

Catalyst Choices Community Interest Company Broomfields Sheltered Housing

Inspection report

Broomfields Sheltered Housing/Extra Care
Bridge Lane
Appleton
Warrington
WA4 3AT

Tel: 01925261071

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25 February 2016

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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

We carried out an announced inspection on 25 February 2016. The service provided care and support to adults in their own homes. People supported by the service were living with a variety of needs including chronic health conditions, physical disabilities and dementia. At the time of the inspection, four people were supported by the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave on the day of our visit.

We found that there were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

Staff received regular formal supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff and were supported to access other health and social care services when required such as GP's and district nursing services.

People's needs had been assessed, and life plans took account of people's individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

There were effective quality monitoring processes in place.

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.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider was involved in the day to day management of the

service.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Broomfields Sheltered Housing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 February 2016 and it was conducted by one social care inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to CQC. We contacted Warrington Borough Council who purchased care from the provider. They told us they had no issues with the service provided.

During the visit, we spoke with the registered manager, the area co-ordinator for the service and three care staff. We also visited and spoke with two of the four people who used the service.

We looked at the life plans for three people who used the service, the supervision records for three staff and the training records for all the staff employed by the service. We also reviewed information on how the provider assessed and monitored the quality of the service

Is the service safe?

Our findings

People we spoke with told us that they felt safe. They said that they had no concerns about the conduct of the staff and their ability to provide care safely. One person said, "I feel safe because I am confident that the staff know what they are doing."

Staff told us that they provided safe care. A member of staff said, "People are safe because care is not rushed. We support people at a pace they can manage and we know the people we support very well." Another member of staff said, "It is always important for us to visit people as close at their agreed times, so that they are expecting us. This will make them feel safe within their home."

We saw that the registered provider had up to date safeguarding and whistleblowing policies that gave guidance for the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace.

Information about safeguarding was displayed in the office and included contact details for the relevant agencies. We noted that staff had received training in safeguarding people. They demonstrated good understanding of these processes and told us that they were confident that the registered manager would deal appropriately with any concerns, if any were raised.

The life plans showed that care and support was planned and delivered in a way that ensured people's safety and welfare. As part of the service's initial assessment process, an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person's home. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of reoccurrence.

We saw there were personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were at risk. For example people being supported to move and assisted to bathe or shower. This maintained a balance between minimising risks to people and promoting their independence. The risk assessments looked at had been reviewed and updated regularly or to reflect any changes in people's needs.

We looked at the duty rotas, spoke to staff and people that were supported. We found there was enough staff to support people safely. One person told us that they were always supported at the times they needed support. They also said, "They are always here on time. I have never had to wait for anyone to come to see me to help me." One member of staff said, "We have enough of us to support people. We work extra hours at times to cover for leave and sickness."

Recruitment records were maintained and stored centrally by 'employee services' at Warrington Borough Council's main office. We noted that the provider had effective systems in place to complete all the relevant pre-employment checks including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being

employed. All information was provided to CQC during the inspection visit.

There were clear policies and procedures for the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People told us that they were given their medicines as prescribed. Staff administering medicines had been trained to do so.

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge to support them appropriately. One person said, "They are great and always treat me with dignity and respect. " Another person told us, "They give me the support I need when I need it."

Staff told us that they provided the care people needed to maintain their health and wellbeing. One member of staff said, "We give a really good service to the people we support and work as a team to make sure that people are well cared for and happy."

The registered provider's training programme included an induction for all new staff, including them working towards attaining the care certificate. The registered manager had enrolled all staff on the new care certificate so that they were all working together. The more experienced staff were mentors for the less experienced staff members. Staff told us that this had been effective in helping them acquire the right skills and knowledge necessary to support people well. The registered manager kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training, or when updates were due. This enabled staff to update their skills and knowledge in a timely manner. All staff said that the training they had received was sufficient to enable them to carry out their roles. One member of staff said, "I have worked in the care sector for many years, but I always seem to learn something new when I attend training."

Staff told us that they had regular support through staff meetings and they could speak with the registered manager whenever they needed support. They said that they worked well as a team and there was good communication. There was evidence of regular supervision in the staff records we looked at. These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas they needed additional support in.

People were supported to access additional health and social care services, such as GPs, dieticians, and district nurses so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals.

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

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 Broomfields supported living was working within the principles of the MCA. We noted

that the provider had developed corporate policies and procedures to provide guidance for staff on the MCA; Deprivation of Liberty Safeguards (DoLS); adult safeguarding and the independent mental capacity advocate and best interest decision making.

We discussed this with the registered manager and she told us there were no people who were being supported that lacked capacity.

Is the service caring?

Our findings

People told us that staff were friendly, caring and kind. One person said, "They are such lovely people and look after me so well." Another person said, "All the staff are lovely" and "They are always patient and give me the support I need."

People said that they were involved in making decisions about their care and support needs. They told us that they had been involved in developing their life plans and staff took account of their individual choices and preferences.

The care records contained information about people's needs and preferences so that staff had clear guidance about what was important to people and how to support them appropriately. Staff demonstrated good knowledge of the people they supported, their care needs and their wishes.

People told us that staff provided care in a way that respected their dignity and privacy. Staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence.

Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people's care records were held securely within the main office.

Is the service responsive?

Our findings

People who used the service had a wide range of needs. These had been assessed and appropriate life plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and had been recorded in their care plans. One person said, "I am happy with the care I receive. All my needs are met." Another person said, "I get the support I need."

There was evidence that people's life plans were reviewed regularly or when people's needs changed. Staff told us that as a small service, they had got to know everyone's needs very well because they regularly supported everyone. This enabled them to provide consistent care that people required.

There is a communal lounge area located within the housing complex where people who used the service lived. People were encouraged to use the lounge in order for them to pursue their hobbies, interests and socialise with others.

The registered provider had a complaints policy and procedure in place and people were aware of this. People told us that they would feel comfortable raising any concerns they might have about the care provided. They said that they would in the first instance, speak with the care staff and then the manager if necessary. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One person said, "They are all good to me. I have nothing to complain about."

There was one recorded complaint and the area co-ordinator had responded quickly and all correspondence was within the complaints file.

Is the service well-led?

Our findings

The service has a registered manager. Throughout our inspection we found the registered manager and area co-ordinator demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

Staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff told us that the manager was very approachable and a good source of advice and support when they needed it. Another member of staff said, "We get a lot of support and we can always discuss any issues with the manager as they arise." We were told that if staff had an idea to improve the quality of life for someone it was discussed with the team and then it was put into practice.

The registered manager and the area co-ordinator promoted an 'open culture', where staff, people or their relatives could speak to them at any time, without a need to make an appointment. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. They said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively.

There was evidence that the registered provider worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the feedback they required to provide a service that was safe and appropriately met people's needs.

The registered provider also completed surveys of people who used the service. Some comments recorded were "I only have good things to say about the staff at Broomfields," "I feel fully supported and able to cope very well" and "I feel the staff team are really supportive and look after all my needs."

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's life plans and staff files to ensure that they contained the necessary information. Where issues had been identified from these audits, the registered manager took prompt action to rectify these. There was also evidence of learning from incidents and appropriate actions had been taken to reduce the risk of reoccurrence.

Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.