Broadoak Group of Care Homes

Patrick House

Inspection report

2 Patrick Road
West Bridgford
Nottinghamshire
NG2 7JY
Tel: 0115 981 8733
Website:

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. Our inspection was unannounced which meant the provider and staff did not know we were coming.

Patrick House is a residential home for up to six adults with autistic spectrum disorders and some learning disabilities. There were six adults living at the home at the time of our inspection. There was a registered manager in post who was present during our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who lived in the home told us they felt safe and we saw there were systems and processes in place to

Summary of findings

protect people from the risk of harm. There had not always been the planned number of staff on duty, but there were always enough at the times people needed support.

Staff received a wide range of appropriate training and were knowledgeable about the needs of people living in the home. They provided effective care and support that met people's individual needs.

During our visit we found a caring atmosphere and people told us that staff were kind to them. People were able to pursue a wide range of interests and hobbies with appropriate support from staff.

Management systems were well established to monitor the quality of the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We found staff were knowledgeable about how to apply both of these and no current applications for DoLS were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. The people who used the service felt safe.

Staff understood the requirements of the Mental Capacity Act 2005 and at times, acted in people's best interests to ensure their needs were met safely. No one was deprived of their liberty.

Good

Is the service effective?
The service was effective in meeting people's individual needs. People benefitted from staff being knowledgeable about the needs of people they supported and staff used the training they were given.

There was accessible information for people about healthy eating and other health topics. Each person who lived at the home was fully involved in maintaining their own health and discussed any action needed with their key worker.

Good

Is the service caring?
The service was caring. People told us that staff were kind to them and interested in them.

People felt respected by the staff.

Good

Is the service responsive?
The service was responsive.

People were involved in writing their care plans with their key workers. Each person chose the activities they wanted to pursue and had support from staff when needed.

People told us staff listened to them and they knew how to make a complaint if necessary.

Good

Is the service well-led?
The service was well-led.

There was a clear management structure and the registered manager was supported by three senior support workers.

All parts of the service were monitored and there was a system to gain people's views on the quality of the service.

Good

Patrick House

Detailed findings

Background to this inspection

The inspection was carried out by one inspector. Before the visit we reviewed all the information we held about the service. This information helped us to decide which areas to focus on during our inspection. We looked at information we had received about incidents, but our request for specific information from the provider about the on going quality of the service was not received.

We spoke with three of the people who lived at the service about their experiences and their views about living in the home. They were each able to give a us their views and we did not need to carry out any further observations.

We spoke with the registered manager and two care staff. We discussed how support was provided to people, as well as their views on the quality of that care.

We reviewed three people's care records. We looked at records of complaints, accidents, staffing and other records related to the running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The people we spoke with that lived at the service told us they felt safe knowing the staff were there to protect them. Two people told us they had discussed with their key workers how to keep safe when out in the community. One person told us they could speak to staff about any concerns or to ask for assistance, "But it depends how many are here. If there's only one they might be busy so I have to wait."

The registered manager and both care staff that we spoke with were well aware of procedures to follow when safeguarding adults. They had each contacted the local authority safeguarding teams to report safeguarding concerns in the past. There were written policies available in the manager's office. These included the local authority's safeguarding procedure and the provider's policy and procedure.

The training plan showed that, in addition to training in safeguarding adults, training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was given to all staff. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to do so. The registered manager confirmed that there had been no need to apply for DoLS with respect to anyone living at the home and we did not see any instances of anyone being deprived of their liberty. Some people told us they were not restricted and went out whenever they wanted. Others said they waited for staff to accompany them and they agreed with these arrangements.

From speaking with staff and from the care plan files we looked at, it was clear that staff understood the requirements of the MCA. They gave examples of how they worked with people to help them make decisions. We saw examples in care plans where people's mental capacity had been assessed to make specific decisions about their care and support. These were mainly about managing finances and medicines. Staff were acting in people's best interests to ensure their needs were met safely.

People who lived in the home told us they discussed risks with staff, including keeping safe when they were out alone and arrangements they had for telling staff where they were. This meant they were encouraged to take risks, but these were managed to keep them as safe as possible. They said there were regular fire alarm tests and evacuation practices. All the people living in the home were fully mobile and able to respond immediately to a fire alarm without assistance.

When we looked at the care plans we saw a range of risks had been assessed and actions were clearly written so that staff knew what was to be done to manage risks to people's health and welfare as far as possible. For example, written arrangements were in place for people to contact staff if they had concerns when they were out alone. There were also assessments about people using the kitchen. Staff told us their induction training covered protecting themselves and others safely should the need arise. They said that they always felt people were safe in the home.

When we first arrived at the home the registered manager was the only member of staff on duty. He told us no other staff were on duty at that time as they were short staffed. This meant he had administered medicines, answered telephone calls and had spoken to a health professional who arrived to carry out an assessment. He had been the only staff member available to speak with people who lived at the service and needed support.

The registered manager told us they had determined the need for two staff to be available from 7.30am to 10.30pm and one staff awake during the night. They told us there were insufficient staff employed to cover all the hours of staff absence. We checked the staffing rota for the previous two weeks. Our analysis showed that 35 day time hours had not been covered by a second member of staff in the last 14 days and this included one member of staff working alone on two whole days. The registered manager told us that at weekends there had been fewer people at the service during the day as most were out in the community or staying with family members, so, if a member of staff was not available, they did not always need to arrange cover.

Good

Is the service safe?

Two staff, who were on duty later in the day of our visit, agreed there had been days when there was only one member of staff in the early morning. However, they said that, if people had appointments or there were other occasions when they needed individual support, staff were made available. They also told us that when there was only one on Saturday or Sunday, there was always another member of staff on call, who could be at the home within about ten minutes if needed in an emergency. This arrangement was not written down and there was no current on call staffing rota, but staff were aware of who was on call and how to contact them.

The registered manager told us that they would make improvements and ensure all shifts would be covered in future. On the day following this inspection visit, the registered manager informed us in writing that recruitment was starting immediately for a further member of staff so that any staff absence would be covered more easily.

We looked at some staff files and found that all checks had been carried out prior to staff starting work at the service. This showed that the service followed robust recruitment practices to keep people safe.

Good

Is the service effective?

Our findings

People told us that the staff knew how to help and support them. One said, “I like living here. All the staff know me and know how to help me so that I might one day live on my own.” We spoke with support staff and they demonstrated they were knowledgeable about specific needs of the people in their care. We saw a training matrix plan that showed which training staff had completed and when refresher training was needed. All staff had received the necessary basic training in care. In addition, all staff had completed part one of Non-abusive Psychological and Physical Intervention (NAPPI) training when they first started work at the service. Staff told us this level was sufficient to help them support the people in their care. They said they used their training when some people occasionally needed some verbal redirection to prevent arguments escalating. They also used training in infection control and followed guidance to keep everywhere clean and free from infection. They were each trained in administering medicines and one person told us of refresher training for this to ensure they were following up to date guidance in administering medicines safely.

Most staff had previously completed first aid training and there was always a staff member present in the home that could offer first aid to people if needed. Staff were also encouraged and supported to gain vocational qualifications in care.

Staff told us they discussed their training needs in regular one to one meetings with a line manager at least every three months. This included an annual appraisal of their performance. One of the staff told us, “We are well supported. Some of the training dates have had to be changed, but the training we’ve had has been very good and the staff all support each other.”

People told us they always had enough to eat and chose what to eat themselves. We saw information available to them about healthy eating. One person said, “Staff talk with me about what I can have to eat to stay healthy.” Some people prepared their meals independently and others had support from staff.

We saw how staff promoted healthy eating and maintaining a healthy lifestyle through the use of an information file, which was available in an easy to read format and kept in the communal lounge. There was information about healthy eating, other health topics and keeping safe in the community. People told us they often looked through it and found it very useful. There was no one with complex needs associated with eating and drinking.

Staff also supported people individually to monitor their health. Each person who lived at the home had an individual health action plan and discussed it regularly with their key worker. This type of plan is a way of supporting people to achieve and maintain good health. It means each person is fully involved and their plan focuses on what is important to them as well as the support they need. One person told us, “I have one to one time with my key worker and we go through the health action plan together. They make sure I keep appointments.” Another person told us about regular discussions they had with a key worker about managing their behaviour. We saw clear records of health appointments and the involvement of various health and social care professionals.

Good

Is the service caring?

Our findings

People told us they felt the staff cared about them. One person described the service as providing, “a good caring home life.” People told us staff spent a lot of time with them individually and were all interested in where they had been during each day. One person said, “Staff are kind to me and they listen to me.” We observed staff listening and responding to people with respect at all times throughout our visit.

We saw in the care plan files that individual preferences were written down and there were personal histories. One person told us, “I spend a lot of time with my key worker. We plan what I am going to do and what they need to help me with. Staff we spoke with were fully aware of all the information in the files, but each had responsibility for keeping at least one up to date. Staff told us they had spoken regularly with family members with people’s agreement, and kept them updated with the activities people were doing.

It was clear from the files who had access to the information and each of the staff had signed their name at the beginning of the files to show they had read the assessment information and support plans. This showed that people could be assured that information about them was treated in confidence and given only to those that needed to have it in order to meet people’s needs.

There was training for all staff about dignity and respect. All the people we spoke with told us they thought staff respected them. One gave an example and said, “Staff always knock on my door and ask if they can come in.” We heard this happening during our visit. Staff told us people could have private time in their own rooms or spend time in the lounge or kitchen whenever they wanted.

Good

Is the service responsive?

Our findings

People told us of the individual support they received from staff. For some, this was discussion about where they were going independently and how to keep safe. For others, there were times when staff went out into the community with them to various activities or to visit family members. One person was accompanied to perform some voluntary work.

People told us they were well aware of what was in their care plans and that they regularly discussed the support they needed with their key workers. Each person had a named key worker who was one of the care staff and had the responsibility for making sure the care plan was up to date and a true reflection of what care and support a person needed and wanted. People told us they felt supported by this system, because they had a key person they could discuss everything with. One person said, "My key worker makes sure I understand everything and that makes me feel happy."

We saw from the plans that they had been reviewed at least monthly. We saw that where a change had been identified, a staff member had rewritten that section of the care plan. People had signed parts of the plans and there were reports of discussions with them that showed they were at the centre of the care and support planned with them.

From discussions with staff we found they read all the care plans. There was a system in place for staff that had updated a plan to let other staff know so that they would look at the changes made. There was also a sheet in each care plan file for staff to sign when they had read the information.

People told us that they knew how to make a complaint if they were not happy with something. One said, "I will tell staff or the boss man, but I am happy here." Another person told us, "I can talk to any of the staff if I have any concerns. They all listen and help me with things, but I don't need to complain about anything here." They were also asked in regular house meetings if they had any complaints or concerns about anything.

We looked at records of complaints and action had been taken to respond to external complainants. The registered manager had recorded the information clearly. There were no complaints from people at the service or their family members. The registered manager said that if there were any concerns raised by people about their care they would record discussions and write them out as complaints if needed, but they had not received any concerns.

Good

Is the service well-led?

Our findings

People who lived in the home told us the home was well organised. One person said, “The staff always know what they need to do and they help me to arrange things, like when I have appointments.” Another person said, “I like the manager and I’m very satisfied with the house.”

There were house meetings held which all six people that lived there attended. Some of them told us that they discussed the running of the house, food and holidays.

There was a registered manager in post, who was supported by three senior support workers. People who lived there knew each of them by name and also knew the names of other staff that worked for the provider. They said they were involved in developments and changes at the house.

We spoke with two of the senior support workers, who were both keen to provide a positive experience for the people who lived there. They each told us they enjoyed working at the home and demonstrated that they understood their roles and responsibilities. They had full access to all policies and procedures about how the service should be provided.

We saw minutes of staff meetings that most staff had attended every three months. Staff told us these meetings were very useful to ensure all staff were up to date with any changes and any new approaches that were being used to help individual people.

The staff told us that, as there was a small staff group, it was easy to approach the registered manager at most times to discuss any concerns or changes needed.

When we looked at the accident records we noted these were managed within the original recording book. This meant they had not been separated and stored fully in line with data protection legislation. However, they were held in a locked cabinet accessible only by staff. The registered manager informed us in writing the following day that a new accident recording book had been ordered so that each entry could be removed and separated from others. The manager had reviewed all accidents and incidents and there were records of appropriate action that was taken in response and to prevent them happening again.

There was a general manager that visited on behalf of the provider most weeks and completed a report of an audit every three months. We saw the report for April 2014 and noted that all areas of the service had been checked. Staff told us the provider ensured all maintenance was carried out as soon as they reported to the provider’s office. This ensured the quality of the service and premises was maintained for people living there.

There had been a recent quality survey to gain views of family members as well as people who lived in the home. The registered manager was still collecting comments to produce a report. We saw some anonymous responses and they were all positive about the service. One person had written, “They provide a safe environment and respect each person’s needs.” Another had said, “They always keep us informed.”