Broadmead Resthome Ltd

Broadmead Rest Home

Inspection report

Broadlayings
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Berkshire
RG20 9TS

Tel: 01635253517

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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

Broadmead Rest home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Broadmead provides accommodation with personal care for up to 38 people. At the time of our inspection 28 people were living in the home.

At the last inspection, in March 2016, the service was rated overall as good, and in the key questions: is the service effective, caring, responsive and well-led. The key question for: is the service safe was rated requires improvement. This was because safe recruitment procedures had not always been followed and where people were prescribed variable doses of medicines, the amounts given were not always recorded. Actions were taken before the end of the inspection process to address the shortfalls we had identified.

We carried out a comprehensive inspection on 7 November 2018. At this inspection, we found the improvements that had been made following the last inspection had been embedded and sustained.

At this inspection, we found shortfalls in the recording of medicines that required additional security.

The service overall, remains Good.

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.

Sufficient numbers of staff were deployed at the time of our visit. Staff performance was monitored. Staff received supervision and training to ensure they could meet people's needs.

Most medicines management shortfalls were promptly acted upon and actions taken to make improvements. However, there were shortfalls in the recording and checking of some medicines.

Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

Risk assessments and risk management plans were in place. Personal and nursing care was delivered in line with assessed needs and accurate monitoring records were maintained.

Incidents and accidents were recorded and showed that actions were taken to minimise the risk of

recurrence.

People's dietary requirements and preferences were recorded and people were provided with choices at mealtimes.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Care was personalised, highly responsive and sensitive to individual needs.

A wide range of activities were offered and provided people with entertainment and engagement in communal areas, in their rooms and outside of the home.

Systems were in place for monitoring quality and safety. Where shortfalls were identified these were acted upon.

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 has improved to Good.

Where shortfalls in medicines management were identified the provider took prompt action.

People were protected from abuse because staff had received training and knew how to identify and act on concerns.

Risk assessments were completed and risk management plans were in place to minimise identified risks.

Staff were safely recruited. Recruitment procedures were in place and appropriate checks were completed before staff started in post.

Staffing levels and deployment of staff were sufficient to meet the needs of people living in the home.

Accidents and incidents were reported and actions taken to reduce recurrences.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Broadmead Rest 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.

We undertook a comprehensive inspection of Broadmead Rest Home on 7 November 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector 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 visit we looked at the information we had received about the home. We looked at the notifications we had received. Notifications are information about important events that the provider is required to tell us about by law. We also used information the provider sent to us in their Provider Information Return (PIR). This is information we require providers to send to us at least once each year, that gives key information about the service, what they do well, and improvements they plan to make.

During our visit we spoke with nine people who lived at the home and three visitors. We spent time with people in their bedrooms and in communal areas. We observed how people were being cared for and supported.

We spoke with the registered manager and seven staff that included care, housekeeping, laundry, activity and catering staff. We met and spoke with two healthcare professionals. We have included the feedback and comments received in the main body of this report.

We observed medicines being given to people. We checked how equipment, such as pressure relieving equipment and hoists, was being used in the home.

We looked at four people's care records in detail and checked other care records for specific information. We

looked at medicine records, staff recruitment files, staff training records, quality assurance audits and action plans, records of meetings with staff and people who used the service, survey results, complaints records and other records relating to the monitoring and management of the care home.

Good

Is the service safe?

Our findings

At the last inspection in March 2016 we rated this key question as Requires Improvement. This was because improvements were needed in medicines management and staff recruitment procedures. At this inspection improvements had been made and staff recruitment procedures were safe. The specific medicines shortfalls identified at the last inspection had been addressed.

Overall, the management of medicines was safe. However, some medicines were not always recorded accurately. We checked medicines that required additional security. We found accurate records were not maintained for two medicines. One medicine had not been entered, as is legally required, into the recording book. The records had not been updated for another medicine, to confirm the person had taken the medicine with them when they left the care home. It was clear there was no actual administration errors.

The tablets in one bottle had been halved and some had disintegrated. Therefore the actual amounts in stock could not be accurately accounted for.

Following our inspection, the registered manager and their team took immediate action. They recorded the above findings as medication errors and confirmed the actions they had taken. This included the provision of further staff training to make sure lessons were learned to reduce the risk of recurrence.

Medicines were administered safely and when they were needed. We observed medicines being given to people. Staff showed an awareness of people's needs and preferences. They asked people if they were ready to take their medicines, explained what the medicines were for, and provided the support each person needed.

Electronic Medicine Administration Record sheets (eMARs) had recently been introduced. They provided comprehensive details about each person and their medicines requirements. For example, for one person it was written, 'I like staff to administer my medication to me from a spoon, into my mouth. I like to have a glass of water to take my medicines with.' The care staff signed the eMARs to confirm they had given people their medicines.

A member of care staff spoke with the member of staff who was administering medicines to tell them that one person, "Has a bit of pain today." The member of staff administering medicines responded straight away, spoke with the person about the type of pain they were experiencing, and gave their prescribed pain relief promptly.

For people prescribed topical creams and lotions for application to their skin, there were clear directions for care staff about when and where to apply them. Topical eMARs had been completed to confirm that staff applied creams and lotions as prescribed. One person told us, "I have itchy skin and if it's bad in the night I ring the bell and they come and put some cream on me."

When people needed to have their medicines crushed and given in food or drinks, GP and pharmacist advice

had been sought to make sure the medicines were safe to administer in this way, and this was recorded.

One person self-administered their medicines. Their ability to do this safely had been assessed. The self-assessment record stated the assessment should be reviewed each year. The registered manager told us they had informally reviewed the person was still safe to self-administer. However, the self-assessment record had not been reviewed or updated since 2015.

Arrangements were in place to safely store medicines, including medicines that required cool storage and medicines that required additional security. When medicines were no longer required, records were maintained.

People who used the service and relatives told us they felt safe in the home. Comments included "I feel safe now, a lot safer than before (they referred to renovations that were completed the previous year). There's locks on the windows, it's more modern. There's enough staff now as well, plenty" and, "I've watched the place change. It's got better and better."

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They could give examples of signs and types of abuse and what they would do to protect people, including how to report any concerns. Staff told us they would report immediately to the registered manager if they were concerned or suspected a person was being abused.

Risk assessments were in place and these were reviewed monthly. These included risks associated with skin condition, falls, distress or behaviour that could be considered challenging to others, moving and handling and eating and drinking. Where risks had been identified actions were planned, along with provision of equipment such as bed rails and pressure relieving mattresses. For example, for people who used pressure relieving equipment, this was used correctly. Where people also needed support to change position regularly, this was recorded.

Accidents and incidents were recorded and actions taken to reduce future risks of injury. A relative told us how the staff had responded quickly when their loved one had a fall. They told us they had been informed and, "They rang the hospital as it was a head injury." A 'falls prevention' programme was on display in the reception area. This provided guidance and suggestions for reducing incidents and falls. For one person, their care plan stated that staff should remind the person to use their zimmer frame and make sure the person was wearing appropriate footwear. In addition, a colour coded record displayed numbers of incidents and falls for each month.

People and relatives told us there were sufficient staff to meet their needs. The registered manager also told us in their PIR, 'We use a dependency tool every month or more which we use as a guide only' and before new people moved in to the home, 'We speak to families and social workers to make sure we have as much information about the service user so we can make sure our staffing levels are sufficient.' During our inspection, staff were not rushed, sufficient staff were on duty and people's needs were being met.

Staff were safely recruited. Staff files included application forms, proof of identity, references and checks for gaps in employment history. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensured that people barred from working with certain groups such as vulnerable adults were identified.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella control, electrical and gas safety, lift maintenance and hoist checks had been completed. Fire safety measures and

checks were in place. Personal emergency evacuation plans (PEEPS) were recorded for each person. They provided guidance about how people could be moved in an emergency if evacuation of the building was required.

The home was clean throughout. We spoke with a member of the housekeeping team who described their role and responsibilities. We observed staff using gloves and aprons when needed which showed good infection control practices. The laundry area was not being operated in line with national up to date infection control practices, in that a 'dirty to clean' workflow was not being operated. Cleaned laundry was being stored alongside the washing machine and where dirty laundry was being stored. The registered manager and their team acted and confirmed to us in writing before the end of the inspection process, the actions they had taken. They had ensured that up to date national infection control guidelines were now being followed.

An extension and significant building upgrade works had been completed. Additional facilities included en-suite wet rooms, a jacuzzi bathroom, enhanced communal space, hairdressing salon and a secure enclosed garden. Each bedroom was equipped with a profiling bed, television and an internet telephone to help people stay in touch with friends and relatives. The improvements had been recognised and Broadmead achieved a 'best regeneration award' at a national healthcare design event for 2018. The environment was also commented on positively by people living in the home, relatives and visiting health professionals. This extensive programme of extension, refurbishment and improvement showed the provider's commitment to investing and making improvements to the environment.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were well trained and able to meet individual needs. One person commented, "The carers are pretty good because they notice things and they say, 'You're breathing heavy,' or, 'You seem short of breath today'. One day they noticed I was having trouble breathing, they got the doctor that day and I ended up in hospital on antibiotics."

Staff told us they received sufficient training to enable them to carry out their roles. When new staff started in post they completed an induction programme and shadowed colleagues to gain practical experience before they worked unsupervised. Staff told us they were provided with regular update and refresher training for topics such as fire safety, moving and handling, safeguarding, mental capacity act, infection control and food safety.

In addition, where training was needed to meet the specific needs of people living in the home, they told us this was provided. For example, two members of staff had received additional training to support people living with dementia and were 'dementia champions' for the home.

Supervisions are meetings where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. We spoke with staff about supervisions and appraisals and a member of staff told us, "Not sure how often but we do have supervisions and I feel I can have open discussions." We checked the supervision records, and whilst not all staff had supervisions recorded at the two month frequency as stated in the provider's supervision contract, staff felt well supported.

The registered manager also completed, 'situational supervisions.' These were described as 'a tool to assist managers and staff to communicate and reflect on practice and observations as they occur, these may be used in situations where practice requires improvement or where staff have shown excellent skills, knowledge and behaviours in the workplace.' We read the record of a situational supervision that had taken place with a member of staff. The supervision recorded the shortfall, what was expected, and when actions were to be completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions were made and the records showed how decisions had been reached and who had been involved. For example, for one person, the GP, the person's relatives and the registered manager had made a best interest decision for the person to be cared for in bed.

We heard staff asking people, "Would you like me to help with that" and, "Shall I help you now or come back later" on several occasions during our inspection. A member of staff told us, "We always ask. [Name of person] will often decide they don't want to receive care, so we just go back later and ask again. It's their choice. Sometimes another member of staff will try instead."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had submitted DoLS applications for seventeen people that were waiting to be processed by the local authority. Three people had current authorisations in place. Where conditions had been stated, such as making sure a person had their care plan and medication reviewed each month, these were being met.

Two relatives spoke specifically about what they felt was a restriction, in that they were not given the front door code to let themselves in or out of the home. We spoke with the registered manager who explained this had been implemented after discussion with the owner, for security reasons. The owner had also written to relatives, to explain the rationale for this decision.

We received mixed comments about the food served in the home. People's comments included, "Food's fine," "Meals are ok," "Foods not too bad. The chef puts too much into it. I like plain food, sometimes it's a bit too fancy," and, "It's not like home cooking." We observed the meal service, to people in the dining room and in their rooms. The tables in the dining room were laid in advance and menus were displayed on each table.

People were offered a choice of drinks to have with their meal. They were offered and assisted with clothes protectors if needed. The registered manager and staff sat with people who used the service and had their meals too. One person said they didn't want the fish they had chosen and had been served. The meal was promptly changed to the roast turkey meal, which they enjoyed. Where people needed support, this was provided. Mealtime was not rushed, it was calm, sociable and dignified. When everyone had finished their meals, a hot drinks trolley was brought into the dining room and everyone was offered a choice of hot drink.

When we spoke with catering staff they could tell us about people's individual needs and preferences, likes and dislikes. These were all recorded in a book and relevant details noted on a whiteboard in the kitchen. They told us they were kept up to date with any changes that may affect people's dietary requirements. This included making milkshakes for people who were experiencing weight loss. They spoke with people each day to obtain feedback, and attended 'resident and relative meetings' so they could adapt meals and make changes if needed. An additional 'roast dinner' had recently been added to the menu each week, in response to feedback received. We read the notes from a meeting held on 25 October 2018 with people who used the service and relatives. It was noted that 'everyone said they are happy with the menu.'

Care plans contained nutritional assessments and people's weights were monitored. When people had lost weight, support and advice was sought and people were referred to the GP.

People's healthcare needs were being met. For example, for people who had swallowing difficulties, they were assessed by the speech and language therapists (SALT) team. Staff followed written guidance and recommendations made by the team. This included support with textured diets and thickened fluids.

People were supported to access ongoing health care. This included appointments with the optician, dentist, and chiropodist and regular visits from the GP, the NHS rapid response and treatment for care

homes team, dementia well-being team, community psychiatric nurses, memory nurses and district nursing team. The health professionals we spoke with were highly complementary about how well the management and staff team at Broadmead supported people to live healthier lives and receive on going healthcare support. As one health professional commented about a person who had recently moved into the care home, "I can't believe the difference. They have settled and are doing so well. The team here are so good and we are always made to feel so welcome."

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. They told us they had good relationships with staff and were well looked after. Comments included, "The staff that look after me are excellent. They are always kind and courteous to you. There's no rudeness or unkindness ever given by them," and, "Staff are so kind and polite, they are very good. They are all so friendly, they have become friends really."

Throughout our inspection, we observed people being treated in kind, thoughtful and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed. We saw little touches of affection, such as a member of staff gently touching the shoulder of one person who had a hospital appointment. The member of staff spoke gently to the person and said, "Hope everything goes well for you. You'll be fine."

As a member of staff left the room of one person they asked the person to call if they needed anything and reassured the person they would come back with the bourbon biscuits they liked. The person responded, "Yes can you bring them at 10 o'clock please?" We later saw the person had been given the biscuits they asked for.

We saw another person being sensitively supported with their morning coffee and biscuits. The person was supported to sit up, with staff using the bed controls. They stopped when the person said they were upright enough. The member of staff interacted meaningfully with the person who liked their biscuit dipped into their drink. The member of staff took the time to make the experience as pleasurable for the person, who clearly enjoyed the support they were given and the chat they had with the member of staff whilst they were being supported.

Staff provided care that was thoughtful, and they anticipated people's needs. One person in the lounge was joining in a group activity. A member of staff noticed they didn't look warm and touched the person's hands. They felt cool to the touch so the member of staff offered a blanket, which the person clearly appreciated.

People's equality and diversity was recognised and respected. Throughout our inspection, we heard staff referring to people by their preferred names, using appropriate volume and tone of voice. Staff communicated in ways that were meaningful to people and information in their care plans provided guidance for staff about how they communicated. For example, one person's care plan reminded staff, 'I need staff to verbally prompt me.'

Staff clearly knew people well and could describe people's personal histories, interests and preferences. These were also recorded in the care plans and included preferences for gender of staff to provide personal care. One person told us that male carers always asked, 'Do you mind me today?'

Care staff told us how they made sure people's dignity and privacy was promoted and maintained. They made sure people were fully covered and that others didn't enter rooms when they were supporting people with personal care. Staff also explained how they encouraged people to do as much for themselves as

possible. As one person told us, "They encourage me to do as much as I can for myself. I think that's important. Now I need help with showering as my balance isn't that good."

People told us they were asked and felt involved in decisions about their care. People told us they chose when they wanted to get up, go to bed, where and how they wanted to spend the day. During the day of our inspection, we saw visitors to the home were made welcome.

We read recent compliment cards and letters received in the home. They included the following, 'Broadmead rallied round our family and the care and attention received from everyone during a very distressing time was second to none,' and, 'Dad keeps telling me how friendly everyone is and how well he was looked after during his stay, nothing was too much trouble and everyone had time to chat.'

Good

Is the service responsive?

Our findings

People and relatives told us that care was responsive to their individual needs. One person commented their care was, "Just what I need." Another person told us how their needs had changed after they spent time in hospital. They told us, "I had to go to hospital. When I came back here, the staff looked after me so well. They helped me shower and brought up my food. They waited on me for a fortnight until I was better."

Before new people moved into the home they were assessed by the registered manager to make sure their care needs were known. Care plans were electronic, and designed to reflect individual needs, choices and preferences. Care was well planned and records were checked and reviewed every month. Relatives, where appropriate, were asked and involved in formal reviews of care plans. They told us they were kept up to date and consulted when there were changes.

Care plans provided specific details of how people's needs were being met. For example, where people needed support with personal care, their preferred frequency for bathing or showering was recorded, and included the toiletries they liked to use. For one person, the records noted specific detail of how they liked their hair styled and for another person how they liked to be supported with 'things that are meaningful and important to me.'

People's health care needs were personalised, recorded in detail and up to date. For example, for a person who had frequent chest infections, their care plan provided details of the signs and symptoms for staff to look for, along with details of actions to take to support the person at such times. Staff used phone 'apps' to record the care they had given. We saw that entries in the care records were timely and detailed.

One section of people's care plans recorded, 'Things that are meaningful and important to me.' The details varied from people wanting to be kept informed of football scores to buying clothes and dressing well. Staff told us how they made sure they took account of what people found important and incorporated this into their care. In addition, a 'Resident of the Week' had recently been introduced. This was a 'special day' for the person, where they were visited by each head of department and given the opportunity to discuss any special requests.

A visiting health professional spoke positively about Broadmead. They told us they had received feedback from a person who had recently moved into the care home. The person had said they were being well looked after, their room was very nice, the food was tasty, the staff were really good and they felt well supported. The health professional told us the care home had improved significantly over the years and staff were always very responsive to people's needs.

One relative told us their loved one's behaviour could be, "Unpredictable at times," They told us how the person had been supported when they needed to go to hospital. They told us the person's care plan provided details of what staff needed to consider in such circumstances. The relative told us they were pleased because the staff and ambulance crew were responsive to their loved one's needs. They provided the support needed and were, "Good, and put their arm around her and spoke to her as a friend." They also

told us how the staff team always tried to look for solutions when faced with what may be considered as challenges to others. They told us how the management team and staff had worked to overcome situations such as the person eating too quickly which made them feel unwell, taking other people's belongings and frequently declining showers. They described how the staff had worked as a team to try different approaches until they successfully found what worked well for the person.

People and their relatives were supported and involved in decisions about end of life care. We read a letter written by a relative whose loved one's wish to die at home had not been possible. They noted their family had virtually moved into Broadmead and 'not once in the three weeks during our invasion did we hear or witness one unpleasant moment.' They also noted that, 'Broadmead became part of her family, and she, as we, appreciated all that your outstanding team did. My sister, husband and I were with X when she died. These things cannot be planned but we regret no time spent at Broadmead.'

Senior staff discussed end of life plans and recorded what people wanted to happen if they became very ill. Relatives were involved in discussions where appropriate and when DNACPR's had been agreed. This is a way of recording a decision not to resuscitate a person in the event of a sudden cardiac collapse. The NHS care home support team had worked with the management team and completed audits of DNACPR's. They had identified a need to provide relatives with additional information to enhance their understanding of DNACPR. The registered manager was making arrangements with relatives at the time of our inspection.

Everyone we spoke with spoke highly of the activity staff and the wide range of activities and entertainment provided in the home. One person told us, "I enjoy the activities in the lounge. [Name of activity organiser] is marvellous. She encourages everybody to take part. I can't read now so I have audio books from the blind society, which I like listening to on my boombox in my room."

The weekly group programme included activities including bingo, arts and crafts, choir practice, external entertainers, exercises and a 'gentlemen's club.' Activity themes were recorded to make sure they covered a wide range of needs. Activities were grouped under 'headings' of spiritual, physical, mind challenging, for the soul, artistic/crafts, clubs, special activities and community involvement. A relative of a person who stayed in the home for a short period of time, wrote after the person went back home, 'Dad enjoyed the activities and the company and has his photo of 'Gents club' proudly displayed in his lounge.

The activities coordinator told us they arranged for monthly displays to reflect national or world events. For example, during our inspection, there were halloween,autumn and remembrance displays in the lounge and communal areas of the home. Community groups, such as Brownies, helped the people who used the service to help make the displays. They told us some of the Brownies had 'paired up' with people who used the service and had become 'pen pals.' One person was delighted to have received 'a lovely letter from a little girl'. Others spoke about the firework display held in the garden that the local community were invited to. A person commented, "It was wonderful to see the children's faces with the fireworks going off."

A remembrance event was planned for the weekend after our inspection with a service was being held in the home. People had knitted poppies for the display and one person commented, "She [activity coordinator] keeps us going. Whatever we make, she puts it up on the window." On the day, candles were going to be lit and butterflies that had been made were being placed on the fence outside the home in memory of loved ones. A bugle player was booked to signal the Last Post.

A wide range of activities and events were planned for December. They included a Christmas raffle and fair, bell ringing, salvation army and brownies visit, residents' panto, Christmas jumper day, pyjama day with Christmas film afternoon, Grotto and Santa's visit (to include presents for visiting children), singing

entertainer, lunch at the local pub, cello player and Christmas party with a buffet and a jazz singer.

The activities coordinator took opportunities to develop new relationships within the local community. They told us they had read on social media about a 'mums and babies' group that were looking for somewhere they could meet up. Broadmead offered one of their communal areas. This had been successfully introduced, with the group recently increasing their visits from one to two each month. Part of the group visit includes a social session with the people using the service. One person told us, "It's lovely to see the babies and the children. I look forward to it."

Broadmead had incorporated an initiative aimed at reducing falls in care homes called, 'Pimp my Zimmer' into their activities programme. The initiative was introduced because people living with dementia often experience difficulties recognising their walking frames. In conjunction with local school children, frames were decorated to make them more recognisable to each person and to act as a reminder for people to use them.

In addition to specific engagement on a one to one basis, 'group' activities were personalised and provided for people in their rooms. This included visits from the PAT dog and other animals and birds brought into the home. A toy dog called Dexter was taken on holiday by staff who took photographs that were used as holiday destination talking points on their return.

During our inspection, we saw people enjoying singing and dancing. Everyone was clearly enjoying the activity and company of the staff who were joining in. There was lots of laughter and friendly banter throughout. One person who had their nails painted that morning showed us and said, "I love having my nails done and [activity coordinator] is so patient and gentle. She's wonderful."

A complaints procedure was in place that was readily available to people and relatives. It was on display in the reception area. The registered manager kept record of complaints and all were managed in line with the provider's policy.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively and told us the home was well managed. Feedback included, "Management regularly come around. [Name of registered manager] will knock on my door, come into my room and have a natter," and, "I know the manager, we get on quite well together. I think she's sincere in what she does. I'm always treated courteously and kindly."

An annual programme of audits and checks was completed that included, health and safety, care planning, night spot checks, staff files, medicines and falls. Details of the checks were recorded and action plans were completed when areas for improvement or shortfalls were found. For example, improvements had been made to the management of people's falls.

People using the service, relatives and external health professionals told us they could share their views and provide feedback. The last 'resident satisfaction' survey had been completed in 2017, and actions had been taken in response to feedback provided. This included requests for a garden area. This had been created when the extension was completed.

People using the service and relatives told us they could provide feedback and speak with senior staff or the management team at any time. There was also a suggestions box in the reception area. Meetings were held on a regular basis. We read the minutes of a recent meeting where the activities programme was the main topic for discussion.

We read feedback provided by an external health professional about the environment and facilities. They had agreed that Broadmead 'definitely came up as the best. We thought it was the way the home is set out, the ceilings not being too high, the corridors being about the right length and width and the homely feel that you get coming in and walking around.'

Staff spoke positively about the support from the registered manager and the management team and spoke proudly about the improvements made since our last inspection. Their feedback included, "It is so well-managed here. The managers are so approachable and so passionate about making people feel like this is their home." "Here the manager is so much about what we can do to make things better for the residents," and, "Management are really good and supportive. If we're struggling they help out on the floor."

Throughout the inspection, it was clear there was good teamwork amongst staff. Staff were warm and welcoming, and they told us how much they enjoyed working at Broadmead. They also told us they felt valued and appreciated. A member of staff told us how much the staff team had appreciated the owner and their family who all came to the home for the opening ceremony for the new extension of the home. The owner also took the opportunity to provide feedback and to thank staff for their hard work, and attended management meetings in the home.

The registered manager told us how they kept up to date with current practice. They told us they worked closely with the NHS and Local Authority teams who supported the home. They attended locally arranged

training, for example, a recent 'safeguarding adult board bite size workshop for safer recruitment. They attended local provider forums and national exhibitions.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.