drank. There was a restaurant on site and the kitchen provided a range of food for purchase. Some of the people choose to cook in their own homes while others preferred the food in the restaurant. One person told us, "The food here is very good. Staff brings me the food every day from the restaurant." Relatives also told us that staff proactively encouraged people to have a good nutrition and hydration. One relative who's loved one passed away told us, "Towards the end the staff would sit on the bed and feed [person] with a sippy cup or spoon and visit regularly to make sure [person] was drinking. They were very good." People's individual diets were catered for. For example, diabetic, vegetarian or a soft diet option was available for people to choose from.

Although people were mainly independent regarding their food shopping and cooking, staff were readily available to support them in case there was a need for it. For example, staff had been allocated to do key working for people. This meant that they regularly offered extra support for people, discussed care plans and made sure people had everything they needed.

We found that the provider sent regular updates to the registered manager in case there was a hot weather warning and also guidance in how to keep people well hydrated. The registered manager told us, "We know how important is for people to have a good fluid and food intake. There is a strong emphasis on this which begins with the provider."

People, their relatives and health care professionals told us that staff were proactive in promoting people`s health and well-being. One person told us, "They are very good in making sure I have the GP if there is a need for it." One health care professional told us, "At the [registered manager`s] request, we have arranged coffee mornings and blood pressure checks for the residents at Broad Oak Manor, allowing them to meet the pharmacist and dispensers and ask any questions they may have in reference to their medication and health. On meeting the residents I am very confident that the service provided has a positive effect on their lives, allowing them to live independently but with the support systems in place should they need them."

Another health care professional who worked in partnership with the provider for several years to ensure people using the service maintained a good health told us, "I had the pleasure of working throughout with [registered manager] and her team. I always found them to be caring, patient-centred, responsive with excellent lines of communication, safe and well led. I knew if I asked things would be done, done well and done quickly. Clinical input was quickly enacted and concerns were always flagged proactively." This meant that staff were skilled enough to recognise and seek professional input when people`s health needs changed. People`s care records evidenced that social and health care professionals were involved in people`s care if there was a need for it.

Is the service caring?

Our findings

People and their relatives spoke highly about staff`s caring attitude. One person told us, "Staff are really excellent. They are just kind and caring and they don't just speak nicely the way they do things is full of kindness." Another person said, "I am home here and happy and this is thanks to the staff and the care they give to me. They are wonderful, kind and supportive."

Relative`s comments included, "In my opinion the care [person] gets from carers is outstanding.", "The staff at Broad Oak cared for [person], cared for us [family] and even cared for [person`s] pet bird and that is what true care is."

We observed staff to be kind and caring and to have a good working relationship with the people they supported. They were knowledgeable about people`s needs and the way they liked to be treated. We observed staff having a laugh and sharing a joke with people whose personality suited this. One person told us, "We always have a laugh together." Another person told us, "I like a joke and a bit of fun. They [staff] are always happy and it makes things easier. We really have happy times together."

People told us they knew staff well and staff knew them. They valued the relationships developed between them and felt that staff were respectful and mindful of their dignity and privacy. One person told us, "Sometimes I feel down, but they [staff] are always here when I need them and they do make me feel better in a nice way. They do respect me." Another person said, "I just don't know what I would do without them. They have a sixth sense and they know when I feel lonely and they just knock on my door and come in. They have a little chat and close my curtains for me and the sense of loneliness is gone! They are very mindful of my privacy and dignity."

We found that there was a strong emphasis on a personalised and caring approach towards all the people using the service from staff and the provider. The registered manager ensured people's voice was heard and central to the care and support they received. One person told us, "I read my care plan regularly and everything there is as I want it. However staff always ask what I need and want so I am extremely happy." People and relatives where appropriate had been involved in the development and review of people`s care plan.

People were encouraged and supported to maintain and develop relationships that were important to them, both at the service and with family and friends. We saw many events organised by staff to promote social interaction between people and create opportunities for them to get to know each other. For example cheese and wine evenings, movie nights and coffee mornings.

Relatives told us there were no restrictions in them visiting people and they were made feel welcome by staff. One relative told us, "There are no restrictions on when I can visit. They [staff] are always welcoming." Another relative said, "Staff are very friendly and welcoming."

We found numerous examples where staff helped people to maintain and regain their independence to continue to live their life as they did prior of needing care and support. One person told us, "I needed more help and support when I first moved in. Now I can do a lot more for myself which makes me feel good about

myself. I would like to be able to do a movie about the life in here and how much I enjoy being here where staff help me enjoy my life." Another person told us, "I like to be independent and do as much as I can for myself and staff will remind me what I need to do and I do it. It makes me feel worthy and not useless."

Private and confidential records relating to people's care and support were securely maintained in lockable offices. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

Is the service responsive?

Our findings

All people we spoke with were positive about the care they received and people were very involved with their day to day care. One person told us, "I was amazed myself how well I settled here. Staff is great they really want to see me happy and I am happy." Another person told us, "Everything is wonderful and staff does things as I like them and as I prefer."

People`s care plans had detailed and person centred information about people's needs to enable staff to deliver care in a personalised way. People told us their care needs were regularly reviewed and staff were aware of how they liked their support to be delivered. One person said, "I am involved in my care. It`s not possible to be more involved. We talk about everything." Another person said, "It`s nothing here not to like. I am in control of everything. I have my own house and all the help I need is at the tip of my finger."

We found the care and support delivered by staff was very responsive to people`s changing needs and the risks involved in their care. Staff were enabling people to live as long as possible in their home. One relative told us, "[Person`s] changing needs were always spotted quickly by the staff." One health care professional told us, "The care is always adaptable and responsive, tailored to the patients and families."

People were supported to participate in a range of activities and hobbies. A well-considered activities programme was delivered to each person weekly to inform people of organised events and opportunities to socialise. There were quizzes, movie nights, trips to local garden centres, cheese and wine evenings. People told us one of their favourite activities were arts and craft classes and exercise classes. One person told us, "I do like the community here and the arts and craft sessions where I was able to create something. It is very pleasing." Another person said, "We have plenty to do here. The cheese and wine evenings are great and they [staff] are really keen to please. The exercise classes keep us fit."

People were helped by staff to access the community and go out for shopping trips or trips to local garden centres. One staff member said, "People here can continue to live their life and we are here to make it happen. We will accompany people if they need us or we will book transport for them if they need it."

People and their relatives told us they had good communication with staff and managers running the service. They felt their voice was listened to and any suggestions they had the staff were able to action and resolve issues to their satisfaction. One person told us, "I never had anything to complain about. We have regular meetings [residents meetings] which we chair and the manager takes notes. Everything we discuss they [provider] do straight away." Another person said, "I don't have any complaints and if I would I only need to mention something to the staff and it`s done so I am very happy." Relatives told us they were familiar with the provider`s complaint procedure, however they had no reasons to complain about the care and support people received.

Is the service well-led?

Our findings

People, their relatives and health care professionals told us they felt the service was well managed and well led. People we spoke with told us how they enjoyed living at and being supported by staff at the service. One person told us, "The manager is a lovely person. They are very good to us [people] and staff doesn't leave so they must be a good manager to the staff as well." Another person told us, "This place is very well managed and I am very happy living here." One relative who's loved one passed away but they remained in touch and visited other people using the service told us, "[Manager's name] runs a very professional team of carers and there was great continuity of care which meant that [person] had the same main carers throughout their time there." One health care professional said, "The management is excellent, and in touch with all that is going on."

Staff told us they were happy working at the service and had clear roles and responsibilities. There were good staff support arrangements in place and staff worked as a team. One staff member said, "I think that the management of Broad Oak Manor understand me brilliantly. The manager is aware of my skill set and utilises them efficiently. I love having responsibility and have been given the in house training to run as well as updating and helping write care books. I run the film club and often help with written communications around the site. I have really found my niche." Another staff member told us, "[Name of registered manager] is very good in explaining our responsibilities and roles. It is about working together and understanding why and what we are doing."

The registered manager told us, "I have been part of the Broad Oak Manor family for 28 years. I have come up through the ranks, starting as a bank care worker to a permanent worker. Then promoted to team leader and onto management and senior management. It has been a privilege to watch Broad Oak Manor grow from a quirky, successful nursing home into a complex where people live in their own homes and care is provided in the way that they want it. I have invested a great deal of time, energy and emotion in this unique and precious place but everything that I have put in has been matched by the support, encouragement and drive of the owner."

We found that there were effective auditing systems carried out by the registered manager. For example, there were audits carried out to check people's care plans and staff training and competency assessments. These audits proved to be effective as we found that all staff's training was in date and staff had access to specialist training in their area of interest in addition to the general training topics delivered to them on a regular basis. Staff were supported to enrol in nationally recognised training courses to gain more understanding about their roles and to help in their professional development. Peoples' care records were up to date and the information in care records enabled staff to understand and deliver care in a person centred way.

The registered manager actively sought people's views and improved the service. There were regular residents meetings which were chaired by a person using the service and minuted by the registered manager. Issues discussed were promptly actioned. For example, people discussed issues of allocated parking and that sometimes parking was difficult to find. The manager had actioned this by allocating

separate parking for staff on a different area on the site leaving more parking places free for people and their visitors.

The registered manager also met monthly with people`s relatives and people where they discussed people`s care needs and other issues.