

Broadoak Group of Care Homes

# William Court and Nunn Court

## Inspection report

9 Glebe Road  
West Bridgford  
Nottingham  
Nottinghamshire  
NG2 6DS

Tel: 01159819181

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

William Court and Nunn Court is a care home that provides personal care for up to twelve people with learning disabilities and or autism. The accommodation consisted of one or two-bedroom apartments, with a bathroom, kitchenette, lounge and dining area. At the time of our inspection ten people were living at the service.

People's experience of using this service:

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. Independence was promoted but opportunities for social inclusion was limited due to staffing levels provided.

Staff had not always received training to support their roles. The management team told us they were aware staff had not all received the required training identified as needed, but there was no robust action plan to address this. The management team were aware of shortfalls with staffing levels and were recruiting new staff. However, they had not ensured staffing levels consistently met people's dependency needs.

Incident forms and other recording tools used to report behavioural incidents, were not effectively reviewed, monitored or analysed to understand people's behaviour or to consider lessons learnt. Guidance for staff to support people at times of heightened anxiety, did not always include specific details of what staff needed to know.

Not all people could access the rear garden easily, due to there not being a ramp to support people's mobility needs. An apartment where two people lived was the central place people and staff congregated and where the evening meal was cooked for everyone. It was not clear how the people living in this apartment, had been consulted about how their apartment was used for others.

People enjoyed the food and their nutritional needs were met. However, food stocks were low due to shopping happening once a week. The management team agreed to increase this to ensure food provisions were better maintained.

People told us they enjoyed living at the service and their only concerns were the lack of staff that impacted on them to access the community and activities of their choice. People told us staff were kind and caring and how they had developed positive relationships with them. Relatives were positive that staff understood their relations needs and were confident staff provided safe care. A professional told us how a person had been effectively supported to achieve some positive outcomes that had improved their health and wellbeing.

Information available for people was provided in easy read formats to support understanding. People could access spiritual support to meet their religious beliefs. Staff were knowledgeable about people's needs,

routines and what was important to them. The registered manager, with the involvement of people and or their relatives, had reviewed and updated guidance for staff about people's needs. The registered manager was in the process of introducing formal review processes to ensure people were involved in their ongoing care.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff were aware of their responsibility to protect people from known risks and avoidable harm. Safeguarding information was available for people who used the service and staff.

Medicine was managed safely. The risk to any infection was reduced by the maintenance of cleaning and hygiene standards.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with any health conditions and accessed health services to maintain their health needs.

The service met the characteristics of requires improvement in most areas we inspected with good for Caring. We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around staffing. Details of action we have asked the provider to take can be found at the end of this report. More information is in the detailed findings below.

Rating at last inspection:

This was the provider's first inspection since registration.

Why we inspected:

This was a planned inspection based on when the service was registered.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# William Court and Nunn Court

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

Our inspection was completed by one adult social care inspector, one assistant 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.

Service and service type:

William Court and Nunn Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, staffing levels had impacted on best practice being fully achieved.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This comprehensive inspection was unannounced.

What we did:

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we spoke with four people who used the service. After the inspection site visit, we contacted relatives of people who used the service for their views and received feedback from three relatives.

We spoke with the registered manager, the regional manager, a team leader and three support workers. We looked at the care records of three people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records. After the inspection the registered manager sent us further information within the time scale allowed in relation to, the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People were not consistently cared for by sufficient numbers of staff. The registered manager told us how they had identified what staffing levels were required for people's dependency needs. This was six care staff during the day, reducing to three at night. The staffing rota for three weeks in February 2019 showed, only three days where there was a full complement of staff. A staff member said, "We are short staffed and the manager is aware, the regional manager is here nearly every day and will come on shift and the manager will also help us out." Another staff member said, "We always have enough staff to keep people safe, but we need to get people out and to do that we need more staff."
- The registered manager confirmed they had covered staff shortfalls and how they were in the process of recruiting staff. The registered manager said, "We try and make sure people have the opportunity to access the community regularly, but staffing levels has made this difficult at times, we are hopeful with the recruitment of new staff this will improve things." The management team told us they did not use agency staff to cover staff shortfalls. They said this was because people required the continuity of staff that knew them well, and the layout of the individual apartments meant oversight of agency staff was difficult to manage.
- People told us support to access the community depended on staffing levels. A person said, "It would be nice to go out more often, but it depends if there is enough staff." Whilst staffing levels had not impacted on people's safety, it had limited people's opportunities to access the community. The registered manager told us staffing had been a constant concern during 2018 with difficulties with retaining staff. Following our inspection, the registered manager forwarded us a staff rota for February and March 2019. These continued to show staffing levels did not match the staffing levels the registered manager had identified as required. We therefore were not sufficiently assured staffing levels were sufficient to maintain people's safety.
- Staff skill mix and recruitment processes were insufficiently robust, to provide consistent safe care. A staff member who had been employed for two weeks had not had a full disclosure and barring check (criminal record check) returned to confirm they were safe to work with people. In addition, this member of staff had no previous experience of working in care and had not completed any training. Whilst this staff member was waiting for their full check to return, they had been shadowing experienced staff. However, they were due to work a night shift two days following our inspection. We were concerned about this and discussed it with the management team and they agreed to change the staff rota to ensure people's safety. Whilst this change was made, we were concerned this was at our request, and the management team had not identified this concern.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

### Assessing risk, safety monitoring and management

- Risk assessments had been completed, however for some assessments they lacked the detail to ensure the appropriate safety measures were in place. For example, one person experienced periods of heightened anxiety, that affected their behaviour and safety. Staff were required to use physical intervention to reduce the person injuring themselves, but this was not detailed. We were also concerned guidance did not include information about staff seeking medical attention if the person had injured themselves. Staff were aware of this information, however, we discussed this with the registered manager, they agreed to review this risk assessment as a priority.
- Safety checks were completed on the environment, this included fire checks. The provider had a business continuity plan, should the service experience any untoward event to ensure people's safety. Staff had information about how to safely evacuate a person if a situation arose that required people to leave the building for safety.

### Learning lessons when things go wrong

- Incident forms were used to record accidents and incidents people had experienced. In addition, low level behavioural incidents were recorded separately. We identified these forms were not consistently reviewed by the registered manager, to ensure correct action had been taken to safeguard the person and others. Nor were there any post incident meetings with staff to consider what had occurred and if lessons could be learnt to reduce reoccurrence.
- The registered manager had not reviewed incidents to consider themes and patterns. The forms used to record low level incidents had also not been reviewed to monitor and understand behaviours that had occurred. This meant the systems in place to monitor people's behaviours were not effectively used.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. A staff member said, "Safeguarding is about protecting people from abuse and neglect, if I didn't think people were being treated correctly, I would tell the manager, I have not had any concerns whilst I have been here." The provider had a safeguarding policy and procedure to support staff.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. Safeguarding information was displayed for people in an easy read format to support their communication needs. Safeguarding was also discussed during house meetings with people as an additional method to support people's understanding.
- People told us they felt safe living at the service. People told us they felt safe living at the service and relatives raised no concerns about safety.

### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage administration and disposal of medicines.
- Staff had information about people's preferences of how they took their medicines and if they had any allergies. Staff responsible for the administration of medicines had completed training and their competency assessed. An external medicine audit was completed in 2018 and recommendations made had been completed. There were internal checks in the management of medicines and these were up to date.
- People told us they received their prescribed medicines safely and at regular times. A person said, "Staff look after my tablets, they keep them in the office. My medicine helps me to sleep and I take them with water. Staff aren't late with them."

### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination because staff followed best



practice guidance. Staff supported people to keep their environments clean. During our inspection we saw two people who shared an apartment completing domestic tasks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not supported by staff who had ongoing training. The staff training plan showed fourteen care staff were employed. The training plan identified many gaps in all areas of training which were required. For example, ten staff had not completed training in moving and handling, food hygiene and health and safety. The registered manager confirmed staff training was an area that required improvement. A lack of staff training meant there was an increased risk that people's needs were not understood and effectively supported.
- Staff were given opportunities to review their individual work and development needs. This included observations of staff's competency. A staff member said, "One of the seniors does my supervision normally every six to eight weeks, they will also discuss observations they have done on my work during that time."
- Staff's induction included new staff shadowing experienced staff. At the time of our inspection staff with no previous experience in working in care, were not offered the opportunity to complete the care certificate. The care certificate is a set of standards that health and social care workers are expected to adhere to. The provider's representative told us plans were in place to introduce the care certificate.

Supporting people to eat and drink enough to maintain a balanced diet

- Food stocks were found to be low. The registered manager told us food shopping was completed once a week by staff and people were encouraged to be involved. We were concerned the frequency was not sufficient to ensure the required amount of food would be available as required. The management team agreed to increase the frequency of shopping to ensure food stocks were better maintained.
- People told us how they were involved in menu choices and were happy with the options provided. A person said, "There is enough food we do food shopping at the local supermarket." Another person told us they were happy with the menu choices and how they had snacks and drinks, we saw fruit was available.
- People's dietary needs, including any preferences had been assessed and planned for, information considered if people had any religious and cultural dietary needs. People's food intake and weights were monitored. This enabled staff to identify any concerns and act if required, such as contacting the GP. Staff were found to be knowledgeable of people's dietary needs.

Adapting service, design, decoration to meet people's needs

- Access at the rear of the property was not accessible to people who used a wheelchair because there was no ramp. There was disabled access to the front of the building and a large secure car park. Some people who used the service smoked and whilst outside seating had been provided, there was no smoking shelter to protect them from the weather.
- Assistive technology was used for a person to enable them to have some privacy and be safe. However,

the intercom sounded in an apartment occupied by two people. Staff told us this was because staff were always present in this apartment due to the level of needs these people required. We were concerned of the impact this had on people, the provider's representative told us how alternative methods had been used such as a walkie talkie without success. However, they agreed to explore further different options.

- The service had no communal areas for people and we noted how staff including people, frequented one apartment where two people lived. We did not see visitors to this apartment seek permission before entering. In addition, the evening meal was cooked in this apartment and then taken to people in other apartments. We were concerned how these arrangements had been discussed and agreed with people. The provider's representative was unable to assure us people had been consulted. However, they agreed to review current arrangements, to ensure people were fully involved and in agreement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had policies and procedures that were up to date and reflected current legislation, this supported staff to provide effective care. The provider used best practice guidance effectively. For example, the provider used recognised assessment tools used in the assessment and management of behaviours that could be challenging. Health action plans were used to record people's health needs, these were found to be detailed and up to date.
- Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with external professionals to ensure people's needs were met and understood. For example, staff completed a document known as 'traffic light assessments for people with a learning disability'. This provided information about the person's care needs to be used in the event of an emergency admission to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions and support needs had been assessed, staff had guidance of how to monitor people's health and the action required should a person become unwell. Staff worked with external healthcare professionals and followed any recommendations made in the ongoing care of a person's health needs. Staff were found to be knowledgeable about people's health needs.
- People told us how staff supported them to attend health appointments and relatives were positive about any health needs were responded to by staff.

Ensuring consent to care and treatment in line with law and guidance

- 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people had been deprived of their freedom and liberty the registered manager had notified us of this. At the time of our inspection one person had a condition as part of their authorisation which was being met as required.

- People's mental capacity to consent to specific decisions had been assessed and best interest decisions made where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were positive about how staff provided care and support. A person said, "Staff are kind to us, everyone is kind. They listen to me and I listen to them. They are kind and caring because they take us out on activities." Relatives were equally positive about the approach of staff. A relative said, "The staff are brilliant, really good, friendly and approachable and if they don't know the answer to something they find it out." Another relative said, "There are some really experienced staff, a good mix of staff and they know what they are doing." An external professional told us how they found staff to be caring and competent. Comments included, "I've been really impressed with the positive interactions I've seen."
- Staff gave good examples of how they supported people's diverse needs. This included respecting a person's wish to practice their religious faith, they supported the person to attend their chosen place of worship each week.
- Staff were positive about their work and were found to be knowledgeable about people's needs, routines and what was important to people. A staff member said, "Knowing their likes and dislikes means you can do something that means a lot to them, I take a person just down the road to look at the trees they love that." Another staff member said, "When new people come to live here we always talk to them and their families to get the information for their care plan, this includes encouraging people to stay as independent as possible"
- We saw positive interactions between staff and people who used the service. From people's feedback and responses, smiles and laughter whilst in the company of staff, we concluded people were relaxed and happy with the staff. Staff were seen to give people choices of how they spent their time and involved them in discussions. This promoted mutual respect, people were seen to be treated and valued as equals.

Supporting people to express their views and be involved in making decisions about their care

- People told us about their care plans, this provided staff with guidance about the care and support they required. A person said, "We have a care plan they are in the office so they're safe. We sometimes look at them." Another person said, "I spoke to the manager and they changed things in my care plan."
- People told us they felt involved in decisions about their care. For example, people had a choice of keyworker. This is a named staff member who has additional responsibilities for people. House meetings were also arranged and gave people the opportunity to express their views about the care and support provided. A person said, "You can choose your own key worker. We have service user meetings with the manager. We talk about nice things like going to the seaside in the Summer time on holiday."
- The registered manager told us they were in the process of developing formal review meetings, to support people to be more involved in their care.
- The registered manager told us how people had been supported to achieve positive outcomes. This included how a person had become more socially active with their peers. Another person had successfully lost weight by choice and support from staff, and felt better about themselves.

- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

#### Respecting and promoting people's privacy, dignity and independence

- People were positive how staff treated them, this included how their privacy was respected and their independence promoted. We saw people completing domestic tasks and they told us this was important to them, they were clearly proud of how they maintained their apartment. A person told us how they also completed laundry tasks with the support of staff.
- Staff told us how they respected people and promoted independence. A staff member said, "We always knock before going into a person bedroom." Another staff member said, "I try to encourage people to be involved, like choosing their clothes for the day, or what they want to eat."
- People were supported to maintain contact with family and friends and there were no restrictions on visitors to the service.
- People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered provider had a policy and procedure that complied with the Data Protection Act.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's ability to receive person centred care and to achieve positive outcomes, was impacted by staffing levels not consistently meet. People who used the service, staff and the registered manager told us how staffing levels had limited people's opportunities of social activities and inclusion. A staff member said, "When we have enough staff, we take them out shopping or for lunch."
- Where people had received sufficient support to pursue their interests and hobbies, they were positive about these opportunities. We also saw examples where people had been supported with activities important to them. A person said, "We went swimming and to the sauna in December (2018). We liked it and want to go again, but we don't know when this will be arranged." Another person said, "I go to town to the market." One person had been supported to maintain a relationship with their friend.
- An external professional was positive how staff had supported a person to achieve positive outcomes and how this had improved their health and wellbeing.
- On the day of our inspection one person was supported by staff to go shopping. We saw staff with people in their apartments, supporting them with activities of their choice and some people spent time independently in their apartments.
- People's care plans had recently been reviewed and updated by the registered manager, with the involvement of the person and their relatives where appropriate. Guidance included people's preferences in how they received care and support, their routines and what was important to them. A care plan staff signature sheet was located at the front of the care plan and had been signed by staff to confirm they had read and understood the plan.
- Staff were knowledgeable about people's individual care needs and daily records confirmed staff were following guidance as per people's care plans. This included the support required such as with mobility needs and assistance with eating and drinking.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedure and this was presented in an easy read format to support communication needs.
- People told us they would speak to staff if they had any concerns. A person said, "The manager is ever so good they makes everybody laugh. If I was worried I would talk to the manager."
- Staff were clear about the provider's complaint process. A staff member said, "If the manager wasn't here and someone wanted to complain, I would write down the details and say the manager will be in touch."
- The complaints log showed one complaint had been received and action had been taken to investigate it as per the compliant policy and procedure.

End of life care and support

- At the time of our inspection no person was receiving end of life care. However, end of life care plans showed some discussions had been had with people about their future wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The shortfalls in staffing levels had impacted on people receiving consistent person centred care and support. This had been a long standing issue that the management team had not effectively managed.
- The management team had failed to ensure all staff had received training and this put people at unnecessary risk of receiving unsafe care. This may also have compromised the quality of care people received.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.
- The provider had systems and processes in place to monitor the safety and quality of the service. These were completed at various intervals and covered areas such as medicines, health and safety and care plans. The provider's representative completed three monthly audits with the last one being January 2019. Actions were identified to follow up on any shortfalls. This included the recruitment of new staff. Plans were also in place and being developed for staff to receive training.
- Staff were clear about their roles and responsibilities and were positive about the leadership of the service. A staff member said, "The management team are very approachable, they are happy to talk to you and discuss any concerns." Another staff member said, "The owner's son comes regular to look at maintenance issues they are nice and will look at what needs doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt involved in their care and their only concern was the lack of staff to support them with activities of their choice. Relatives were positive how their relation was involved in decisions and decisions about their care.
- People had a keyworker. A keyworker is a member of staff with specific oversight of a particular persons care. One person told us they got on well with their keyworker and could discuss their needs with them.
- People received opportunities to meet with staff and discuss the service they received, this included making suggestions. People were positive about these meetings and felt listened to.
- The provider invited people, relatives and others to provide feedback about the service by completing an annual feedback questionnaire.
- Staff received regular opportunities to meet as a staff team and felt involved in the development of the service.

Continuous learning and improving care



- The management team showed a commitment in wanting to improve the service. They researched best practice guidance, used CQC and local authority alerts, and information sharing to keep their knowledge up to date to develop the service.
- The staffing difficulties had meant the registered manager had been providing care to cover staff shortfalls. This had impacted on their ability to drive forward service improvements and development. The registered manager was aware of the improvements required and we found they were enthusiastic and had plans to do this.

#### Working in partnership with others

- The staff had made some positive links with external professionals and had worked well together to achieve good outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not sufficient numbers of staff who were suitably qualified, skilled and experienced deployed to meet people's needs.</p> <p>Regulation 18 (1)</p>