

The Broad Group Ltd

# The Broad Group - 85 Bath Road

## Inspection report

85 Bath Road  
Worcester  
Worcestershire  
WR5 3AE

Tel: 01905360439  
Website: [www.thebroadgroup.co.uk](http://www.thebroadgroup.co.uk)

Date of inspection visit:  
29 March 2016  
05 April 2016  
08 April 2016

Date of publication:  
28 April 2016

## 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

The inspection took place on 29 March 2016 and was unannounced. The Broad Group offers accommodation for up to five younger adults with learning disabilities or autistic spectrum disorders and sensory impairment care needs. There were three people living at the home at the time of our inspection. People had their own rooms and the use of a number of comfortable communal areas, including a kitchen and dining area, a lounge, and garden areas.

We had the opportunity to meet with three people who lived at the home on the day of the inspection. People were not able to communicate with us directly, so we contacted their relatives after the inspections to find out what they thought about the care their family members received.

A registered manager was in post at the time of our inspection. 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.

The registered manager and staff team supported care staff to provide compassionate care which took people's preferences and interests into account. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed in ways which promoted their safety as their needs changed. There were enough staff available to support people so their care needs would be met in the ways people wanted. Staff understood what actions to take if they had any concerns for people's safety or well-being. Staff knew how to obtain advice from the registered manager, provider or external organisations if required so people's safety and care needs would be met. People were supported to take their medicines so they would remain well.

Staff had the knowledge and skills required to support people so they would enjoy a good quality of life. Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. People were supported by staff to enjoy a range of food and drinks so they would remain well. Staff arranged access to health services so people would benefit from specialist advice to stay healthy.

People were treated as family members by staff, were given encouragement and reassurance when they wanted this. We saw caring relationships had been built with the staff. Staff supported people so they were able to make choices about what daily care they wanted. People's need for privacy and independence was taken into account by staff.

People benefited from living in a home where staff understood and responded to their individual preferences and care and support needs. Staff recognised when people's needs changed and took action so people would be able to continue to do things they enjoyed in best way for them. Relatives had not needed to make any complaints, but knew how to raise any complaints or concerns they had and were confident staff would take action if this happened.

There was clear and open communication between the registered manager, relatives and staff, and suggestions for improving people's individual care were listened to. Staff understood what was expected of them and were supported through training and discussions with their managers. Checks were undertaken on the quality of the care by the registered manager and actions were taken where developments had been highlighted. The provider had made arrangements to make sure there was a focus on continuous development of the home through planned recruitment of an additional member of staff to overview the quality of their operations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's individual risks were understood by staff and staff took people's risks into account in the way they cared for them. Staff understood how to raise any concerns they had for people's well-being. There was enough staff to meet people's care and safety needs. Checks were in place to ensure people received the correct medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew people's individual preferences and how to look after them. People were encouraged by staff to make their own choices and received care they had agreed to. People were supported to have enough to drink and eat so they remained well. Staff supported people to access to health services so their well-being was maintained.

### Is the service caring?

Good ●

The service was caring.

People enjoyed being with staff who had built caring relationships with people. Staff understood people's preferences for how their care was given. People were supported by staff who provided them with reassurance when they needed it, in the ways people wanted. Staff treated people with respect and people's dignity was promoted by staff.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were recognised and responded to by staff who knew them well. People's relatives were encouraged to develop and review their care plans with staff so they received care which met their individual needs as their needs changed. People were supported to maintain links with their families and to do things they enjoyed doing, so they experienced an

enhanced sense of well-being. Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager encouraged open communication with people, their relatives and other professionals, so people would benefit from living in a home which continually developed. Checks were made on the quality of care by the registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people's experience of care would improve over time.

# The Broad Group - 85 Bath Road

## **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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

During our inspection we spent time with people in the communal areas of the home. We met with three people who lived at the home. No relatives were visiting the home on the day of our inspection so we spoke with three relatives by telephone. We talked with the registered manager, one senior staff member and two care staff. We looked at a range of documents and written records including three people's care records, records about the administration of medicines, and how staff supported people to stay well. We talked to staff about their recruitment and induction and saw staff training records. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

# Is the service safe?

## Our findings

People were supported and cared for in ways which promoted their physical safety and wellbeing. All the relatives we spoke with were confident their family members' safety needs were met. One relative told us, "I have no concerns at all for [person's name] safety." Another relative said their family member was, "Physically very well and happy."

Staff knew the signs and types of abuse people were at risk from and explained what actions they would take if they thought anyone was at risk of abuse or harm. For example, if a person was anxious or withdrawn, or had unexplained bruising. Staff told us they would alert the registered manager or external agencies if they had concerns for people's well-being and safety. Staff were confident the manager would take action if any concerns were identified, so people's safety and well-being needs would be met.

Staff gave us examples of the risks individual people at the home had to their safety, such as risk from not eating enough and risks if people became anxious or experienced falls. One staff member told us how important it was that people had the right equipment so their physical health could be promoted. The staff member gave us examples of how the equipment needed for one person had changed over time, as their health needs changed. The staff member also told us about the systems they used to make sure people's physical well-being was promoted when they received care. The staff member told us personal protection equipment was available for staff to use, such as gloves, so the chance of any infections being spread was reduced. We saw this equipment was available. Another staff member gave us examples of how staff cared for people in the home. This included making sure any potential risks an individual person living in the home may present to the safety of other people were managed safely.

We saw staff took into account risks to people's physical safety in the way they cared for them. This included providing support to one person when they moved. We saw staff made sure the person could do this at their own pace. We also saw staff providing reassurance to people when they became anxious.

Checks were undertaken by the registered manager before new staff started working at the home. We saw the registered manager had checked with the Disclosure and Barring Service, (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. The registered manager had also obtained references for potential staff, so they knew staff were suitable to work with people.

Relatives and staff told us there was enough staff to support people so they remained safe and were able to do the things which they enjoyed. All of the relatives told us their family members were cared for by staff who knew their safety needs well. One relative we spoke with said, "I quite often pop in to see [person's name] and staff don't know I am coming. I have never had any concerns there were not enough staff available to support [person's name]." The registered manager explained staffing levels were based on the needs of the people living at the home, with one experienced member of staff supporting the three people living at the home at all times.

The registered manager told us they were confident requests for more staff would be supported by the provider, if additional people came to live at the home. One staff member explained people had opportunities to do things they enjoyed either on their own or in groups. If people decided they did not want to do group activities, additional staff who knew people well were brought in to support people, so their choices were supported. Staff told us there was an on-call system which they could easily access if they had any concerns for people which meant additional staff were needed. Staff told us they were confident any requests for additional staffing in the event of concerns would be responded to.

All of the people living at the home needed support from staff to take their medicines. Staff we spoke with confirmed they were not allowed to administer medicines until they had received the right training, and their skills had been checked. Two staff members we spoke with told us the amount of medicines one person living at the home required had been reduced, over time, through staff working with their GP.

Staff we spoke with knew what actions needed to be taken in the event of an error being made with a person's medicines. Staff told us about the regular checks which were made by the provider, so the provider and registered manager could be sure these had been given to people in the right way. We saw staff shared information on the medicines people received, as part of their shift handover, so all staff would be aware of people's safety needs around medicines. Staff kept clear records of the medicines they administered and medicines were kept securely.



# Is the service effective?

## Our findings

All the relatives told us staff had the right skills to care for their family members. One relative told us, "Staff have a lot of training, and have done training in signing. This makes [person's name] happy as he is able to communicate with staff." Staff told us they had the right training so they could care for people living at the home, such as training in how to support people with autism, and specialist training to support people who had hearing difficulties. One staff member told us how their training had increased their confidence and helped them to care for people and said, "People pick up on this, and they are more relaxed if we are confident."

We spoke with one member of staff who had recently began to work at the home. The staff member told us they had received a comprehensive induction. The staff member explained they had shadowed other staff for eight weeks, before directly working with people on their own. The staff member told us this had prepared them well and meant they were able to care for people in the best way for them when they started to work on their own.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted standard and urgent applications to a 'Supervisory Body'. Three applications had been sent to the supervisory body. The registered manager was awaiting decisions on three applications at the time of our inspection and was in the process of developing systems to review these over time.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received support to understand their responsibilities. We saw people's capacity to make decisions had been checked. Where needed, best interest decisions were made, taking into account advice given by external organisations, and people's families, so staff would be sure the right decisions were being taken in individual people's best interests. Staff used their knowledge of people's preferred communication methods to check people were consenting to the care offered, so people's right were respected.

People's food and drink preferences and needs were understood by staff. A staff member explained how they supported one person to have enough to eat, as their physical activity levels meant they used a lot of energy. The staff member explained they monitored the person's weight, so they could be sure they were having enough to eat to remain health and well. We saw the person was encouraged to have enough to eat and drink and their weight was regularly checked. Another staff member told us about the extra support they needed to give one person living at the home, because of the effects of the medicines they needed to

take. The staff member told us it was important the person had a balanced diet, as their medicines may result in weight gain. We saw staff had been given clear guidance about people's nutritional and fluid needs and how to prompt individual people living at the home to have enough to eat and drink. For example, encouraging one person to have enough to eat throughout the day by making sure healthy food was available for them which they could hold easily in their hands themselves. Where staff had concerns people's weight they took action to regularly check this and to seek advice from external professionals where needed, so people would remain well. We also saw people at the home were able to make choices about what they ate and drank from a wide range of healthy meals, snacks and treats.

Every relative we spoke with told us staff supported their family members to see health professionals when they needed, so their health would be maintained. One relative described how staff had supported their family member through a series of operations to improve their mobility. The relative told us how well staff had worked with health colleagues so their family member would recover as soon as possible, and enjoy and improved quality of life. Another relative we spoke with told us staff had observed a change in their family member's use of their spectacles. The relative told us staff had promptly arranged for their family member to see an optician, so their family member would continue to enjoy good vision. Staff told us about some of the work they did to support people to maintain and improve their health. Staff told us they regularly supported people to see a range of health professionals including GPs, learning disabilities health workers, consultants and practice nurses. We saw people had health action plans. These explained people's health and support needs and provided information on what care and treatment people had received. We also saw people had regular reviews of their health and well-being, so their needs would be met.

## Is the service caring?

### Our findings

We saw people were relaxed and enjoyed being with the staff who cared for them. Relatives we spoke with were positive about the relationships their family members had developed with staff. One relative told us, "It's [person's name] home, and staff are his family. They are absolutely dedicated to his care." The relative went on to tell us staff had built a very good relationship with their family member and said of staff, "They really understand him as a person and know when he is upset and reassure him." The relative gave us an example of how a staff member who had worked with their family member recognised they liked reassurance when they were not caring for them directly. The relative explained the staff member had kindly given their family member a memento, which they would take around with them and look at when they wanted reassurance and comfort. Another relative we spoke with told us, "Staff are warm and welcoming." This relative said their family member had recently celebrated a special occasion with staff and this had made their family member feel valued. One relative we spoke with told us their family member visited them in their home regularly. The relative told us they knew their family member got on well with staff as they were never reluctant to return to their home at The Broad Group. Another relative we spoke with told us how supportive and caring staff had been when their family member needed extra help. The relative said, "Staff sat up with him all night, to support him and give him reassurance."

Staff told us they got to know about people and their preferences for the ways their care was given in a number of ways. One staff member told us how working with more experienced staff had helped them to get to know people. This staff member told us they also regularly checked people's care plans and risk assessments, so they could understand about people's backgrounds and care needs.

All the relatives we spoke with told us their family members were involved in making day to day decisions about their care. One relative told us, "[Person's name] is treated like a grown up. He has choices, and can do what he wants." One relative told us how making daily choices had improved their family member's confidence, and made them less anxious. Staff explained how people were involved in day to day decisions about their care. Two staff members we spoke with told us people made decisions about what they wanted to wear, what interesting things they wanted to do and what they wanted to eat and drink. One staff member told us how people had opportunities to do things on their own if they preferred, but they also had the chance to do things as a group and said, "We do things as a family, and involve people." We saw throughout our inspection people were offered choices and staff consistently gave people time to make their own decisions. For example, what people wanted to drink, and what they wanted to do. We saw staff offered people encouragement to things they enjoyed doing. Staff had developed positive and caring relationships with people, saw what was important to them and recognised people's achievements.

People's need for privacy and dignity was respected. One relative told us staff understood how important it was for their family member to have time on their own. The relative told us this was respected by staff and said, "[Person's name] 'Get's his own space.'" People chose where they wanted to spend their time within the home and this was respected by staff. Staff told us how they supported people to maintaining their privacy and dignity. This included making sure people received their personal care in ways which promoted their dignity, and recognised where people were able to do things independently. For example, where

people were able to prepare their own drinks, and where with assistance from staff people were encouraged to be involved to preparing their food.

## Is the service responsive?

### Our findings

People were encouraged by staff to let them know what care they wanted and how they wanted their care to be given. Staff gave us examples of how they used different methods of communication so people's choices would be promoted. For example, encouraging people to choose from colour swatches when planning redecoration of their rooms, and showing people holiday brochures, so they could choose from a number of holiday destinations. Two staff we spoke with explained how they supported people to make more complex decisions by breaking them down into steps, and showing people pictures of the choices available.

Relatives told us they were encouraged to give their views on their family member's care needs regularly. One relative we spoke with told staff recognised, "All the people living at the home are different and staff respond to their needs." This relative told us staff knew their family member so well they knew when their family member was anxious and would take action to support them in the right way. The relative told us, "[Person's name] is much more relaxed and happy." Another relative we spoke with told us they were, "Very please and very happy as (staff) meet all his needs. I feel very lucky he has got a placement there." The relative told us as a result of the individualised care their family member received they now needed less medication, and were enjoying life more and had grown in confidence.

Relatives told us staff supported their family members when their needs changed. One relative told us, "Staff look at [person's name] best interests, such as taking him to see the GP." Another relative explained how flexible staff had been when their family member had required a series of operations. The relative told us they had been encouraged to be involved in decisions about their family member's care with staff and health professionals, so they would receive their care in the best way for them. Staff told us how additional equipment had been put in place in response to the person's need, so they were able to use all areas of the home and to continue to enjoy the things which interested them whilst recovering. In addition, staff had responded to the person's change in mobility levels by considering the benefits of changing the location of the person's room. Staff explained how they had involved the person and other people living in the home so the person's needs would be met.

One relative we spoke with explained they did not have to wait until scheduled reviews to make suggestions, but were able to contact staff as soon as they had any suggestions to make. The relative gave us an example where they had made a suggestion about their family member's care. The relative and staff knew the person enjoyed cycling. Arrangements had been made for the person to have an exercise bike to use in their bedroom. We saw this was in place, and staff explained how they encouraged the person to use their bike so their health and wellbeing was improved. Staff we spoke with gave us examples of how the care and support they provided was altered to meet people's needs. One staff member we spoke with told us how they were supporting one person living at the home to enjoy swimming more, by planning to change the venue used, so the person's needs would be met.

Staff told us how they reflected on the needs of people living at the home during their one to one meetings with the manager. Staff let other staff know about any changes in people's needs during regular staff hand over meetings at the start and end of each shift. We saw staff used the hand over meetings to share information about people's support and care needs. This included details about people's food and drinks

choices, and what interesting things people had done during the day. We also saw there was an "Activities Board", which showed what was planned. One staff member we spoke with told us the "Activities Board" was used so people had a pictorial guide and would understand what plans to do things they enjoyed were in place for the week. The staff member told us using the board helped to reassure people they would get to do their favourite things. These included trips out to places of local interest, the chance to catch up with friends and relatives and to do fun things either on their own or with other people living at the home.

We saw people's care plans and risk assessments gave staff clear guidance to follow, so people's care needs would be met in the way they preferred and took into account their individual care needs. We saw staff had worked with relatives and other professionals including social workers and the community learning disabilities team, so staff could be sure people's individual care was planned in the best way for them. People's care plans were reviewed regularly and adapted their needs changed.

Relatives told us they were encouraged to visit their family members whenever they wanted to. One relative told us staff encouraged them to visit anytime, and to go along with their family members during days out and holidays. Staff we spoke with told us some of the ways they supported people to maintain links with their family members. This included taking one person a significant distance so they could enjoy see their family member.

Relatives we spoke with told us they had not needed to raise any complaints about the care their family members received. Staff we spoke with knew what action to take to support people if they wanted to make a complaint. This included alerting the registered manager or provider, as appropriate, if anyone had raised any concerns or complaints. All of the relatives and staff we spoke with said they were confident if any concerns or complaints were raised these would be dealt with in a positive way.

## Is the service well-led?

### Our findings

The provider, registered manager and senior staff worked in ways so relatives and other professionals were encouraged to make suggestions, so people would receive care in the best way for them. One relative told us, "(Provider's name) and staff are there for [person's name] and us." Another relative told us, the registered manager had organised things so the service was, "Always responsive. It's well managed. [Provider's name] has good ideas and [registered manager's name], is hands on and has the skills to support people and manage staff." One relative told us the care their family member received was very good and said, "Senior staff and (registered) manager are brilliant. It's very well co-ordinated and they work as a team." The registered manager told us it was their ethos to, "Always put people at the centre of the environment, it's not a care home, it's their home." Staff understood this, and told us the registered manager created a culture where the needs of the people living at the home were the priority.

Relatives we spoke with highlighted how effective communication was from the provider, registered manager and senior team. A relative told us, "They will always let me know if there is anything I need to know about." Relatives told us they would be comfortable to make any suggestions they had for improving the home and care given, and said the provider, registered manager and staff were approachable. One relative we spoke with explained how they worked with staff to make sure their family member would benefit from holidays both with staff and with their families. Staff we spoke with told us the registered manager encouraged staff to share information so people would continue to receive the best care as their day to day needs changed. This included sharing information across the staff team, and with external organisations, so people would continue to benefit from appropriate care as their needs changed. We saw the registered manager had put processes in place so staff worked with other organisations and professionals, such as behavioural nurse specialists, health professionals and safeguarding teams so people's safety and care needs would be met.

Staff told us they were encouraged to think about ways to improve the care people received. Staff gave us examples of where they had made suggestions and these had been listened to by the registered manager and senior staff. This included making suggestions about things people enjoyed doing. Staff told us the registered manager listened to their suggestions and took actions so the care available to people would be further developed. For example, through the purchase of new equipment so care relating to people's mobility was developed further as people's needs changed.

All the staff we spoke with were confident the registered manager would take action if they had any concerns for people's well-being. All the staff we spoke with described the registered manager as supportive, and said they were always able to contact senior team at any time if they needed any advice on how to support people well. Staff told us they understood what was expected of them as they had regular training and meetings with their managers to discuss their caring roles. One staff member we spoke with told us, "Staff and the (registered) manager try to achieve high standards of support, maintain quality of life for people, and met their needs and plan for their futures. The (registered) manager is committed to checking that the service and staff are ok." Staff told us where ways of improving their performance were discussed this was done in a positive way, so staff would develop their skills further and people would

benefit from living in a well led home. The registered manager explained staff were financially rewarded when they completed key pieces of training. For example, British sign language and care qualifications.

The registered manager told us they felt supported by the provider, and gave us examples of how they worked with the provider so people's experience of care would continue to be developed. This included support for resources so the home environment was improved, and resources so equipment needed to care for people would be obtained. The registered manager also explained they were encouraged to keep up to date with their own development. We saw all the staff had access to a range of professional journals and guidance to inform their care practices.

Checks were undertaken by the registered manager and senior staff on a regular basis. One senior staff member told us, "You check and talk through things. When you come in, you can see how the home and people are doing, just by looking." The registered manager told us about the monthly checks they did to make sure people were receiving the right care. These included checking people had received the correct medicines, people's care plans were up to date and people were supported to manage their finances.

We saw people and their relatives had been asked what they thought about the quality of the care they received in 2014, and an action plan had been developed in 2015. People and relatives responses had been positive. Where actions had been identified we saw the registered manager had responded to these. For example, changing staff induction, so people benefited from receiving care from staff who had the knowledge and skills to support them effectively. The registered manager told us about some changes to the quality assurance systems and staffing in the previous twelve months. The registered manager and staff told us the provider had already identified further resources were required in this area, and a new member of staff was due to commence employment soon, so the provider and registered manager would continue to be assured people were benefiting from living in a home where the quality of the service was formally checked.