Broadham Care Limited

Bradfield House

Inspection report

119-121 Heene Road
Worthing
West Sussex
BN11 4NY

Tel: 01903236763
Website: www.broadhamcare.co.uk

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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

Bradfield House provides accommodation and personal care for up to ten adults with autism and learning disabilities. It is situated in a quiet residential area of Worthing close to local amenities and facilities.

The service did not have a registered manager in post on the day 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. A new manager was in post and they had previously been the deputy manager at the service. The new manager had been in post for one week before our inspection.
Staff were aware of their responsibilities in relation to keeping people safe. A member of staff explained that they would discuss any concerns with the manager and were confident they would take these seriously and respond appropriately. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance.

Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals if needed.

Safe staff recruitment practices were followed. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staff had undertaken a comprehensive training programme to ensure they were able to meet people's needs. New staff received an induction to ensure they were competent to start work.

People's rights were upheld as the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) had been adhered to. DoLS applications had been made for three people at the service. We reviewed the Mental Capacity Act and Deprivation of Liberty policy and saw that there guidance for staff was not always clear and it had not been updated to reflect the most recent judgements on when a DoLs application should be made.

People received enough to eat and drink. Staff encouraged people to eat and offered to refill drinks when needed. People were encouraged to be as independent as possible with tasks.

Staff knew people well and they were treated in a dignified and respectful way. A relative told us, "The staff are super, I think they're all wonderful, in every way they possible can they support her, they go above and

beyond".

People were involved in the decisions about what care they received and in their decisions about daily routines. Staff spoke with people and gained their consent before providing support or assistance.

Relatives were made to feel welcome and felt comfortable discussing any changes or updates to the care their relative received. One relative told us they enjoyed the family events which were arranged, they told us, "I really like the way they get the family together for things like Easter".

The care and support that people received was responsive to their needs. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's history. People's care plans detailed their preferences such as what time they liked to go to bed and get up in the morning. We reviewed a care plan and saw it detailed what time the person liked to go to bed and what routine helped them to settle and enjoy a good night's sleep.

People's social needs were assessed and their care plan contained information on what hobbies and interests they had taken part in before moving to the home. Each person had a planned schedule of activities which they chose to do. Some people chose to attend a local day centre.

Relatives and staff told us the service was well led and spoke positively of the manager. A staff member told us they felt well support by the manager, they said "(manager) is amazing, she offers really good support, and she listens and helps".

Quality assurance systems were in place to regularly review the quality of the service provided. A director's audit was completed by a member of the senior management team once every four months and the manager completed monthly and weekly audits.

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.

Staff had received safeguarding training and knew how to recognise and report abuse

There were sufficient numbers of staff to make sure that people were safe and their needs were met

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training as required to ensure that they were able to meet people's needs effectively.

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to maintain good health and had regular contact with health care professionals.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and reassuring with people.

People and those that mattered to them were involved in decisions about their care.

People were treated in a dignified and respectful way

Is the service responsive?

Good

The service was responsive.

People were encouraged to stay in contact with their families and those that mattered to them.

People received care which was personalised and responsive to their needs.

Complaints were dealt with promptly and in a timely manner.

Is the service well-led?

Good

The service was well led.

People and their relatives were positive about the quality of care delivered.

Quality assurance systems were in place and were used to improve the service.

Staff felt supported and were able to discuss any concerns with the manager.

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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.

The inspection took place on 24 March 2016 and was unannounced. One inspector and a specialist advisor undertook the inspection.

Before the inspection, we checked the information we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from health and social care professionals. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people, three relatives, the manager and five members of staff. We also spent time looking at records. These included five care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

The service was last inspected on 28 August 2013 and no issues were identified.

Good

Is the service safe?

Our findings

Relative told us they felt their family members were safe and well looked after. One relative told us, "I've never gone in and felt worried". People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, emotional and neglect. Staff were aware of their responsibilities in relation to keeping people safe. A member of staff explained that they would discuss any concerns with the manager and were confident they would take these seriously and respond appropriately. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. The manager was clear on their responsibilities and what agencies should be contacted. All staff had received safeguarding adults training which was updated yearly.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place to identify individual risks and these were reviewed monthly or sooner if needed. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. Staff were aware of how to manage the risk associated with people's care needs and how to support them safely. Risk assessments provided detailed information and guidance to staff on what action to take in particular situations, for example, when people were out in the community and the management of people's finances. We saw that people had risk assessments in place which provided guidance for staff on managing the risk when swimming. We also saw that one person with epilepsy had a risk assessment in place which provided guidance for staff on how to manage the risk of a seizure when they were travelling by car.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. We observed medicines being administered and saw that the staff who
administered medicines did this safely. Staff confirmed that they were confident and understood the importance of this role. Medication Administration Records (MAR) were in place and had been correctly completed to confirm medicines had been given as prescribed. Each person had an individual record of how they liked to take their medicines. Medicines were locked away as appropriate and where they were required to be refrigerated, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines. We completed a random spot check of two people's medicines and they matched the records kept. Only trained staff administered medicines. Medicine which was no longer needed was stored safely ready for collection by the pharmacy.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. We saw that staff file's also contained two positive references from previous employers and a record of their training and qualifications.

Good

Is the service effective?

Our findings

Consent to care and treatment was sought in line with legislation and guidance. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that applications had been made to deprive three people of their liberty under a DoLSD but that none had yet been authorised. We saw evidence that the local authority had confirmed receipt of the application. Capacity assessments had been completed appropriately for people and were in their care records.

Where decisions needed to be taken relating to finance or health, for example, and then a best interest decision would be made, involving care professionals and relatives to make a decision on the person's behalf in their best interest. Where possible, the person would also be included in this decision-making. We saw that a best interest meeting had taken place between the manager, health professionals and family members for one person who did not have capacity to consent? in relation to the use of a monitor and pressure mat due to the person's epilepsy. The decision that to use the equipment was in the person's best interest had been agreed by all at the meeting.

We reviewed the Mental Capacity Act and Deprivation of Liberty policy and saw that there guidance for staff was not always clear and it had not been updated to reflect the most recent judgements on when a DoLs application should be made. We brought this to the attention of the manager and a member of the senior management team and they agreed that they policy would be reviewed and updated.

People were able to make day to day choices and decisions. We saw that people were asked if they would like support during their lunchtime meal and staff understood the importance of ensuring consent before providing support. Staff understood the requirements of the Mental
Capacity Act 2005 and put this into practice. For example, staff followed the principle of presuming that people had capacity to consent by asking if they wanted assistance and waited for a response before offering support.

Relatives spoke positively about the staff. A family member told us "the quality of staff at the moment is very good". Another relative told us "On the whole I am very pleased with the quality of the staff". Staff had undertaken appropriate training to ensure they had the skills and competencies to meet people's needs. The manager told us that staff received a combination of online and face to face training dependent on the content of the training. Staff spoke with us about the range of training they received which included

safeguarding, food hygiene and moving and handling. Staff records confirmed that all staff training was up to date. We saw staff had completed training which ensured they were able to support people living at the service with conditions such as epilepsy and behaviour which may challenge. Staff spoke positively of the training provided and one member of staff spoke with us about the training they received on how to manage behaviour which may challenge.They told us "it was a refresher, it was really good training. It looked at breakaway techniques; we very rarely have to use it though".

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff completed the provider's induction checklist which involved staff familiarising themselves with the layout of the building, fire safety procedures, policies and procedures and reading through care plans.

There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every two months and also had an annual appraisal. They received supervisions and appraisal minutes which detailed what had been discussed. Staff confirmed they had regular supervisions and told us they found these helpful. They discussed the people they supported and any areas of personal development to ensure staff skills and knowledge in caring for people.

Staff handover meetings took place between shifts to ensure that staff could pass on information to staff on the following shift. We observed a staff handover and saw that each person was discussed including the activities they had planned to take part in and any changes to people's mood. There was also daily shift planner which was completed by the senior member of staff. This detailed tasks for each person and which member of staff was responsible for supporting them. This included activities and also household tasks. This helped staff to know what task they were responsible for and which people they were supporting. Staff meetings took place regularly and the manager told us that they tried to have one every month. Topics such as individual people's needs, safeguarding and support plans were discussed at team meetings. This allowed sharing of ideas and providing feedback to ensure people's needs were met effectively.

Good

Is the service caring?

Our findings

Family members spoke positively of the caring manner of the staff; a relative told us, "They're always really kind. It's in a way that they couldn't pretend". Another relative told us, "The staff are super, I think they're all wonderful, in every way they possibly can they support her, they go above and beyond". Relatives also told us they felt there was warm friendly atmosphere in the home when they visited. A relatives told us, "it's like a family, it's very homely" and "I think it's as near to perfect as I could find". Another relative told us "the atmosphere is lovely, it's all looking very good".

We saw staff holding people's hands when reassurance was needed. Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. We saw staff were gentle and friendly when they spoke with people and were
quick to respond to requests in a kind and pleasant manner. We saw one person became upset and staff spent time speaking with them in a kind and gentle way whole holding their hands and offering reassurance. We saw that the person quickly became less upset and started to settle.

Relatives told us people were treated with respect. One relative told us, "They respect people; it's always clean and fresh". We spent time observing the care practices in the communal areas and saw that people's privacy and dignity were maintained. Staff knocked on people's doors before entering and made sure they were happy for them to enter the room. We spoke with staff about how they ensured people receive care in a way that promoted their dignity. A member of staff told us, "I make sure the curtains are shut, the doors closed and cover them up with a towel where possible". The manager told us they ensured staff treat people with respect and dignity by focusing on this aspect of care in the induction of new staff; it is also regularly discussed at supervision and team meetings.

People were involved in the decisions about what care they received and in their decisions about daily routines. Staff spoke with people and gained their consent before providing support or assistance. We spoke with staff about how they communicated with people who were unable to communicate their wishes verbally. They told us they watched their facial expression and gestures to understand their views. If someone refused their assistance they would respect their decision but would return later and offer support again. People's rooms were personalised with items such as ornaments and family photographs.

People were encouraged to be as independent as possible. Staff spoke with us about their focus on encouraging people to be independent, a member of staff told us, "We encourage clients to do as much as they can rather than doing it for them. We encourage them to choose their own clothes or what shower gel they like". We saw the guidance in people's care plans reminded staff to encourage people to be as independent as possible. People's personal care plan reminded staff to promote the person's independence and detailed which tasks this person could carry out themselves and which tasks they needed encouragement or physical assistance with. There was a section which detailed "Things I am able to do myself" and a section for "Things I would like you to help me with". We saw that one person's support plan read that staff should encourage the person o dress independently but they may need support with buttons.

Family and friends were able to visit without restriction. Relatives were made to feel welcome and felt comfortable discussing any changes or updates to the care their relative received. One relative told us they enjoyed the family events which were arranged, they told us, "I really like the way they get the family together for things like Easter". People were encouraged to stay in contact with people who mattered to them. A relative told us that staff encouraged their family member to phone regularly, they told us, "They encouraged (named person) to phone me. I've had some lovely messages left". There was a note in the kitchen which reminded staff which day's people called family members.

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Good

Is the service responsive?

Our findings

Relatives told us they felt the care their family member received was personalised and that staff knew people well. A relative told us, "It's very good, they really try to get to know the clients"
People received care which was responsive to their needs. Each person had a person centred care plan in place which contained detailed information about their health and personal care needs. Care plans included information and contact details for people's key relationships. They also included information on people's health and social needs. Care plan's contained information on people's life history. Staff understood the importance of knowing people's life history and told us this information ensured they delivered person centred care. A member of staff told us they enjoyed, "building relationships with all the clients and getting to know them". The manager told us that they get information about people's life history from social workers or from family members if they are moving from home. People's care plans detailed their preferences such as what time they like to go to bed and get up in the morning. We reviewed a care plan and saw that it detailed what time the person liked to go to bed and what routine helped them to settle and enjoy a good night's sleep. This ensured people's routines were centred around their preferences. People had a keyworker allocated to them who co-ordinated all aspects of their care and who reviewed their care plan monthly. Relatives told us they felt keyworkers knew people well and had a good understanding of their needs. A relative told us "she (keyworker) understands the necessity of (named person) hearing aids being cleaned and working". The manager told that family members are encouraged to be involved in reviews of the support people receive. They told us "family are always invited to reviews, at 6 months and then yearly".

There was a section in each care plan which detailed the ways which people preferred to communicate. We reviewed one person's care plan and saw that as they had difficulty with verbal communication staff should use communication aids to ensure they could express themselves. There was also guidance for staff on how best to make themselves understood, the guidance detailed the use of one or two word sentences. A member of staff spoke with us about how they communicate with this person. They told us that they use a communication book, pictures aids and timetables and they also offered encouragement to practice speech. The staff member told us that the person had recently started to use a few words in the last few weeks and staff team were proud of this.

Where people displayed behaviour which may be challenging they had positive behaviour support plans in place which detailed what behaviour may be displayed and how staff should respond to this to reduce the likelihood of the person becoming upset. We saw that this documented events that might cause the person to become distressed and what support staff should offer. It detailed triggers and early warning signs and detailed early intervention strategies. The recovery phase, what is observed after the incident was also detailed alongside post incident strategies to support the person to calm. We saw that where an incident had taken place this was recorded in the person's daily notes. Behaviour observation charts and an incident form were completed. This allowed the staff to be proactive in understanding behaviour patterns and taking action to reduce this from escalating in future.

We reviewed an epilepsy care plan and saw that there was guidance for staff on how to respond when the

person had a seizure. It detailed when medicines should be given and when staff should to call for medical support.

Daily records were kept for each person which recorded care the person had accepted or refused, what they had eaten and drank, and if there had been any changes to their mood. This ensured that the person's needs could be monitored and any changes responded to as needed.

Keyworker meetings took place monthly. We reviewed the minutes of a keyworker meeting and saw that pictorials had been used to gain the views of the person. The person and the staff member had spoken about changes to their medicines, family visits and activities which they had taken part in. Client meetings were held every three months and all people living at the service were invited to attend. We reviewed the minutes of the last two meetings and saw that they were well attended and people were asked for their views on the issues such as staffing, activities and menu choices.

People and relatives told us people took part in a variety of activities. We spoke with one person about the activities they enjoyed and they told us, "It's great we do interesting things. I go to the gym and help around the house, it's fun'. A relative told us they felt their family member enjoyed a wide variety of activities, they told us, "She likes jigsaws she does them with another chap," and, "She has been horse riding. She enjoys that". People's social needs were assessed and their care plan contained information on what hobbies and interests they had taken part in before moving to the home. Each person had a planned schedule of activities which they chose to do. Some people chose to attend a local day centre. We spoke with a member of staff about activities and were told that people took part in activities outside of the service with support from staff such as horse riding and swimming. People also took part in activities such as arts and crafts and jigsaws. The member of staff told us "the activities are good, the (manager) and me are going through the activities planner. There's a good range of activities". They told us that they speak with each person to get their views on which activities they would like to take part in and this is also discuss at keyworker meetings. They told us "we speak to each client individually and ask what they would like to do, for people who are nonverbal we use picture aids".

We carried out an observation of an arts and crafts activity which people were taking part in with support from staff. Three people were taking part and were supported by three members of staff. People were encouraged to take part in activity and support was given with tasks such as cutting paper when needed. A member of staff spoke with us about a holiday they were arranging with someone. They had been discussing the choice of holiday location with the person and also their family. They told us they most looked forward to "his smile when he gets to the airport and realises he's going on holiday".

Most relatives we spoke with told us they had never had a reason to make a complaint but felt that the manager would respond appropriately. A relative told us, "I do feel she would handle things professionally and quickly," and, "I know the procedure I would go to the manager and then head office". One relative told us they had raised a complaint recently and it had been handled well by the manager and they concern had been resolved. There was a complaints policy in place and the manager told us how they would respond to a complaint. We reviewed the written records relating to complaints and saw that the manager had responded in line with the policy and recorded the details of the complaint, the action taken to resolve the complaint, who was informed and if the complaint was resolved. Staff demonstrated an understanding of how to deal with a complaint and told us they would take a note of the complaint and pass this on to the manager.

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection however the provider had taken necessary steps to ensure that there was a manager in post . There was a new manager in post who was previously the deputy manager. They had started in post as the manager one week before our inspection and their intention was to register with the Care Quality Commission.

Relatives and staff told us the service was well led and spoke positively of the manager. A family member spoke with us about the new manager and told us "she's nearly always there when I go in. I immediately sensed a positive note when she took over. She straight away arranged a party for family and people who live there". We were told by another relative, "she's lovely, absolutely super". A staff member told us they felt well supported by the manager, they said "(manager) is amazing, she offers really good support, and she listens and helps". We saw that the manager spoke with people and staff in a warm and supportive manner. We reviewed the thank you cards which the service had received. Comments read: "thank you for (named persons) first year with you all. We too have had a happy and very relaxed year". Another read "(named person) is so happy and well cared for. The staff are wonderful and she fits in so well with the other residents".

Staff told us that the manager was approachable and they felt comfortable raising any concerns which they had. Staff were aware of the safeguarding and whistleblowing policy and told us they would report this to the manager if they had concerns. The manager valued their staff team and told us that they ensured staff received regular supervision. The manager told us they were proud of their staff team and the relationships they had with people. They told us, "We have great clients and great staff, the staff are very caring, we have good team work and look at how we can make ourselves better". Staff also told us they worked well together as a team and felt they could rely on their colleagues for support. A member of staff told us, "It's a very good team, we work really well, and it's a supportive team". Relatives felt comfortable discussing any concerns with the
manager and told us, "I like her very much, she's very approachable, she's very efficient, I do feel I could approach her."

Regular staff team meetings took place to allow staff to communicate their views about the care provided and any concerns about individual people's care. The manager focussed on supporting and encouraging staff to enable them to carry out their job in a caring way. The manager spoke with us about the vision of the service, they told us, "We aim to put clients in the centre of the care and provide the best care we possibly can, we try to involve them in as many aspects of life as we can". The manager told us they were well supported by the senior management team and other managers within the organisation. They received supervision every six weeks and the manager told us they felt comfortable addressing any issues with the provider and was open with him about challenges which they might face.

Quality assurance systems were in place to regularly review the quality of the service provided. A director's audit was completed by a member of the senior management team once every four months and the

manager completed monthly and weekly audits. The director's audit checked on areas such as policies and procedures and staff understanding, mental capacity assessments and staff training. The manager regularly audited all aspects of care such as medicines, care documentation and infection control. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken. We saw that director's audit had been carried out in November 2015 which had identified that one person's risk assessment need to be updated. We saw this was update on the 16 November 2015. We saw that medicines were audited weekly by the manager and no issues had been recently identified. The manager also carried out daily premises checks to ensure people's rooms and communal areas were clean. We saw that on 12 February the manger had noted that the landing needed to be vacuumed; we saw that had been carried out on that day. Environmental risk assessments were also carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated.

Relatives were asked for feedback annually through a survey. We saw that a survey had been sent May 2015 to relatives of all people living at the service, four people had completed the survey. The survey requested feedback on areas such as the quality and professionalism of staff. We saw that three relatives felt the staff rated as good on this and one relative rated this as excellent. Relatives were also asked for feedback on the care and support their family member received, three rated this as good and one as excellent. All responded that they felt their family member was safe and that they would recommend the service to others. The manager told us that the survey for 2016 would be sent to relatives in May 2016. A survey had also been sent to professional sin December 2015 however there had been no response.

The manager also told us they spoke with relatives regularly in a more informal way to gain further feedback. Relatives also spoke with us about the contact they had with the manager and staff team, a relative told us "I can speak to any of them, their wonderful, approachable and friendly".
They told us "I contact the parents regularly, family provide us with very valuable feedback". They also told us they want to develop the relationships with people's families and ensure that they are involved in the running of the service. The manager told us "I contact the parents regularly, family provide us with very valuable feedback, at senior meetings we talk about how to get parents more involved. We are working on developing relationships with people's family".