Broadstreet House Limited

Broadstreet House

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 24 and 25 August 2016 and was unannounced. At the previous inspection on 6 November 2013 there were no breaches of regulation.

Broadstreet House provides accommodation with personal care for up to 18 adults with a learning disability or autistic spectrum disorder. There were 17 people living at the service at the time of the inspection. Building works were taking place to provide each person with an en-suite bedroom which involved rebuilding part of the home. There were two communal lounges, a quiet room, dining room and a large garden surrounding the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had identified shortfalls in the management of medicines and had introduced closer monitoring. However, when a medicines errors had occurred, immediate action had not been taken to minimise the potential risks.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The service had not fully consulted the local authority with regards to making DoLS applications, to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. There was some inconsistency in assessing people's capacity to make some decisions which required further investigation to ensure the principles of the Mental Capacity Act were appropriately applied.

Systems were in place to review the quality of the service but they were not always effective in identifying shortfalls. Feedback was sought from people who lived in the home, their relatives and staff. The results of these surveys were that people were satisfied with the care provided at the home.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe. Checks were carried out on all staff before they supported people, to ensure that they were fit and suitable for their role.

There were enough staff who were sufficiently qualified and competent to support the people at the service. A core team of staff had worked at the service for a number of years and so helped ensure consistency of care.

A schedule of cleaning was in place to ensure the service was clean and practices were in place to minimise the spread of any infection.

Staff felt well supported and received staff with regular supervision and an appraisal which offered them the support and learning to help with their development and to improve care for people. There was a rolling programme of essential training to ensure staff had the skills and knowledge to care for people effectively.

People had their health needs assessed and clear guidance was in place to ensure they were effectively monitored. Specialist advice was sought and acted on when it was required

People were offered a choice of food based on their preferences and mealtimes were informal and seen as a social occasion where people and staff chatted to one another.

Staff were kind, caring and compassionate and valued people's contributions. They treated people with dignity and respect, spoke with them as equals and understood their individual needs and interests. People were involved in making decisions that affected their daily lives.

People's care, treatment and support needs were clearly identified in their plans of care and people had been involved in writing their own care plan which included what was important to them and how they wanted to live their life. Guidance was in place for staff to follow to meet people's needs which included information about people's choices and preferences. Staff knew people well which enabled them to support people in a personalised way.

The service prioritised ensuring people had active fulfilling lives. People undertook a variety of educational, creative and work based activities which reflected their interests and abilities. People were supported to be members of the local community through voluntary work and joining local clubs.

People's views were sought in a variety of ways and they felt able to raise any concerns with staff. Information was available about how to follow the complaints process, should they need to use it.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. The registered manager was supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences. There was good communication in the staff team and a low staff turnover.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of medicines was not always effective in ensuring people received their medicines as prescribed by their GP. When errors occurred, action had not always been taken to minimise the risks to people.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs. Staff knew how to recognise any potential abuse and this helped keep people safe.

The home was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act had not been consistency applied to ensure decisions were made in peoples best interests and any restrictions on their freedom and liberty were lawful.

People were provided with care by a staff team that had received the support and training they required to effectively support the people in their care.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

The environment was being adapted to ensure it better reflected the needs of the people who lived at the service.

Is the service caring?

Good

The service was caring.

People's individual contributions and abilities were valued by the staff team.

Staff were kind and caring and were genuinely interested in people's well-being.

People were supported to maintain and develop relationships with family and friends.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's individual support needs, interests, likes and dislikes to enable them to provide personalised care.

People were offered a range of interesting and fulfilling activities according to their interests, which enabled them to develop life, education and work skills and to take an active part of the local community.

People felt about to raise any concerns or worries they had about the service. Information about how to make a complaint was available to people, in a way they could understand.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Quality assurance and monitoring systems in place were not wholly effective in identifying shortfalls in people's care and treatment.

The manager was approachable and there was good communication within the staff team. All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service and they were acted on. Staff had a clear understanding of the service's aims and these were put into practice.

Broadstreet House

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 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.

This inspection took place on 24 and 25 August 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to seven people who lived at the service. We observed how staff interacted with people and joined some people for lunch. We spoke to the assistant manager, cook, four care staff, gardener/maintenance person and the administrator. After the inspection we contacted the registered manager as they were not present at the inspection. We received feedback from five care managers from the local authority and a health care professional.

During the inspection we viewed a number of records including the care notes in relation to four people and tracked how their care was planned and delivered. We also looked at a number of other records including the recruitment records of the last five staff employed at the service; the staff training programme; administration and storage of medicines, complaints and compliments log, residents meetings, health and safety and quality audits and the safeguarding and medicines polices.

Requires Improvement

Is the service safe?

Our findings

People indicated that there were enough staff available to support them at the times they required. One person told us, "I ask for help and they help me". During our inspection there was a calm atmosphere in the home and people's body language demonstrated they were relaxed and at ease in their home and in the staff's presence.

Any accidents were recorded with details of what had occurred and the immediate action taken in response to the situation. These reports were reviewed by the registered manager who produced an overview to establish if there were any patterns or trends. It had been identified that there had been a number of medicines errors and as a result a new system had been put in place which had significantly reduced the number of errors. However, the handling of two medicines incidents in the last month indicated that the service was not doing all it could to ensure people received their medicines as prescribed. It had been reported one evening that a person had not taken their morning medicine to reduce the risk of them having an epileptic seizure. There was nothing written on the incident form or in this person's daily notes that any action had been taken as a result of this error due to the increased risk of them having a seizure; such as medical advice being sought or closer observation of the person. Another person had not received their medicine for heart burn as they had inaccurately told the member of staff administering this medicine they had taken it. This was not in line with the service's medicines policy which stated it was staff's responsibility to ensure people took their medicines.

The service had a medicines policy which included how to administer, store and dispose of medicines. Some medicines are required to be stored at specific temperatures to ensure they are effective. There was a thermometer in the medicines stock room to check the temperature, but it was not being used. This was immediately remedied at the inspection and staff confirmed that medicines were stored at a safe temperature. However, there was no system in place to ensure medicines stored in people's rooms were kept at the correct temperature. Although thermometers were ordered on the day of the inspection, it was not possible to establish at the inspection that these medicines were kept at the correct temperature.

The shortfalls in the management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Only staff that had received training in the administered medicines were responsible for doing so. Staff had received training from an appropriately qualified person in how to administer emergency medicines for people who had epilepsy. There was clear guidance in place for people who took medicines prescribed as 'when required' (PRN). Guidance was available and followed about what to do when people went on periods of social leave such as to day activities or their families. This ensured there was clear audit trail of medicines leaving and entering the home and each person's responsibility with regards to a person's medicines. The administration of medicines had been personalised, so that each person had a locked medicines cabinet in their own bedroom. This meant that each person was supported in the privacy of their own room to receive their daily medicines. Medication administration records (MAR) were clearly and accurately completed. Where people used prescribed creams, body maps were in place to guide staff to where they should be

applied.

Staff had received training in how to recognise and respond to the signs of abuse. A senior member of staff had presented a refresher training workshop at a staff meeting to ensure staff were aware of all the issues involved and their responsibilities. Staff were confident when describing the different types of abuse that could take place and knew to report any concerns to a more senior member of staff or the registered manager. Staff knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff felt confident that they would be listened to, but if their concerns were not taken seriously, they said they would contact the director of the service or the Care Quality Commission. The telephone numbers for these organisations were available to staff, so that there would be no delay in reporting any serious concerns and so keep people safe.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Disciplinary procedures were set out in the service's policy and in the staff handbook. They included the expected standards of staff performance and behaviours and what performance and behaviour may lead to disciplinary action. The service had followed these procedures to ensure that staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

Staff told us and people indicated that there were enough staff to meet people's needs. The service supported people with a range of different support needs and dependency levels. Some people were required limited support and were able to go out alone in the community. Other people needed staff to assist or prompt them with their personal care and to access the community. There were three staff on duty from early morning until late evening. Everyone attended day activities, but each person had a day at home day when they could receive one to one support to undertake their domestic responsibilities, attend appointments or undertake activities. People received the support and attention when they needed it during the inspection. At the weekend there were often less then seventeen people at the service. On the second day of our inspection there were only ten people at the service as some people were staying with family members. If special events were organised, such as a party, extra staff could be arranged and no agency staff were used to ensure consistency of care.

A senior member of staff had undertaken a health and safety qualification in relation to a service's responsibility in managing health and safety. Regular checks were made of the service's equipment and utilities to ensure they were safe and adequately maintained. This included checks of fire alarm and equipment, electric and gas supplies and checks for the presence of legionella. Staff reported any items in the service that needed repair to the maintenance person. The maintenance person either made the repair themselves or arranged for an appropriately qualified person to do so.

Each person's care plan contained individual risk assessments in which risks to their safety were identified. This included potential risks when undertaking daily activities such as cooking; when accessing the community; when mobilising; and in relation to specific health care needs. The hazard was identified together with who might be harmed, what the service was doing to minimise the risk and any further action that was required. This ensured that staff had clear guidance about how to protect people from harm. Staff were knowledgeable about these guidelines which were reviewed to ensure that they contained up to date information.

A fire risk assessment was in place which was being updated due to the building works. Each person had been rated as low, medium or high risk in the event of a fire using colour coding. This information was on the wall in the staff office so it was easily accessible. Personal emergency evacuation plans (PEEPs) had been put in place which identified the individual support and/or equipment people needed to be evacuated in the event of a fire. For example, for one person it had been identified they would leave their room if prompted, but they should not be rushed unnecessarily as this resulted in the person stopping walking. There was a programme in place to make sure staff regularly took part in fire drills to ensure they were competent to evacuate people safely.

A range of environmental assessments were in place to minimise the risk of slips, trips and falls. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as mobilising, accessing the community, daily living tasks such as cooking and activities such as swimming. Each hazard had been identified together with who might be harmed, what the service was doing to minimise the risk and any further action required. The service had a business continuity plan for emergency situations such as staff shortfalls, a heat wave, fire or flood.

The service was kept clean by staff and people who lived in the home. Staff understood their roles and responsibilities and followed a schedule of cleaning to ensure the home service remained clean in all areas. Staff had received infection control training and personal protective equipment was available and used. There was a laundry room and separate area for storing clean clothes. These actions helped to avoid cross contamination to minimise the spread of any infection.

Requires Improvement

Is the service effective?

Our findings

People said they were involved in decisions about what they ate and drank. One person told us staff were effective in helping them to manage their behaviours to ensure they got on with staff and their peers. This person told us, "I have guidelines for my behaviours. Staff help me with them". Health and social care professionals said staff acted promptly if there were concerns about a person's health. They told us there was good communication between them and the staff team so that people's health and well-being was promoted.

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity and there were policies and procedures in place which gave staff further guidance. Staff understood that it should be assumed people had capacity unless it was assessed they did not have capacity to make a particular decision. However, there was inconsistency in making these capacity assessments which indicated that the principles of the MCA had not been applied appropriately. For example, one person had been assessed as not having the capacity to make simple daily living decisions such as what to eat and when, but they had been assessed as having the capacity to make the more complex decision of having a flu vaccination. Therefore, it could not be assured that staff fully understood how to assess people's capacity to ensure they were acting in people's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people's care plans stated they needed support at all times when they were out in the community to keep them safe as they were unaware of potential dangers. These people were therefore subject to continuous supervision when out in the community and staff told us if they left the service they would need to follow them to ensure they remained safe. However, an application to the local authority to ensure the service was acting lawfully had not been made.

This failure to ensure people are not unlawfully deprived of their liberty and inconsistency in assessing people's capacity was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs, likes and dislikes in relation to food and drinks were assessed and detailed in their plan of care. A cook was employed to provide the main week day meal and to prepare packed lunches for people who attended day services. At the weekend, staff were responsible for preparing meals. The cook was aware of people's cultural needs and choices and used these to develop the menu. There were two options at dinner time including a healthy option and meals were prepared using fresh produce from the garden such as tomatoes, peppers, strawberries and beans. People prepared their own breakfast. Meal times were not rushed and seen as a social occasional. At lunchtime there was a relaxed and informal atmosphere with

people and staff sitting together chatting about things that were important to them.

People's care plans gave staff clear written guidance about people's health needs which included information about their medical conditions. People were weighed regularly to monitor any changes and participated in regular health checks by their GP. Areas of concern in relation to people's health were identified and tracked. For example, it had been noted that one person had an ear infection. Staff made daily observations and recorded any changes to ensure that the prescribed treatment was effective. Some people had specific health care needs and referrals had been made to the relevant health care professionals. For people with epilepsy there was close liaison with the epilepsy nurse and a record was made of the date, time, duration and type of seizure to aid effective management of their condition. Clear information was available to staff about how to recognise that a seizure was taking place, the triggers and what to do when it occurred.

Each person had a "Health Action Plan" which focused on people's health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments such as to the doctor, optician, dentist or chiropodist. This included the reason for the visit, the outcome, and any recommendations and if a follow up appointment was required. In addition each person had a "My Healthcare Passport" which was used if a person was admitted to hospital. This included information about how the person communicated and any personal support required as well as information about their disability, medicines and medical history.

New staff completed an in-house induction which included gaining knowledge about the services' policies and procedures and about the needs of the people who lived at the service. Their roles responsibilities and rights were set out in the staff handbook. Staff shadowed staff to gain more understanding and knowledge about their role. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Half of the staff team had completed a Diploma/Qualification and Credit Framework (QCF) and further staff had commenced the award. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

People received care and support from staff that had the skills and knowledge to support them. Staff said they had received the training they needed to enable them to carry out their roles. There was a rolling programme of staff training to ensure staff knowledge was up to date and had the skills they needed to carry out their role. Training was provided by an external provider and included essential topics such as safeguarding, moving and handling, health and safety and fire safety. In addition senior staff updated and refreshed staff's knowledge at team meetings and in the last year this had included equality and diversity, risk assessments and safeguarding. Most staff had received specialist training in supporting people with epilepsy and advice had been sought from the community learning disability nurse about how to best support people who had been diagnosed with autism. The service had identified that staff would benefit from training in loss and bereavement and was looking into the most appropriate training available.

Staff received regular feedback about their performance so they could develop their practice to improve care for people. Staff felt well supported by their colleagues and the management team. They said there was good communication in the team which helped to ensure that people were supported effectively. Staff received individual supervision sessions from a senior member of staff on a rotational basis and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

The service was making improvements to the environment for the benefit of people who used the service. It had been acknowledged that people were not always able to have a shower at the times of their choice as they had to wait for the communal bathroom to become free. Building work was underway to provide all existing bedrooms with an en-suite shower and the six-bedroom stable block which was attached to the main home, had been rebuilt with en-suite rooms.

Good

Is the service caring?

Our findings

People were complimentary about the staff team. We observed that people and staff chatted about their pets and families, which indicated that people were interested in staff's lives and staff were genuinely interested in people's lives. Professionals told us that they always found the staff welcoming and helpful. The service had received a number of compliments and positive feedback about the home and its caring nature. A professional commented, "Very friendly and positive staff. You can tell they have a lot of patience and understanding". Relative's feedback about the service emphasised how the staff team had cared for and helped people develop. "He is settled and happy to be part of a caring and loving community. This is his home. We are very happy that we and his family are part of it"; one relative commented. Another relative stated, "Wonderful staff that are caring and have always her best interests at heart"; and "She has flourished due to the love and dedication of all involved at the house".

People were involved in decisions about their care, such as what they wanted to wear and what they wanted to eat and how they wanted to spend their time. A monthly house meeting was held and the agenda set by staff and people. At each meeting a different person acted as chair, so everyone was equally involved and able to have their voice heard. The minutes of the last meeting was focused on what was important to people such as the difficulties of living together with other people, progress on the building works and agreed rules about inviting friends to dinner.
The minutes of the meeting were recorded with pictures to help people understand the information they contained.

People had been involved in decisions with regards to their new bedrooms as a result of the building works. One person told us, "I have chosen the colour of my room. It is going to be green". Another person when asked what colour they had chosen responded that their new room was going to be "Pink". Staff explained how they had taken people's individual needs into account when moving a person from their original room to a temporary room until their new bedroom was available. Some people found it difficult to respond to changes and staff had responded in a caring manner. The staff team had been consulted and a strategy developed to support each person to move. For one person this involved explaining clearly and on a number of occasions what was going to happen. For another person they enabled them to take control of the situation and to oversee the move of their belongings from their existing room to their new room. This involved staff taking turns to support and prompt the person to move each of their belongings onto a trolley and into their room where they put them away where they wanted them to be.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People had friends who they went out for meals with or invited over for dinner. Everyone had been invited to a BBQ at one of the other homes that week. One person explained how they had been supported by staff to stay in contact with a friend by writing a letter.

People were encouraged to celebrate important events. One person told us they were going out in the evening to celebrate a friend's birthday. The person whose birthday it was had chosen where they wanted to go to eat and also who they wanted to go with and were supported to make the necessary arrangements.

The cook had discretely asked the birthday person about their food choices and as a result had made them a chocolate birthday cake.

Staff supported people's needs in relation to their culture and ethnicity. One person wished to attend a funeral of a person who shared their faith. Staff supported the person to find out more about the customs of their faith, such as what clothes to wear. They helped them prepare for the event and to understand what to expect, to ensure they said goodbye to the person respectfully.

Staff were kind, listened to people, talked to them in an appropriate way and were interested in what they had to say. Conversations between people and staff were informal, relaxed and involved honest exchanges and humour appropriately. For example, when talking to one person staff joked with them about how they liked to get up and sing at the microphone. The person responded that they did and added that on one such time they had been dressed up as a cowboy. Staff understood that each person was individual and knew who liked to share a joke and who did not understand the complexities of this type of communication and understood simple words and phrases. People shared mealtimes and break times together where they engaged in general conversation.

Staff described the service as a "Family home" because it was friendly and relaxed. They said they found their role rewarding and enjoyable as each person had their own unique character and personality. Staff described people's individual characteristics and likes and dislikes in a positive way. They highlighted people's strengths, rather than focusing on the things that they could not do. Staff were proud of people's achievements and encouraged people to share them with the inspection team. A group of people had raised over £600 for the Royal National Lifeboats. People told us they had undertaken sponsored events such as swimming, walking and playing golf in order to raise the money. One person told us they had visited the lifeboat and seen it be launched which they said was very exciting. Their achievement had been featured in the local newspaper and there was a cheque handover event at the home.

Professionals told us that people were treated with dignity and respect and this was observed during the inspection. Staff knocked on a people's doors before entering and asked people's permission before undertaking an activity. People were encouraged to dress appropriately and to maintain a smart appearance. Staff gave praise to people when they asked about their appearance to help them build their self-esteem.

Information about what was important to each person, such as family relationships, was recorded at the front of each person's care file, so it was easily available to staff. People were supported to keep in regular contact with family members by phone and sending cards and gifts to celebrate birthdays. People often stayed with their relatives and family events were organised by the service. In 2015 the service celebrated 20 years and arranged a special event inviting people's friends and family members. A social media page had been set up so the service could share photographs, clips and news about what people had been doing and their achievements. Family members were also kept informed by a newsletter which contained photographs and information.

Good

Is the service responsive?

Our findings

People proudly told us about their busy lives, how they spent their time and about their achievements. They said they went out to work which involved working in a café and in a garden centre. "I make coffee and fruit cake", one person told us. "I also have a NVQ in Horticulture". Another person told us they worked as a volunteer at Age Concern. They said in addition they helped at the Whitstable Regatta and other events. People enthusiastically talked about where they had been on holiday in the summer. "I went on a cruise", one person told us, "I food was really nice. I liked the chocolate in Belgium!" Professionals reported that the service was, "holistic" and "person centred" in the way that it supported people. One professional told us, "The service is very responsive to my client and has a good understanding of their subtle but complex needs".

People were supported to follow their interests and take part in social activities, including education and work opportunities. Social care professionals complimented the service on the choices of activities on offer to people. They described activities as "Purposeful", "Varied" and said that this ensured people were fully integrated into the local community. Each person had a timetable of activities from Monday to Friday, which took into consideration their abilities and preferences. They attended the Fifth Trust Centre four days a week. The day service was set up by the provider who operates four residential homes. The centre, based at two locations, offered a variety of opportunities including horticulture, arts and crafts, pottery, woodwork, media skills, cooking and working in the café. The café and garden centre are open to the public which provided people with work experience.

There were opportunities for people to develop and progress. People who achieved a level of ability in the cooking club were given the opportunity to working in the café. People who worked in the café and gardening service who had the potential were able to undertake NVQ's. One person was taking part in a music course. This course enabled the person to combine their love of music with learning core and musical skills with the potential to gain accredited qualifications.

One day a week people spent time in their home so they could be responsible for undertaking household activities. This gave people one to one time with a member of staff. People were proud of their ability to keep their bedrooms clean and tidy. One person explained how they sorted out their washing, loaded it in the machine and then ironed their clothes. People shared the responsibility of general household tasks such as laying the table for dinning. A rota was in place so these tasks were divided fairly and each person understood what was expected of them. Some people also chose to help with the shopping for the home when it was required.

Supporting people to be part of the local community was a priority for the service. As well as two people volunteering at the local Age UK centre in the village, five people were involved in a local badminton and table tennis club. One person played in the table tennis league and other people used sports facilities such as the swimming pool in Folkestone. Some people attended the church in the village and people regularly used the village shop and post office to make purchases and money transactions. Some people were able to attend activities in the village and travel by bus independently, which was promoted.

In the last few years no new people had moved to the service, but there were policies and procedures in place for meeting with potential new residents and undertaking a joint assessment as to whether the service could meet their needs. Each person had a plan of care which gave a detailed description of a person's health, social and personal care needs. They had been re-designed with key words highlighted so they were easy for staff to understand and follow and to record the actions the service had taken to meet people's needs. Plans contained information about people's daily routines, likes, dislikes and preferences to guide staff. For example, for one person it was recorded that they liked to sleep with the light off, that they disliked the texture of specific foods and they liked to spend their time listening to music. Care plans had been signed by people to say that they knew where they were kept and they had been explained to them.

Each person also had a plan that they had been involved in writing and included what was important to them, what support they required and how they wanted to live their life. For example, one person said they needed support to go on holiday, to get money out of the bank and to go swimming. They said it was important that that they chose how to spend their money and see their parents and friends. Photographs, pictures and memorabilia were used with each relevant section which people had included, so they were fully involved and found them easier to understand. The plans included what other people admired about them which focused on people's strengths. "I like that he has a sense of humour and goes out of his way to make people happy", one member of staff had commented about a person who lived at the service.

Staff demonstrated they knew people well and understood how to communicate with people to ensure they received personalised care. A staff member explained that one person found it difficult to say when they were feeling unwell. Staff had learnt to read their body language and identified that something was not right with them when they made eye contact, as this was unusual for them. Staff could then investigate further through a series of questions to find out what was wrong. This information was reflected in the person's plan of care so the whole staff team was aware.

Multi-disciplinary reviews took place with people's care managers and a separate review was held with people in relation to their day activities to ensure they continued to meet their needs. Staff made a daily record of how each person was feeling each day, how they spent their time, and details of any health care appointments. There was a handover between each shift of staff to ensure important information was shared and that people received consistency in how they were supported.

People spoke to staff about their worries and concerns during the inspection and staff listened and responded appropriately through explanations or reassurance. Staff checked with people that their response was satisfactory. People were asked if they had any concerns or issues they wished to raise at monthly house meetings. Details about how a person could make a compliant was written in an easy-read format and displayed on the resident's noticeboard. There was a clear procedure in place if a complaint was raised detailing how the concern would be investigated and the findings fed back to the complainant.

Requires Improvement

Is the service well-led?

Our findings

People knew the members of the management team and said they were available so they could speak to them when they wanted to. The registered manager knew people well as they had worked at the home for eleven years and managed the service for three years. Professionals were complimentary about her management style describing her as "Extremely competent" and "Very helpful and supportive". "My experience of Broadstreet House has always been very positive", one professional told us. "They provide excellent quality of support in a homely and comfortable environment". Professionals also said that the service worked "Proactively" with families who were involved in the running of the service.

The service had reviewed the quality control systems in place and developed additional audits and processes to help ensure that aspects of the service were delivered to a satisfactory standard. Audits included daily handover sheets, medicines, DBS renewals, health and safety, care plans and goals, room checks and supervisions and appraisals. Action plans had been put in place to address any shortfalls or improvements. For example, staff appraisals follow up actions included to commence four staff on the Care Certificate and for a senior member of staff to provide a safeguarding workshop for the staff team. A health and safety report had identified that some carpets in the service were worn and would be replaced after the building work before they deteriorated and could present a trip risk to people, staff and visitors. However, quality monitoring systems were not wholly effective because they had not identified the shortfalls in the management of medicines nor in applying the principles of the Mental Capacity Act.

The lack of effective quality monitoring systems was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The views of people who used the service were gained via daily conversations, monthly residents meetings and questionnaires. A series of questionnaires had been developed to gain the views of people, relatives and the staff team about the level of service provided and to identify any ways in which it could improve. Three questionnaires a year were given to people which looked at different areas; staff and families were asked for their views annually; and visitors throughout the year. The result of the surveys in January and July 2016 of people who used the service were that everyone was satisfied with the support they received. People said staff knew them well, were caring, respectful and that the atmosphere in the home was one where they felt supported and safe. The results of the staff survey in March 2016 were that staff felt valued, their role was enjoyable their training needs were recognised, there was a positive and inclusive atmosphere at the service and any concerns raised were taken seriously. Shortfalls identified had been addressed at the staff meeting. This included arranging a workshop on death and dying as staff had identified they required more skills in these areas and ensuring each staff member was supervised by each of the three senior staff members via a rota system. Two positive comments had been received from a external contractors who had visited the service. Family surveys were due to be sent in September.

The registered manager was accessible and had an open door policy where people and staff were able to talk to and have access to her throughout the day. She was supported by a part-time assistant manager who took a lead on quality control. The management team were supported by a board of trustees and three

senior staff. Senior staff held regular meetings to share and discuss information in relation to the daily running of the service and people's welfare. Staff understood the aims of the service to offer people opportunities to develop lead life to the full. They were enthusiastic about their roles and responsibilities. They said that the service was a good place to work as it was friendly, people got on well with one another and people received a good quality of life. Staff told us that if they had if they had an adult child with a learning disability that they would want them to live at the service.

The registered manager was a member of the board and attended meetings where issues were discussed which affected the running of the service, such as safeguarding, finance and health and safety. Board members were made up of family members of people who lived at the service and therefore had a strong commitment to ensuring the service operated to the benefit of the people who used it. A summary of the last board meeting had been put in the May 2016 newsletter in a way that could easily be understood by people. These newsletters were sent to relatives and kept them informed of what was happening at the service including events, new staff and an update on the building project. Trustees visited the service annually to complete an assessment of the quality of care and a visit was due in September 2016. The 'Friends' of Broadstreet was run by the families of people at the service and they organised, "Social events and holidays and to provide comforts and luxuries for the house". The local authority contracts department had undertaken a quality review in January 2016. They assessed varied aspects of the service including people's health, access to the community, choices, staffing skills and levels and had not identified any shortfalls.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act 2005 had not been consistently applied when assessing people's mental capacity and in ensuring they were protected against being unlawfully deprived of their liberty. Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People could not be assured their medicines were kept at the right temperature or that action would be taken to minimise risks to their health in the event their medicines not given as prescribed by their GP. Regulation 12 (b) and (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the service were not always operated effectively. Regulation 17 (1) (a)