

Broome Park Nursing Home

Broome Park Nursing Home

Inspection report

Broome Park
Station Road
Betchworth
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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 the 3 October 2017 and was unannounced.

A registered manager was 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.

Broome Park Nursing Home can accommodate up to 56 people with a variety of physical disabilities, dementia, mental health issues and learning disabilities. Some of the people have advanced dementia, complex mental health needs and personality disorders. It is formed by two separate houses and stands in its own grounds. On the day of our visit there were 52 people living at the service.

People and their relatives told us they felt the service was safe. Relatives told us that staff were very kind and they had no concerns in relation to the safety of their family member or how they were looked after by staff. Staff had received training in relation to safeguarding and they were able to describe the processes to be followed when reporting suspected or actual abuse. The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at the home. Medicines were managed in a safe way and recording of medicines was accurate to show people had received the medicines as prescribed by their GP.

Staff received training, regular supervisions and annual appraisals that helped them to perform their duties. Staff commencing their duties undertook induction training that helped to prepare them for their roles. There was sufficient staff to ensure people's needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt to help prevent a repeat of these.

Staff supported people to eat a good variety of foods. People with specific dietary requirements were provided with appropriate food. A choice of meals was provided each day and people could have a meal of their choosing if they did not like the meals on offer. The chef undertook surveys of the meals to ensure the food provided was what people liked to eat.

People had access to all external healthcare services and professional involvement was sought by staff when appropriate to help people maintain good health.

Staff respected people's privacy and dignity and showed kindness and compassion to people. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private.

People were able to continue following their hobbies and interests through a wide range of meaningful activities and therapy. People were able to participating in activities that interested them. External activities were regularly organised that enabled people to experience and enjoy trips to the seaside, garden centres and the local community.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded. People and their relatives were involved in their care.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place for events such as flood, fire and failure of utilities. Clear guidance was provided and staff understood the procedures to be followed.

A complaints procedure was available for any concerns. This was displayed at the service. Complaints received had been addressed and resolved within the stated timescales set out in the provider's complaints policy. Many letters of compliments had been sent to the provider about the good quality care and treatment people had received whilst living at Broome Park Nursing Home.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff. An outstanding feature of the home was the links with the local community who were able to be involved with the home. This included local schools, volunteer initiatives, local universities and the friends of Broome Park.

People, relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular staff meetings took place.

The service was well led by the senior management at the home and new ways for continuous improvement to the service had been introduced and used. Staff informed that they felt supported by the registered manager and the management team and they were always available and approachable.

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.

Staff were aware of the signs of abuse and the process to be followed if they suspected or witnessed abuse.

There were enough staff deployed throughout the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

A variety of meals was provided and people were involved in choosing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were person centred.

People had opportunities to take part in a wide range of activities that engaged and interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service was well led.

The registered manager created an open culture in which staff felt well supported and involved in running the home.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Provider had actively sought and implemented other methods to continuously improve the service provided.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Broome Park Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 3 October 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors, a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we spoke with four people who lived at the service and six relatives. We spoke with the provider, registered manager, the executive manager and six members of staff and the chef. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at six records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

People were kept safe living at the home. One person told us, "Yes, it is fine here, no problems it is really good here." Another person told us, "Yes I do feel safe living here." Relatives were very complimentary about how well their family members were looked after by the staff at Broome Park Nursing Home. One relative told us, "I definitely know that my [family member] is very safe with all the staff who look after them. The difference in [family member]'s demeanour and manner has much improved. Staff treat all the residents as human beings not just numbers." Another relative told us, "I can really relax knowing that [family member] is in an excellent home and is safe at all times. I visit at different times and different days and it always the same feelings I get about how well [family member] is looked after."

People were protected from abuse because staff understood their roles in keeping people safe. Staff had a good understanding of the procedures to follow should they witness or suspect abuse. Staff told us that they had attended training in relation to safeguarding people and records confirmed this. The provider had a detailed safeguarding policy that provided guidance to staff about the types of abuse and the reporting procedures to be followed. It also provided the contact details for the local multi agency safeguarding hub (MASH) so staff, people and visitors could contact them if they had not felt the appropriate action had been taken by the management team at the home. Staff told us they had read and understood this policy.

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people and how to keep them safe. Care plans included risk assessments such as falls, waterlow (Skin integrity) and moving and handling. Clear guidance was provided to staff of actions to take to minimise the risk. For example, one person was assessed to be at a high risk of falls and unable to walk. The risk assessment informed that two members of staff must support the person with activities such as using hoists, bathing, toileting and getting in and out of bed. We observed two members of staff working together when using the hoist. There were clear details in the care plans concerning his risks of choking, and information given by the speech and language team (SALT) was transcribed in to the care plans for staff to follow. For example, one person was regularly weighed and needed dietary supplements three times a day and regular fluids. Fluid charts were fully completed. All risk assessments were reviewed on a monthly basis. Staff were aware of risks to people and how to manage and prevent risks.

Interruption to people's care would be minimised in the event of an emergency. The provider informed us in their PIR that a continuity plan was in place that documented the procedure to be followed in the event of a disaster and we found this to be the case. There was a detailed emergency evacuation plan that provided clear guidance to staff about how to evacuate the building in the case of an emergency. It also included the contact details of relevant stakeholders and services. It included a plan for where people could move to if the buildings became unusable. Each person had a personal emergency evacuation plan PEEPS in place. Staff were knowledgeable about these procedures.

Where people had been involved in incidents and accidents, staff aimed to learn and improve from these and to reduce the likelihood of these happening again. A monthly report was produced about all accidents

and incidents and actions had been taken to help prevent a repeat of these. For example, one person had a fall in September 2017. In response, staff checked the person for injuries and found no concerns. The action taken was to increase observations of the person to prevent a similar fall and their risk assessment was reviewed. No repeated falls had taken place since.

People were supported by sufficient numbers of staff. The home was divided into two buildings. The registered manager told us that each house had a nurse manager as well as a senior staff nurse and a team of care staff. The provider's deployment of staff meant that there were sufficient numbers of staff and people had access to RGNs. These staffing numbers were confirmed through discussions with staff, looking at the duty rotas and our observations. People told us that staff were always available to help them and they came quickly if they used their call bells. One relative told us, "I visit the home at different times of day and there is always plenty of staff around. They never seem to be rushing when they help the residents." Staff told us that there were always enough staff on duty. One member of staff told us, "We always cover shifts within ourselves and don't ever use agency staff."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation had been obtained by the provider that included proof of identification and written references to ensure that prospective staff were of good character. These checks also included obtaining a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

Medicines were administered, recorded and stored safely. The provider told us in their PIR that there was a stringent medicine and management protocol and we found this to be the case. Staff members had signed to signify that they had read and understood the medicines policy and were deemed competent to administer medicines. RGNs also had their competency assessed and reviewed annually. All medicines received into the service and those being returned to the pharmacy were clearly recorded. Only the RGNs administered medicines and they held the keys for the medicines. People received their medicines as prescribed by their GP. The medicine administration records (MARs) included a colour photograph of the person, any known allergies, their preferred method of taking their medicines and protocols for administering PRN (medicines when required) medicines. These measures reduced the risk of medicine errors occurring. There were no omissions noted on the MAR sheets. People told us that they always received their medicines on time.

Is the service effective?

Our findings

People and their relatives told us that staff were very good and they knew what they were doing. People and their relatives also told us that the staff met their needs extremely well and that staff were very good at what they did. One person told us, "Staff are more than carers, they are excellent." Another person told us, "The staff are very good and hard working." One relative told us, "Staff are excellent, they are well trained here."

People received support from staff who had sufficient knowledge and skills to enable them to provide effective care for people. This also included maintenance, office and housekeeping staff. New staff were provided with an induction when they commenced their role and undertook the Care Certificate training. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It provides staff with a skills and knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us that the training was good and they had access to a variety of courses. Staff told us that they had completed an induction programme that included all the mandatory training courses. One member of staff told us, "They are always reviewing our training, they let us know when our certificates are about to expire." Records maintained confirmed that all nurses' registrations to practice were up to date. Training records showed that staff had received all the mandatory training as required and we observed staff putting their training into practice. For example, one person required hoisting to manoeuvre them to a seat in the lounge. Two members of staff undertook this, talking and reassuring the person through the process. Other training staff had undertaken included wound care, epilepsy awareness, dementia, diabetes, breakaway techniques and person centred care. Many of the staff had relevant qualifications in social care to level two and above. The registered manager and executive manager were also registered mental health nurses. Some RGNs had achieved Management and Leadership Level 5 training, Masters in Public Health Promotions and Teacher/Assessing qualifications. There was a dedicated training manager whose role was to ensure that staff achieved their full potential through training. The provider offered pay increases and career progression as an incentive to people who successfully completed professional training.

People were supported by all staff, including the housekeeping and domestic staff, who had regular supervision (one to one meetings) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records of these were maintained in individual staff personal files. Care staff were expected to have clinical supervision, and these principles were modified for ancillary staff in recognition that they too are part of the care environment and their shared experiences can improve the service delivery. The rationale behind this is that the provider wants to recognise and develop the skills of staff, their abilities and aspirations. This goes hand in hand with the significant amount of training that every member of staff is given. The training and support provided to staff helps them to provide a good quality of life and outcomes for people with very challenging needs. For example, one person moved into the home with a history of significant challenging behaviours and aggression, resulting in 13 incidents of such behaviours recorded from March to May 2017. They also found staff supporting them with personal care to be particularly stressful. The consistent, gentle approach taken by all staff in response to these behaviours resulted in only one incident of such behaviours between June 2017 and the time of our inspection visit.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in nursing homes are called the Deprivation of Liberty Safeguards (DoLS). MCA assessments had been undertaken and where people lacked capacity best interest meetings had taken place and a DoLS application had been submitted. The provider had produced a leaflet for people who a DoLS application had been submitted and their relatives. This clearly explained what a DoLS was, the reason the application was made and the timescales of the DoLS. It also explained how reviews and appeals could be applied for.

Staff had been trained in MCA and staff had a good understanding of how it applied to people. One member of staff told us, "Decisions must always be in a person's best interests," and they were able to describe how best interests must involve relatives and professionals. Another member of staff told us, "We must always presume people have capacity and an assessment is needed if there are doubts." Staff were able to list all the principles of the MCA and they carried cards with the MCA principles on them. Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these. Staff told us that they had received training in relation to the MCA and DoLS and this was corroborated in the training records. The provider ensured that the services of the Independent Mental Advocate (IMCA) were available for people who require this kind of service. An IMCA represents a person in the decision making process to make sure that the MCA 2005 is being followed.

We found that the provider supported people to assert their capacity to make decisions, even when these were considered to be risky. For example, one person liked to go to the pub and have a pint but there were concerns in regard to the reaction of their medicines with alcohol. Staff advocated for the person, liaised with the appropriate professionals and the person was supported to make this life style choice. Staff enabled the person to go to the pub which resulted in their frustration and aggression reducing.

People were supported by staff who ensured that they had enough to eat and drink to keep them healthy. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes, dislikes and allergies and followed guidance in relation to allergens. People and their relatives were very complimentary about the food provided. One person told us, "The food is alright here, I don't like curries but I get something else when this is on the menu." A relative told us, "The food here is excellent, there is always a choice and no one ever goes hungry." We observed people going to where the food was being served and the chef showing them the different meals plated up. Menus were displayed in the dining room and on tables. There were three choices of main meals and one person made it known that they did not want what was on offer, even though they had submitted their choice earlier in the day. The person asked if they could have an omelette. The member of staff asked the person what filling they would like and this was made for them. People who required extra support with their eating were provided with special cutlery and crockery. This promoted and encouraged independence to the person.

Care plans included information and guidance in relation to people's nutrition and hydration needs. For example, one person had an eating and drinking plan. This informed that the person was diabetic and was to be given a diabetic diet. It informed that the person needed to be guided to their food when it was all ready, so they did not have to wait otherwise they would walk away. We observed this happened at lunchtime. A member of staff told us about how they encouraged good nutrition with people living with dementia. The member of staff told us, "Some people prefer eating small amounts often so they are regularly offered cakes and biscuits with tea to ensure they eat regularly." Another person was at risk of choking and losing weight. Clear information about how to manage the risk was available to staff. This

included following the advice of the SALT by providing a pureed diet, prescribed thickener for fluids, ensure the posture of the person was in a comfortable position when eating and drinking and undertaking regular checks on the person's weight. The home was part of the Project Hydration. This is an initiative by the local CCG, who are concerned about hydration within care homes. Project Hydration emphasises the need for fluids to always be available throughout the environment without people having to ask for it. Staff are being educated about issues such as how much fluid people should have, managing fluid input and output and recognising dehydration and the effects of dehydration on the healing process and hospitalisations.

People were supported to maintain good health and had access to all healthcare professionals as and when required. The provider involved a range of external health and social care professionals involved in the care of people, such as dietitians, chiropodists, community mental health teams, GP, speech and language therapists and psychologists. Advice and guidance given by these professionals was followed and recorded in people's care plans. People and their relatives told us that all healthcare needs were attended to. A relative told us, "My [family member] is seen by the GP every Wednesday, but if there are any concerns in between these visits then the GP is called and they attend." The provider had appointed champions to undertake lead roles to support staff to ensure that people experienced good healthcare. For example, there were champions for nutrition and hydration, dementia, diabetes, wound and pressure care. Champions were responsible for education staff and ensuring that people received the appropriate care and treatment in their respective lead roles.

People had clear and detailed healthcare plans that provided good descriptions of clinical interventions. For example, there was succinct information outlining the risks to one person should they have a blocked catheter. There was clear guidance that the catheter needed to be flushed at least once a week. This was regularly reviewed to ensure this was being done. One person was at high risk of developing pressure ulcers and required to be repositioned every two hours. Clear repositioning records were maintained and the person was being turned every two hours during our inspection. We saw evidence of mental health professionals such as psychiatrist and community psychiatric nurses (CPN) being involved in people's care.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives told us that staff at Broome Park were excellent and treated everyone the same. One person told us, "The staff are very caring." Another person told us, "Staff are extremely caring all the time." One relative told us, "It is really good how staff look after people here. My [family member] is always clean, their hair is nicely cut and their finger nails and clothes are always clean." Another relative told us, "Staff are person centred and they respect my [family member] for who they are."

People had needs that often meant they would refuse personal care. We observed how clean and well-dressed people were during our observations. Staff told us that they worked in a patient manner with people, if they refused to have their personal care attended to they would go away and return later. Staff also told us that they would swap staff so that the person had someone different trying to help them. One relative informed us that their family member, who had been expelled from numerous previous placements, had become a totally different person at Broome Park. They stated, "I have seen my [family member] flourish in their new environment. All staff should be commended for all their hard work and dedication. With hind sight they should have gone to Broome Park straight away."

Staff responded to people in a personalised way by going at their pace, communicating in a way they knew the person would best respond to and generally listening intently to people. Staff bent down and maintained eye contact when talking to people. One person was sitting on a chair and a member of staff noted that they had some food on their chin. The member of staff bent down to gain eye contact with the person and politely explained that they had something on their chin. The member of staff asked the person if they would like them [staff member] to clean their chin with a wipe or if the person would like to do it. A wipe was sought and the person took the wipe, cleaned their chin and said 'thank you' to the member of staff.

People's independence was promoted by staff. Staff told us that they encouraged people to be as independent as they were able to be. People and their relatives told us that staff encouraged them to do what they were able to. For example, a relative told us that staff encouraged their family member to wash themselves, but staff were always available to provide support when needed. We observed people were able to access the communal parts of the home and could spend time on their own when they wanted to. One person had the role of setting up the activities for the day. This gave them involvement and a sense of purpose, which fuel their well-being. They were very keen on this role. They were also in charge of watering the plants in the home and outside.

People's privacy and dignity were respected by staff. We noted that staff engaged with people in a respectful manner. No person was on their own as staff would always talk to people to ask if they were okay and had a talk with them about everyday things. For example, one member of staff asked a person if they were okay and where were they were 'off to.' The person replied that they were going to the dining room and the member of staff accompanied the person at their own pace whilst engaging in conversation with them. Staff told us that they always respected people's privacy and dignity as this was important to people. A member

of staff told us, "I always make sure doors are closed and people have a towel to cover themselves. I ask them before I start doing anything. I also encourage people to help themselves as much as possible." Another member of staff told us, "It is important they [people] have a choice with the clothes that they are going to wear. I talk to them and treat them like they were my own parents."

People told us that they were able to practice their religion and that local church representatives regularly visited them at the home. One relative had written about their relative's stay at the home and had included the following: "This is the point about Broome Park, it is a multicultural family based community of people from a range of international backgrounds and diverse nations with religious or secular societies who just care for others. In this sense, the ethos of Broome Park is akin to a multicultural microcosm of social inclusion and respect for diversity combined with the choice to part in being active." Staff helped people to celebrate who they are and helped them to retain and express their own identities. For example, the home holds a Commonwealth Day, when staff dress in the traditional attire of their countries, and celebrations for Ramadan, Eid, Chinese New Year, the Olympics, the Proms, Children in Need, and MacMillan coffee mornings took place. This enabled relationships to be built between people, families and staff.

Relatives told us that they were very satisfied with how kind staff were to their family members. One relative told us, "The carers at Broome Park all have one thing in common. They are kind, treat residents and their families with respect and care for the residents to the best of their abilities. Staff supported each other and provided support to new staff to help them understand the needs and personalities of people. Something that has been of great benefit to everyone at Broome Park was the printing of the life stories of residents. It is so important for staff to understand what the person was like prior to their illness." The articles were professionally written by an author who volunteered their time. The life history goes back to the person's parents, childhood, teenage years, professional career, family life and everything up to the point when they came to Broome Park. People came to the service in difficult circumstances, often having complex needs. The person's life history was then used to develop the care plan. The provider told us that this was used to design activities, for example, one person was a keen gardener and staff had involved them in the garden activities.

The registered manager had asked people and their relatives to write about their life histories which many had done. With people's and their relative's permission they produced this information in a document that included photographs of the person through their life. These documents were made available for people, relatives and staff to read and so they could become familiar with people's histories. Information in these documents was very descriptive and helped staff to engage in conversation with people and provide activities that were aligned to their hobbies and interests. For example, where a person had liked walking they were always asked if they wanted to take part in the walking activities. The life stories were both informative and touching and gave a description of people's journey through their lives to how they moved into Broome Park. Staff told us that they read these life stories and they helped them to engage people in conversations about themselves. However, not all people could recall the information.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. For example, one person had a care plan that outlined the wishes for the person's end-of-life care. It was clearly recorded that the person did not want not to be sent to hospital unless absolutely necessary, for example if they sustained a fracture. The end of life medicines had been arranged, and were available should they be required. The provider told us that one person who practised Orthodox Judaism, had particular wishes were planned for at the time of their death such as which synagogue they were to go to.

People lived in an environment that was homely and met their individual needs. The home had many features to help people living with dementia to find their way around and know where they were. This included signage for toilets and bathrooms and communal areas. People said they were happy with their rooms.

Relatives told us they were made to feel welcome and were able to visit the home at any time. One relative told us, "I can visit any time and I always see the same staff." The provider told us that they also had a group for relatives that provided appropriate support to them.

The provider had received many letters of compliments from relatives. Comments from these letters included, "To everyone at Broome Park. I wanted to write to thank everyone for the care, kindness and love that you gave to my [family member] in the short time they were with you. You behave like a family and show all residents so much respect and treating them with dignity, I am so grateful to you all."

Is the service responsive?

Our findings

People received care that was personalised to their needs. Relatives confirmed that they had been involved with the care plans of their family members. People and their relatives were involved in reviewing their care. One relative told us, "Staff had spoken to [family member] regularly about the care plan and we were all involved in the review process."

People were able to take part in activities that interested them. There was a multitude of organised activities at Broome Park from simple walks in the grounds supported by staff, painting, flower arranging, music therapy to garden parties and afternoon teas. Staff keenly acknowledged celebratory days such as people's birthdays or religious festivals. They honour residents' individuality in relation to religion with services at Broome Park and have close links with their village churches. They were also supported by their local schools who attend to entertain the residents. People at Broome Park were actively encouraged to maintain ties with the community. For example, one person worked in a charity shop in the local community. Some of the men living at Broome Park regularly went out for a full English breakfast and the home often held events such as B-B-Qs for people.

The provider found innovative ways that enabled people to take part in activities that were important to them. An activity coordinator had been employed who provided activities for people three times a day and included sing-a-longs with a choir from the local village, pet therapy, slow yoga, gentle chair exercises and shopping trips to the local towns and a book club. The relatives and friends of Broome Park had created a 'Friends of Broome Park' charity which raised funds to provide various activities to people. They also organised a 'Picnic in the Park' as part of a summer activity that provided a BBQ, brass band and entertainment for people, their relatives and visitors.

The provider had also worked with children from a local school who, with funds raised by the Friends of Broome Park, had developed a 'Dementia Walkway' for people and their relatives to enjoy. People had also made some craft pieces that were also displayed along the walkway. Audio speakers had been disguised in garden rocks and played gentle relaxing music for people and their relatives to either sit or walk and enjoy.

The provider was aware of the benefits of music to people who have dementia and had worked together with an external organisation that provided music therapy twice a week to people living at Broome Park. The music therapy helps to alleviate stress for people and supported their emotional wellbeing. It offers music therapy to groups of people and to individual people on a one-to-one basis. We noted that one person was sitting on a stool playing the guitar and singing. This was audible and pleasant to listen to. Staff told us that this person's background was musical so one member of staff had taught the person how to play the guitar again. Relatives of people told us that they had noticed how much enjoyment their family members got from this activity. One relative had stated, "My [family member] had not spoken for a long time but they joined in with a song with me and sang it right through. This is a memory I will cherish for many years."

People were provided with up to date technology that would enhance their lives. The activity coordinator

has joined an organisation that had developed an iPod pharmacy. This is a nationwide organisation that takes old iPods, cleans them up and then adds people's favourite music to them so they could listen and enjoy the music. Audio books could also be added to the iPod. Headphones would also be provided so people could listen to their iPod when feeling stressed or to help them sleep at night time. For example, one person with dementia liked music and was able to listen to their favourite tunes through personal headphones provided. The music was selected with the person's preferences and with the involvement of relatives.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Care plans had been produced from the assessments and were personalised. They contained information about people's preferences and interests. The provider told us in their PIR that their assessment and care planning process ensured that the person and everyone connected to the person had input into the care provision. We found this to be the case. Where people were not able to have input into their care plans, their relatives were fully involved. This was confirmed during discussions with people's relatives. One relative told us, "I drew up the care plan for my [family member] with staff and they listened to what was said."

Staff were responsive to people's needs and knowledgeable how to attend to these. It was evident throughout our observations that staff had the skills and experience to manage situations as they arose and that the care provided was consistently compassionate. For example, one person had become upset because another person had taken their lunch time drink. A member of staff spoke to the person who was upset in a calm manner, reassured them and told them they would get another drink straight away.

Regular activity meetings took place where people and their relatives could make suggestions about activities, what had gone well and make future plans. For example, one suggestion was that people liked trains and railways. We noted that a trip to a local steam train experience, where people could go onto the trains, had taken place during the year.

There was a complaints procedure available to people, relatives and visitors. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. People and their relatives told us they knew how to make a complaint and who to go to. One person told us, "I have been here for 21 years and have never needed to make a complaint." The provider had received three complaints since our last inspection. Records of complaints were maintained and they had been resolved to the satisfaction of the complainants within the timescales set in the complaints policy.

Is the service well-led?

Our findings

People and relatives told us that they felt the home was well-led. They were very complimentary about the management team and how they were always available at the service. One person told us, "All staff talk to us and they listen to us." Relatives told us they believed this was the best care home they have been to. This was because dedicated staff cared for people. One relative told us, "This home is well managed by all staff, not just the manager." Another relative told us, "This is definitely well run because the care and attention to all residents is very good. Residents are always well dressed, very clean, tidy and laughing with staff." A third relative told us, "Broome Park is well managed by a strong management team."

Staff told us that they were supported by the management team and the registered manager had an open door policy. Staff told us they felt they could talk to the registered manager and executive manager at any time. One staff member told us, "It is a lovely place to work and they [management team] are always supportive." A relative told us, "I was amazed at how quick they were to react to anything you bring up." Another relative told us, "Broome Park is well managed by a strong management team." The management team included nurses who had teaching qualifications and a management and leadership qualification.

Quality assurance systems were in place to monitor the quality and running of the service being delivered. The PIR informed us that a variety of quality audits were conducted throughout the year to monitor the quality of service provided and we found this to be the case. Audits undertaken included the environment, health and safety, infection control, and medicine administration records. Action had been taken to rectify identified issues. For example, bedrooms that required redecorating had been completed. Other issues had been incorporated into the business plan for 2017 to 2018. For example, the provider wanted all care assistants to have achieved the Care Certificate, and the provider identified a need to redecorate all bathrooms. We noted that the bathrooms had been redecorated and staff had commenced the care certificate training. The provider informed us that the quality audits were used to continuously improve the service.

People's views were listened to and acted on. A survey was undertaken to ascertain people's views about the quality and service of food in September 2017 and the results of these had been collated. Comments in the survey were positive. For example, 'the meals are good and I like them,' 'on the whole food is good and well served.' People were asked what meals they would like to and not like to see on the menus. The chef told us that they had addressed the suggestions made. For example, one person had asked to have puddings at supper time instead of yogurts. The menu provided to us showed that a variety of puddings had been added to the supper menu.

People, relatives and staff were empowered to contribute suggestions to improve the service. Regular meetings took place. The provider listened to and acted on suggestions made. For example, agenda topics had included information about improved communication, the greenhouse and a pathway around the grounds. These had been incorporated into the provider's business plan for the forthcoming year. The pathway around the grounds had already been completed.

Weekly nurse management meetings and nurse and staff meetings took place at the home. Topics discussed included discussing residents, staff training and staffing, the environment menus and dietary requirements of people. Staff told us they were able to put forward ideas and suggestions of how to improve the service. For example, One member of staff had recommended the use of small 'tippee' cups for someone who leans back when they drink; this would help to prevent it spilling. This was acted on immediately. Other meetings held at the service included weekly maintenance meetings, housekeeping and catering meetings.

The service has a positive culture that is person-centred, open, inclusive and empowering. It has a well-developed understanding of equality, diversity and human rights and put these into practice. Staff told us that they treated each person as an individual respecting their beliefs and cultures.

As part of improvement for the home the registered manager is to introduce the use of the mobile hand held 'Caresys' system. This is a device that would enable all staff to record care needs attended to without the need to log on to the system via a computer. It would also allow staff access people's care plans and healthcare needs as well as instant access to all policies and procedures. The provider has also invested in the 360 degree standard framework with an external organisation. This is a teaching programme provided to management teams to enhance the delivery of care, respect, dignity and improvement for all people including relatives, visitors, staff and the management team. It provided guidance to care and nursing homes about continuous assessment to ensure that good, positive outcomes are achieved for all involved with the home. The provider told us that the 360 degree SF process had taken 18-months so far and the service has entered the advanced stages of the programme. The process began with an audit of the service to determine the well-being of people, relatives and staff, with an analysis of the outcomes of care being provided. Staff then attended a multiple-day course focused on personalisation and the building of a relationship-based, person-centred culture. The aim of the coursework was to enable the staff to understand what dignity means and what behaviours enable desired outcomes to be met. The course was followed by a period of implementation and reflection on action plans that were drawn up using what was learnt in the course work. Broome Park has reached the advanced stage, it is undergoing a further audit to see what is working and what further improvements can be made. A new action plan for continuous learning and improvement was being created and would be implemented and incorporated into the service's business plan. This is an innovative approach and Broome Park Nursing Home is seeking to become a "learning care home" and a centre of excellence for learning, which will help other care homes educate their staff.

People were supported by staff who were valued by the management team. The provider had introduced a seasonal award scheme (SAS) for staff. This is when people, relatives and peers nominate staff for their outstanding work every three months. Staff were not rewarded or induced by any financial rewards, staff valued that their performance had been acknowledged and their photographs were displayed at the home and in the monthly newsletters. The provider was awarded the 'investors in people' silver award in 2015. This is awarded as recognition for investing in staff training and development to enhance the delivery of service to people. The silver award has only been presented to 6% of care services.

People were able to interact with children and adults from the local community. An initiative run by the National Citizen Service (NCS) had twelve young volunteers who went to Broome Park to do voluntary work with people on a gardening initiative. This was under the supervision of a gardening expert. They planted shrubs, flowers and trees along a pathway that people used so they could enjoy the colours and smells when the garden bloomed. A clear hazard free footpath was laid that enabled easy access for people. This was of particular interest to people who had a past interest in gardening as they were able to walk around the different plants. The volunteers also got involved in an art therapy session and playing football with

people. The provider and relatives stated that this would bring great pleasure to people for many years to come.

People were supported by external professionals to ensure their care needs were met. Staff worked closely with both health and social care professionals that ensured people's holistic needs were met. For example, there were close links and input into people's care from the GP, CPNs, continence nurse, occupational therapist and psychiatrists. Comments from healthcare professionals were very positive and complimented staff on the care they provided to people. One healthcare professional told us, "I have found the staff at Broome Park incredibly welcoming, friendly and approachable. Staff are extremely receptive to advice provided and I have confidence that our advice is followed by the staff team." Another healthcare professional had written to state that they had worked with two of the managers at Broome Park and that, in their opinion they were 'amongst the best nurse managers I have worked with in 15 years working for the NHS."

People had been supported to maintain links with the local community through attending church services, visiting the shops and inviting local people and children from schools into the home. School choirs had visited the home, volunteers and local people had helped with activities such as art and craft and gardening. Relatives told us that people had benefited from the interaction with people from outside of the home. One relative told us, "You could see how happy residents were when the local school children visit the home."

The home continues to be affiliated with the University of Surrey for nurse trainee and paramedic placements. They offer a mentoring service by staff who had received the appropriate training that enable them to carry out this role and they are regularly audited by the University that ensured they were still able to fulfil this role.

The provider had a set of values and visions and staff worked towards these when carrying out their roles. For example, 'To provide good quality care to people ensuring a clean, safe, secure and homely environment. We observed staff working this way throughout our inspection.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken.