

Mr Alan Philp

Broomhill Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 31 October 2017 and was announced. At our last inspection in August 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Broomhill Lodge provides personal care and accommodation for up to eight adults with a learning disability. At the time of our visit, seven people were using the service.

There was a registered manager in place. 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.

People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm. Staffing levels were sufficient to meet people's needs and recruitment processes were safe.

People received food and drink according to their needs and were also supported with medicines administration by staff who had been trained to do so. They had access to health and social care professionals when required.

People received care and support which were responsive to their needs. Individual risks to people had been assessed and recorded in their care plans to keep them safe. People were supported to take part in a wide variety of social activities and to keep in touch with their relatives.

Staff were knowledgeable about people they supported. People had good relationships with staff and were encouraged to make informed decisions about their care and support. We observed positive interactions between people and staff.

Staff received training, supervision and support to give them the necessary skills and knowledge to help them meet the needs of people who used the service.

People and their relatives felt the service was well run and they could discuss the any issues with the registered manager. There were effective systems in place to seek the views of people, relatives, staff and other professional about the running of the service. People and relatives had no complaints about the service but knew who to speak to if they were unhappy.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Broomhill Lodge

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 31 October 2017 and was announced. It was carried out by one inspector. The registered manager was given one-hour notice because the service is a care home for younger adults who are often out during the day. We needed to be sure that members of the management team were available to assist us with the inspection.

Before our inspection we reviewed all the information we had about the service, including notifications sent to us informing us of events that occurred at the service. We also looked at the last inspection and spoke with the local authority commissioners.

During our inspection we spoke with two people who used the service, two members of care staff and the registered manager. We reviewed three people's personal care records, three staff records, ten medicine records, staff duty rotas and other records relating to the management of the service such as meeting minutes, health and safety records, and training records.

After the inspection we contacted three relatives to obtain their views of the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "Yes I am safe here." Relatives did not have any concerns about the staff and felt the service was safe. Staff understood how to identify potential abuse and were aware of their responsibilities to report any concerns they might have. They had received training about how to recognise abuse and the subject was regularly discussed during team meetings or one to one meeting with the registered manager.

We saw risk assessments had been undertaken which informed staff how to keep people safe. For example, one person had a risk assessment due to difficulty with mobilising. Risk assessments were reviewed and updated to reflect any changes in people's needs.

The provider had also assessed the risks around the premises to ensure people lived in an environment that was safe for them. For example, there was a fire risk assessment in place and weekly fire safety checks were carried out.

People told us there were enough staff to look after them. One relative said, "There are always staff around when I visit. [Person] has never raised any concerns about lack of staff." We looked at the last three weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection.

We looked at staff files and saw checks had been undertaken before new staff started working for the service. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. The provider also carried out checks to ensure that staff could work lawfully in the country.

People told us they felt staff administered their medicines when they needed them. One person said, "The staff help me with my medicines." We looked at how staff managed people's medicines and found the arrangements were safe. People received their medicines as prescribed. We saw medicine administration records (MAR) had been completed accurately.

Is the service effective?

Our findings

People told us that they were happy with how staff supported them. One person said, "The staff are very good." A relative commented, "The staff are excellent."

The provider had a training programme in place for all staff. Records showed that staff had received training in a number of key areas relevant to their roles. For example, staff had received training in food hygiene, moving and handling, fire safety, safeguarding adults and infection control. Staff told us the training they received was good and equipped them to care for the people who used the service and meet their needs.

We saw all new staff received an induction when they started working at the service. This included training and 'shadowing' a more experienced member of staff. One member of staff said, "The induction I had was very good."

The provider had systems in place to ensure all staff received the support they needed. We noted staff had monthly one to one meetings with the registered manager where a range of issues were discussed, including staff training needs. Staff also had annual appraisals and these were used to review achievements and identify goals for the coming year.

The Mental Capacity Act 2005 (MCA) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of liberty safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff had received training on the MCA and DoLS. The registered manager told us all the people who used the service could make informed decisions and none were subject to a DoLS authorisation. Staff explained how they sought people's consent before care and support was delivered.

People told us they were happy with the meals provided. One person said, "The food is nice." People were offered a choice of meals every day. Staff knew what each person's dietary needs were, for example what people were not allowed to eat.

People were supported to maintain good health. The registered manager worked with health care professionals to ensure people's needs were met. Staff monitored people's health and welfare and made referrals to health care professionals where appropriate.

Is the service caring?

Our findings

During our inspection we observed staff interacting with people in a calm and relaxed manner. When people needed assistance staff responded quickly to their requests. One person told us, "The staff are fine." We saw people were comfortable in their environment.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. We noted people's independence levels were recorded in their care plans. One staff member told us, "I encourage the service users [people] to dress themselves." This helped to ensure people maintained their abilities in some areas of their care needs.

Staff ensured people's privacy and dignity were protected. For example, they made sure doors and curtains were closed before providing assistance with personal care to people. Staff had a good understanding of the needs and preferences of people who lived at the service. We heard staff speak with people in a polite way and calling them by their preferred names.

Relatives told us they could visit their family members at any time. Visitors to the service were made welcome. One relative told us, "I visit every Thursday afternoon."

We saw people were supported to exercise their choice in areas such as how they wanted to be supported, what they liked to eat or drink and what activities they wanted to take part in. People confirmed to us that they were given a choice when staff supported them with their daily routines.

Information about people was treated confidentially. Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. All staff were made aware of the confidentiality policy and procedures when they started work for the service.

Is the service responsive?

Our findings

Comments from people and their relatives were positive, indicating that staff were caring and helpful in meeting their care needs. One relative said, "I am very pleased with the home, the residents [people] are comfortable with the staff." One person told us, "The staff are alright."

Before a people started using the service, an initial assessment of their needs was carried out which involved the person, their relatives and other health professionals where appropriate. From the assessment, a care plan was developed and this covered all aspects of the person's care such as, personal care, communication, mobility, behaviours, medicines and eating and drinking.

Care plans were individualised and reflected each person's needs and preferences. For example, it was recorded in a care plan, person needed support with their surroundings due to having limited eyesight. We saw care plans were reviewed and updated when people's needs changed. One person told us, "I know about my care plan."

People were supported to pursue their interests and maintain links with the community. There were a wide variety of activities on offer for people who wanted to participate such as music classes, drama classes, bowling and disco. The activities people liked to do were recorded in their care plans. During our visit we observed people were going to a Halloween party at their day care centre. One person told us, "I am looking forward to go to the party."

People and relatives could raise any concern and felt confident these would be addressed promptly. One relative said, "I will speak to the manager or staff if I have any concern." The complaints policy was available for people to access in a format people could understand. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. We saw one relative had recently sent a thank you card to the staff who had arranged a birthday celebration for their family member. No formal complaints had been received since our last inspection.

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was approachable and they were happy with the way the service was managed. One person said, "I can talk to the manager." One relative told us, "The manager is very good, I can speak to them if I have to." Relatives also mentioned that they were always kept up to date with what happening at the service and any changes in the care needs of their family members.

Staff told us they felt supported by the registered manager. One staff said, "The manager is very supportive." The registered manager operated an open door policy and staff felt they could talk to them about any issues they might have.

Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for. They were also able to contribute to the continued improvement of the service through team meetings and during their one to one meetings.

The registered manager carried out regular audits to make sure people were receiving care and support to expected standards. These included areas such as care records, daily records and medicines charts. A representative of the provider also visited the service monthly to carry an internal audit and advised where improvements were needed.

The registered manager demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager.

The provider continually sought feedback from people, relatives, staff and other professionals. This was gained through the use of satisfaction surveys. We looked at the recent completed satisfaction surveys and found the feedback received was positive about the service. One person wrote, "I am happy with the home and the way I am looked after."