

Mrs Elizabeth Emery

Broadpark House

Inspection report

Belmont Road
Ilfracombe
Devon
EX34 8DR

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21 November 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This announced inspection took place on 21 November 2016. The provider was given 48 hours' notice because the location was a small supported living unit for adults who may be out during the day; we therefore needed to be sure that someone would be in.

At our last inspection in August 2015 we found the service was meeting the regulations of the Health and Social Care Act (2008) we inspected. However, the service was rated as 'requires improvement' due to a lack of up to date staff training, although they would contact relevant professionals if they noticed changes in a person's physical or mental health; a lack of understanding of the Mental Capacity Act (MCA) (2005) and due to the uniqueness of the service there was no formal systems and processes in place to assess the quality of the service. This inspection found an improved understanding of the MCA, but no further training had taken place and no formal processes or policies had been implemented to assess the quality of the service.

Broadpark House is registered to provide care and support for up to four people with a learning disability. The registered provider lives in the home and together with her husband, they provide the care. At the time of our visit there were two people living at Broadpark House. The two people living at the service were independent and only required occasional prompting and support..

When we visited there was a registered manager in post. 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.

Staff had not received up to date training specific to people's needs. However, as the registered manager explained at our inspection in 2015, they maintained they would contact the relevant professionals if they noticed changes in a person's physical or mental health.

There were no policies and procedures available for us to view during our inspection. For example, a policy on safeguarding vulnerable adults. We also found that the home did not have a Mental Capacity Act (2005) policy in place to provide the legal framework to work within to ensure the protection of people in their care. However, the registered manager knew to contact relevant professionals if any concerns became evident which impacted on people.

Prior to our inspection we asked the provider to complete a Provider Information Record (PIR). The PIR 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. The provider did not respond to our request for information.

The service was unique in so far as it was more of a family home. As a result there were no formal systems and processes in place to ensure quality for people. The service ran in an informal way through on-going discussions with people on a constant basis.

Since April 2015, providers have been required to clearly display their Care Quality Commission (CQC) rating at any premises from which they provide a regulated activity. We found that the provider of Broadpark House had not displayed their CQC rating, which was awarded following our inspection in August 2015.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. Staff demonstrated a better understanding of the Mental Capacity Act (2005). This meant people's rights were protected because the service followed guidance from health and social care professionals.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

The registered manager and her husband provided people with the support they needed.

Staff did not need to administer medicines for people.

Is the service effective?

Requires Improvement ●

One aspect of the service was not effective.

Staff had not received up to date training specific to people's needs. However, as the registered manager explained at our inspection in 2015, they maintained they would contact the relevant professionals if they noticed changes in a person's physical or mental health.

Staff understanding of the Mental Capacity Act (2005) had improved. This meant people's rights were protected because the service followed guidance from health and social care professionals.

People's health needs were managed well.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific

needs and how they liked to be supported.

Is the service responsive?

Good ●

The service was responsive.

Care files were personalised to reflect people's personal preferences.

Community involvement was important to people and they were supported in this.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through informal discussions.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The service did not have any policies and procedures in place.

Prior to our inspection we asked the provider to complete a Provider Information Record (PIR). The PIR 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. The provider did not respond to our request for information.

There were no formal systems and processes to ensure quality for people because the service ran in an informal way through on-going discussions with people on a constant basis.

The provider had not displayed their CQC rating, which was awarded following our inspection in August 2015. This is an offence.

A health professional spoke positively about how the service was run putting people at the heart of the service.

Broadpark 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 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 announced inspection took place on 21 November 2016 by one adult social care inspector. The provider was given 48 hours' notice because the location was a small supported living unit for adults who may be out during the day; we therefore needed to be sure that someone would be in.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Prior to our inspection we asked the provider to complete a Provider Information Record (PIR). The PIR 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. The provider did not respond to our request for information.

We spoke with two people receiving a service, the registered manager and one member of staff.

We reviewed two people's care files. After our visit we sought feedback from a relative and health and social care professionals to obtain their views of the service provided to people. We received feedback from a relative and a GP.

Is the service safe?

Our findings

People felt safe and supported by staff. Comments included: "I would speak to (registered manager) if I was worried about anything" and "I feel safe here. I have lived here for years." A relative commented: "They (Registered manager and husband) look after (relative) very well. I have no concerns about the service."

The registered manager demonstrated their safeguarding role and responsibilities and understood what might constitute abuse. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. However, there was no policy in place for them to refer to. There had been no safeguarding concerns for several years.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for mobility and self-neglect. Risk management considered people's physical and mental health needed and showed that measures to manage risk were as least restrictive as possible. For example, risks were managed on an on-going basis when people were accessing the local community alone.

The registered manager and her husband provided the support for people. People felt their needs were met in a timely way. Comments included: "(Registered manager) would sort things out for me if I needed" and "We are never left alone. At night we feel supported if concerned or something was up." Staff sickness was managed between the registered manager and her husband. The registered manager's family members were also available if needed, who had the appropriate checks in place to ensure they were safe working with vulnerable people.

As the service did not employ any other staff, there were no recruitment and selection processes in place. The registered manager and her family had Disclosure and Barring Service (DBS) checks in place.

The service did not administer any medicines. People's medicines were self-managed and they attended GP appointments according to their assessed needs and prescribed treatment. One person commented: "I have self-medicated for years." A GP confirmed that the person was able to manage their own medicines independently.

The premises were adequately maintained. Fire safety checks were completed on a regular by the provider and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks.

Is the service effective?

Our findings

Our inspection in 2015 identified that staff had not received any up to date training specific to people's needs and in line with best practice guidance. For example, safeguarding vulnerable adults, first aid and the Mental Capacity Act (2005). This inspection found that this remained the case. There was no training plan in place or anyway to ensure staff were keeping up to date with best practice.

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

However, the registered manager had a wealth of experience supporting people in care settings. When asked about keeping up to date with best practice, the registered manager maintained they would contact the relevant professionals if they noticed a change in a person's physical or mental health.

People felt staff were well trained and competent. One person commented: "They (registered manager and staff know what they are doing. They have really helped me over the years."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported when anxious. Staff explained the importance of discussing their feelings and the reasons for their anxiety. In addition, encouraging them to engage in something positive to act as a distraction.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.

People had capacity to make decisions about their care and treatment. Staff could demonstrate an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No one was subject to DoLS and people were free to leave the home when they wanted, whether alone or with support.

People confirmed they were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. One person commented: "The (registered manager) helps organise appointments when I need to see someone." There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, their GP. Records

demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

People were supported to maintain a healthy and balanced diet. For example, meals were freshly prepared. Comments included: "The food is excellent here. Always snacks available" and "I make my own drinks." Staff knew if there were changes in a person's nutritional intake they would need to consult with the relevant health professionals involved in their care.

Is the service caring?

Our findings

People felt cared for by staff. Comments included: "(Registered manager) and her husband are very caring. I can talk to them. They are so kind" and "I am very happy here, very content." A relative commented: "Excellent service. It's homely. I hope if I ever needed to be looked after that I could find a place like Broadpark House."

People felt they were treated with dignity and respect when being supported with daily living tasks. A comment included: "My privacy is protected." Staff told us how they maintained people's privacy and dignity. For example, ensuring the bathroom door is closed whilst a person has a bath.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to access the local community and socialise with people. Comments included: "I am encouraged to be as independent as possible" and "I often go out on my own in Ilfracombe." Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, ensuring people had access to as many opportunities as possible.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, encouraging people to maintain their personal care and attend appointments with their GPs.

Staff relationships with people were strong, caring and supportive. People commented: "(The registered manager) and her husband really care about me and offer support when I need it" and "We are part of the family." Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, when a person was feeling upset. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general well-being.

Staff adopted a personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. One person commented: "The (registered manager) always listens to me when I am feeling worried or need some help." Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People's comments included: "I am fully involved in my care" and "I am free to do what I like."

The two people who lived at Broadpark House were independent and only required occasional prompting and support from staff. They were involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, people said they were encouraged and supported by staff to identify specific goals they wanted to achieve. They felt this aided their sense of purpose and value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. They included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, medicines and skin care. Relevant assessments were completed, such as continence management.

People engaged in a variety of activities within the home, such as watching TV and attending to the chickens and in the local community going to specific places of interest. People commented: "I help with the chickens. I love doing that." And "I go out for lunch every two weeks." Staff commented: "It's about promoting independence" and "It is important to promote life fulfillment." People were known in Ilfracombe, through them going shopping, coffee shops and out for meals.

There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with them by the registered manager. There was an outdated complaints procedure displayed in the kitchen, which did not have the correct details if a person wanted to escalate a complaint. However, people confirmed that they would not hesitate to speak to the registered manager if they had any concerns.

Is the service well-led?

Our findings

Broadpark House has been registered with the Care Quality Commission since January 2011. The registered manager is also the provider of the service. The two people who live at the home have been living there for approximately 38 years. As a result, they are both seen as members of the family. Our general conversations with people showed they were happy living at Broadpark House and they spoke fondly of being part of the family.

There were no policies and procedures available for us to view during our inspection. For example, a policy on safeguarding vulnerable adults, risk management and infection control. We also found that the home did not have a Mental Capacity Act (2005) policy in place to provide the legal framework to work within to ensure the protection of people in their care. However, the registered manager knew to contact relevant professionals if any concerns became evident which impacted on people.

Prior to our inspection we asked the provider to complete a Provider Information Record (PIR). The PIR 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. The provider did not respond to our request for information.

The service was unique in so far as it was more of a family home. As a result there were no formal systems and processes in place to ensure quality for people. The service ran in an informal way through on-going discussions with people on a constant basis.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since April 2015, providers have been required to clearly display their Care Quality Commission (CQC) rating at any premises from which they provide a regulated activity. We found that the provider of Broadpark House had not displayed their CQC rating, which was awarded following our inspection in August 2015. This is an offence.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager recognised how input from health and social care professionals on a regular basis was important to ensure people received the right care and treatment. We contacted a GP to seek their views of Broadpark House. They commented: "People are perfectly well looked after. No reason to have concerns about the care the registered manager provides."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no systems in place to assess, monitor and improve the quality and safety of the service. No audits were undertaken and there was a lack of policies and procedures in place relevant to the planning and delivery of care and treatment.</p> <p>Regulation 17 (1) (2) (a) (d) (f) (3) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had not displayed their CQC rating, which is a legal requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an offence.</p> <p>Regulation 20A (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received any up to date training to enable them to carry out their roles in line with best practice guidance.</p> <p>Regulation 18 (2) (a)</p>

