Broadham Care Limited

Walcott House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

Walcott House provides accommodation and support for up to nine adults with learning disabilities focusing on people living with autism and epilepsy. Some of the people who lived at the home had complex needs and behaviour that could challenge services if those needs were not met. There were nine people living at service at the time of our inspection.

The service did not have 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 and

Summary of findings

associated Regulations about how the service is run. The deputy manager had been appointed to the role of manager of the home and the provider had taken steps to register them with the CQC within a reasonable period.

People told us they enjoyed living at the home. One person said, "I like it here, it's fun." Relatives were positive about the home and that they were pleased that the deputy manager had been appointed to the manager's role. One relative told us they were confident that, "The home would go from strength to strength under their management." A relative told us, "If I could bottle what they do and sell it I would be a millionaire."

We observed people as they engaged in activities or moved around the home. Staff supported them in an unobtrusive, friendly, dignified and reassuring manner. People appeared comfortable and confident within the service and good relationships existed between staff and people.

Staff had received training in how to safeguard adults from abuse. Staff were able to tell us about the signs that might indicate someone was at risk of abuse and action they should take if they had any concerns. Safety risks had been assessed and people were encouraged to be as independent as possible. Some people had complex needs and care plans contained detailed information that showed staff how these needs should be met. People's care plans were reviewed monthly and this ensured that their most up to date needs were met. People had one member of staff known as a keyworker, who co-ordinated all aspects of their care and who they met with on a monthly basis to review the support provided and ensure their needs were met. Accidents and incidents were recorded and appropriate follow-up action was taken.

Staff followed the requirements of the Mental Capacity Act 2005 for people who lacked capacity to make a decision. The manager had completed mental capacity assessments to ensure the home met the requirements of the Act in relation to Deprivation of Liberty Safeguards (DoLS)

The provider had robust recruitment procedures in place and staff were supported to deliver care and support to meet the needs of people. Staff received essential and additional training. They completed an induction programme and shadowed other staff to learn about their role. The provider had appropriate arrangements for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it.

People undertook a range of leisure, social, educational and work activities in line with their individual needs. There were enough staff to support people to undertake activities on an individual basis. One person told us about college courses they accessed to learn how to use computers and of their work at a local shop. We saw that another person had been able to choose the staff member they wanted to take them swimming on a weekly basis. People were encouraged to be involved in the running of the service and participate in activities such as shopping. People were supported to maintain contact with their family. One relative told us, "They escort her on the train and she loves it. She enjoys the routine of that and it is never a problem going back. Once she sees staff she is happy."

The needs and choices of people had been clearly documented in their care records. Where people's needs changed the provider acted quickly to ensure the person received the care and treatment they required. People had access to healthcare services when required. There were enough, qualified and experienced staff to meet people's needs. People were supported to have sufficient to eat and drink and maintain a healthy diet in line with their preferences.

There were quality assurance procedures in place such as regular audits and the provider sought feedback through questionnaires from people, relatives and professionals. People were supported to make complaints and action was taken to resolve any concerns. The provider took steps to ensure that care and treatment was provided in an appropriate and safe way and, where necessary, improvements were made.

Summary of findings

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 were supported by staff who knew their responsibilities in relation to protecting people from abuse.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

There were sufficient staff to meet people's identified need. The provider followed safe recruitment practices

Potential risks to people were identified, appropriately assessed and planned for. Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective. Care plans contained information on people's needs, and preferences. Staff provided care in line with care plans to meet people's needs.

People were supported to maintain good health. Staff sought advice from other health professionals such as dieticians and GP's to meet people's needs effectively.

Staff supported people to eat and drink and maintain a healthy diet.

Training was scheduled for staff throughout the year and was refreshed as needed. Staff had effective support through induction and regular supervision.

Is the service caring?

Good

The service was caring. People were supported in a by staff in a friendly and unhurried way. People were treated with respect and dignity and their independence promoted.

Each person had an identified worker who knew them well and who met with them regularly to ensure their needs were met.

People were communicated with in a way that suited them, either through spoken language, Makaton or use of objects.

Is the service responsive?

Good

The service was responsive.People were able to undertake daily activities and make every day and individual choices. People were encouraged to be as independent as possible. People undertook leisure, social, educational and work opportunities in accordance with their lifestyles and preferences.

People were involved in making decisions with support from their relatives or best interest meetings were organised.

People were supported to raise complaints if they were unhappy with the service.

Summary of findings

Is the service well-led?

Good

The service was well-led. The deputy manager had been appointed to manage the home and the provider had taken steps to register them with the CQC within a reasonable period.

There were effective measures in place to assess the quality of the service. The manager promoted a positive and open culture where people, relatives and staff were able to give feedback and communicate with them freely. The provider took action to improve the service in response to feedback received.

Staff were well supported and were motivated, enthusiastic and promoted people's independence.

Walcott House

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

As part of our planning we spoke to the provider about the needs of the people who lived at the home. In order to minimise disruption and reduce the impact of our visit on the routines of people who lived there one inspector carried out the inspection.

Before the inspection we reviewed the Provider Information Return (PIR) reports. 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 examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We saw that the provider had notified us of three medicine errors in the last twelve months so at this inspection we checked how people's medicines were managed so that they received them safely.

We inspected the home on 11 and 14 July 2014. We observed care and spoke with people who used the service, their relatives and staff. We spent time looking at records, including three people's care records, three medical administration record (MAR) sheets and records relating to the management of the service including health and safety audits, accident and incident records and quality assurance reports.

During our inspection we spoke with two people who lived at the service, three care staff, the manager and compliance manager. We spoke with a trainer who was assessing a member of staff undertaking a care qualification. After the inspection we spoke with two relatives of people and a person's advocate by telephone to gain their experience of the service provided by the home. An advocate is a person that represents the persons best interests making sure decisions are based on their preferences and things that are important to them.

Not everyone who lived at the home was able to share their experiences of life at the home verbally with us. In order to capture people's experience we spent time observing the care they received in areas of the home including the lounge, kitchen and as they came into the office to see the manager. Some people were happy to show us their rooms so we could check that they reflected their preferences and individuality.

Walcott House was last inspected on 04 July 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they liked the staff at Walcott House and we observed that people appeared and comfortable in approaching the staff for support or general conversation. We observed one person led a member of staff by the hand to the things they wanted and another came into the office to speak with the manager about their day. During our visit we observed people smiling and laughing with staff. Relatives told us that they felt people were "very safe" at Walcott House as they were looked after by kind and considerate staff.

When we were introduced to one person they greeted us with a kiss on the top of the head. Staff reminded them through the use of questions to think about what was an appropriate way to greet an unfamiliar person. The person then greeted us with a handshake. We reviewed the persons care records and saw that staff had followed the guidance that had been developed in conjunction with health and social care professionals in order to keep the person safe.

Some people displayed behaviour that could present a challenge to others. Care records included information for staff on how to respond to people's behaviour to keep people safe. Behaviour support plans gave detailed information about the person's behaviour, the triggers that might result in behaviour that challenged and steps on how to minimise or prevent this. There were clear plans in place that illustrated strategies to be followed. Staff had received training in physical interventions. Physical intervention involves some form of physical contact and application of force to guide, restrict or prevent movement in order to significantly reduce the risk of harm to the person and others around them in an emergency situation. Staff told us they did not use restraint or actual physical intervention but the techniques they learned in the training of de-escalation of behaviour and breakaway techniques if required. They gave us an example and explained clearly how they would respond. Staff felt confident they could ensure peoples safety and dignity.

Potential risks to people were identified, appropriately assessed and planned for. Care records included risk assessments based on people's day to day routines such as accessing the community, washing and dressing, eating and drinking. These risk assessments clearly described the action that needed to be taken in order to balance the risk.

The provider had robust procedures to ensure that staff were aware of any changes to how people's care was delivered. Any changes were recorded in the communication book. Staff then read the changes in care records and signed to say they had read and understood them. Staff told us they discussed how to support people in team meetings in order to ensure they were consistent in their approach.

The manager told us that people were assessed on the support they required before moving into Walcott House and their support was reviewed monthly to check it was still appropriate. We were told that some people were assessed as requiring 1:1 support and we observed one person going out with their identified worker go shopping. Staff told us they felt there were enough staff to deliver the care and support expected of them. They told us, "There are enough staff, you can always take people out." We observed staff were able to respond to requests from people immediately or within a short timescale negotiated with the person. For example, One person requested support to have a shower. Staff asked if they could complete the task they were doing first and agreed a time with the person to have their shower. The person was supported to have their shower shortly after and at the agreed time. Records related to when staff worked demonstrated staff were flexible in response to supporting people when they needed it. For example, when people wanted support to visit relatives or requested a specific member of staff to support them with an activity.

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe to us the different types of abuse, what might indicate abuse and what actions they should take if they had concerns. Records showed that staff were trained in safeguarding as part of their essential training and that there was a safeguarding policy which guided staff about action that needed to be taken. Where concerns were identified alerts were raised with the local safeguarding team. The provider had disciplinary procedures in place and these were followed when unsafe practice was identified.

Accidents and incidents were recorded and follow up action had been taken to prevent reoccurrence. Accidents and incidents were monitored so that patterns and trends could be identified and necessary steps taken to prevent future occurrence.

Good

Is the service safe?

Staff demonstrated a good awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff received training on the MCA during their induction and received refresher training annually. The manager was aware of a recent legal ruling regarding the scope of Deprivation of Liberty Safeguards. In response we saw that they had completed mental capacity assessments for the people who used the service and these would be submitted to the relevant Deprivation of Liberty Safeguards team. Where a person was identified as not having capacity in respect of a decision regarding medicine a best interest meeting had been held in line with the MCA. (A formal best interests meeting may be required to plan the decisions needed where the issues facing the person are very complex). This was signed by the manager, deputy manager and GP. Records showed the person's relatives had also been involved.

We observed medicine being administered and saw that it was in line with the provider's policy and procedures. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. We looked at the medication administration records (MAR). Staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. There were no controlled drugs at the time of our inspection however we noted there was a controlled drugs register and suitable storage was available should any be prescribed. Medicines were kept securely. The manager described how they ordered people's medicines and how unwanted or out of date medicines were disposed of. Records showed the recording of drugs, medicine ordering and disposal. The provider undertook regular audits of medicine to ensure the safe storage, administration and disposal of medicine.

Safe recruitment practices were followed when the provider employed new staff. Staff records held the required documentation such as two references and proof of identity. The required checks had been carried out to ensure that new staff had no record of offence that could affect their suitability to deliver care. We saw that the provider took action in line with policies and procedures when necessary. This ensured that people were cared for by staff who were fit to do so.

Arrangements were in place to place to keep people safe in emergencies. A file identified what staff should do in the event of an emergency such as fire or flood. There was information on numbers to call and places of safety should the house become uninhabitable. In care records there were profiles of people that could be provided to emergency services as necessary.

Good

Is the service effective?

Our findings

People told us they enjoyed living at the home. One person said, “I like it here, it’s fun.”

People were supported to have sufficient to eat and drink and maintain a balanced diet. People were encouraged to participate in food shopping. One person told us, “Usually they make me lunch or dinner but I try very hard to help them.” A relative told us, “Now she has the ability to make tea and food whereas she couldn’t before.”

There was plenty of food available and people could choose from a range of snacks such as apples, biscuits and yoghurts. People were offered and requested drinks when they wanted them. Staff offered them choices such as tea or juice or supported to make their own. People could get snacks when they wanted. Staff told us people could have snacks at any time “day or night” if they wished. Staff told us they encouraged healthy eating and offered healthy snacks such as fruit.

Records confirmed that people’s individual nutritional needs were assessed and monitored. People were supported to manage their weight and it was recorded monthly. Those with complex needs or identified weight loss were referred to the community dietician or the speech and language therapist. Staff acted on the advice received which included giving smaller portions to encourage people to eat and changing from cow’s milk to soya milk.

Staff were made aware of peoples individual preferences and care needs through a twelve week induction programme, training, supervision and staff meetings. A new member of staff told us about the induction programme they had completed. This included working as an additional member of staff to the usual number of staff on a shift. They worked with a senior member of staff until they felt competent to undertake some activity on their own. They referred to care records to find out about the people they supported.” Records confirmed staff undertook relevant training on epilepsy, food hygiene and health and safety in line with their roles.

Staff were well supported in order to ensure that people received effective care. Staff had regular supervision and a log recorded the dates and times of these and when their next one was due. One member of staff told us, “I have supervision every four to six weeks.” They told us they discussed whether they had any concerns or issues and how they were? Records showed that annual appraisals were undertaken with staff where their job performance was documented, evaluated and any training needs identified. Staff told us that they were encouraged to undertake further training and qualifications. Staff felt supported in their role one told us, “I only have to ask. There is always someone. I can always knock on the (managers) door.”

Care records included involvement of health professionals such as the GP and psychology and psychiatric services. A report from the psychologists advised on how to support someone to maintain appropriate boundaries and staff followed this advice when supporting the person. People had involvement from the Community Team for People with Learning Disabilities. Some people had health passports with information for health professionals should they be admitted to hospital. The manager advised that these were in the process of being completed for all people.

Good

Is the service caring?

Our findings

People received support within a caring setting. One person told us, “They treat everyone as equals with fairness and respect.” A relative told us, “I have no reservations about the staff. She talks about her friends at the service and often says she misses them when she is not at home.” Another relative told us, “People genuinely do care and it shows so much.” A member of staff told us, “Everyone tries to give them the best possible life. It is a proper home not an institution.”

People and staff interacted in a friendly way. People made requests of staff for support and help with activities or for help to make drinks and snacks as needed. Staff responded to requests and also offered their support to people when they observed they might need it. For example, we saw when one person was engaged in art work staff asked, “Do you need more paper? Would you like some different colour paper?” One person wished to call their family and staff supported them to leave a message on the answer machine. Later the person wanted to try again and was supported to do so. It was clear staff knew people’s needs well and they spoke passionately about them. One staff member told us about the person they supported who had nonverbal communication, “He lets me know what he wants. It is a fantastic feeling. The interaction between staff and clients is pretty amazing.”

People’s independence was promoted. A relative told us about when the person moved to the service, “They only recognised seven words of Makaton, now it is thirty five. We have a dossier of performance over three years. We call it the book of miracles. She would not walk into town before as she was too scared. They have got her to walk into town, to sit in the hairdressers, to get shopping. Now when she goes home her parents can’t keep up with her”. People were supported to be as independent as possible through daily activities such as shopping and involvement in the kitchen. Staff told us that people, “Live as independently as possible. We encourage people to do things for themselves.” One person who did not like to go out shopping was supported to purchase items they needed on line. Another person was supported to use their own bank card. Care records contained information about the person, their background, their preferences and what was important to them. Staff explained how they supported someone with complex needs to remain independent. “We let them do things first then take over. If they are struggling we are here to help. If you ask yes or no they will grab your hand and take you to what they want.”

Staff described to us how they offered choice on a day to day basis to those with complex needs. For example, one person would struggle to make a choice between three items of clothing so they offered a choice of dress or trousers and the person was then able to choose between the two items. They would do the same with shoes and the person would push away the pair that they did not want to wear. Staff told us they asked the person if they wanted to go out. They would then leave the wheelchair for five to ten minutes so the person could choose if they wanted to go out by getting in the chair. When shopping they would hold out shower gels so the person could choose the one they wanted and put it in the basket.

People were supported to express their views. The manager told us how one person used their own version of Makaton (the use of signs and symbols to support speech) to communicate so staff spent time to learn what was being communicated. The person and staff showed us some of the signs they used to communicate. One person had an advocate to speak up on their behalf. We spoke with the advocate who was positive about how the service had involved them in making decisions about the persons care. We saw that rooms were individualised based on people’s preferences. One person preferred a very uncluttered room whilst another person’s reflected their cultural background.

Staff were able to give examples of how they promoted people’s privacy and dignity. Someone had a quiet area that they could go to and a room was available where people could meet with their families. Relatives told us that they were able to visit when they wished and were made to feel welcome People’s information was kept confidential and policies and procedures were in place to protect people’s confidentiality.

Good

Is the service responsive?

Our findings

People were supported to access work and leisure opportunities and pursue their hobbies and interests. One person told us, "I go to the cinema; out for food, go to the pub, restaurants and things I like doing that are fun. I get to do most of what I like to do." They also told us about the support they received from staff in order to be able to access their job at a local shop. One person told us the courses they attended at college in order to learn how to use their computer.

Whilst some people had routines determined by work other people required support that was flexible and responsive in order to meet their needs. For example a staff member told us about the person they supported who had complex needs. They explained that activities undertaken depended on how the person was feeling on the day. They told us, "There is not a set routine, every day is different. If it is good day we can go out walking and shopping." People were able to choose who supported them for some activities. Staff told us that one person enjoyed being supported by a particular staff member when they went swimming. Records showed that staff working patterns had been changed in order for the person to be supported at swimming by this staff member.

Staff were proactive in finding strategies to support people to access activities important to them. For example one person had not previously been on holiday as they did not like their routines to be disrupted. Staff confirmed with the person that they wanted to go on holiday and supported them to go to a nearby holiday camp which meant that they could continue with their usual daytime routines but still enjoy a holiday. We were shown pictures of the holiday and the person confirmed they had enjoyed it. Where people were unable to make decisions about aspects of their care or choices, we were told that people's families or advocates were involved. A relative and advocate confirmed staff involved them in decisions about the persons care. People were enabled to maintain relationships with their friends and family. The manager advised that it was part of the service's policy that people would be supported to maintain contact and visit family. One relative told us, "They support her on the train, They have to change twice and we pick up at the station. They escort her on the train and she loves it." Arrangements were being made for a person to be supported to visit relatives overseas.

The service had a complaints policy and procedure and this was also provided in an accessible format that used pictures and symbols to help the person read it. One person had raised a concern and this had been responded to in line with the procedure. The nature of the complaint was recorded, details of the complaint, action taken when resolved and it was signed by the manager. We spoke with the person and they explained the process and that they were satisfied with the outcome. The manager told us they previously held residents' meetings but had stopped as people had not found them relevant. The manager told us people were encouraged and supported to express what was important to them when people met with their key worker monthly. These meetings were recorded in an accessible format. People were asked questions including, Have I seen any of my friends or family? Have there been any meetings about me? Have I got any concerns? Do I want to complain? One person told us, "I meet with my keyworker. We talk about trips to London; health issues all those sorts of things."

Good

Is the service well-led?

Our findings

The service did not have a registered manager. The deputy manager had been appointed to manage the home and the provider had taken steps to register them with the CQC within a reasonable period.

We noted that there was a positive and inclusive atmosphere when we visited the service. As part of our inspection we spent time in the office reviewing records with the manager and staff. People who lived at the home regularly came in to the office to see what we were doing and ask questions of the manager or staff. The manager introduced us to people, explained what we were doing and told them about the inspection. People were comfortable in approaching the manager with questions or general conversation. There was a culture of promoting people's independence and when we asked the manager what they were most proud of they explained how someone who found it difficult to leave their bedroom when they first moved to the home was now able to go the shops and be involved in the house shopping going to local shops. This was in line with what relatives had told us about the person.

Relatives told us that they thought the service was well-led and that they were pleased with the appointment of the deputy manager to the manager post. They told us, "The manager is a lovely person who genuinely cares for all the clients." A relative told us that they had looked at other homes but could not find, "A home that matched the skills and love." of Walcott House. Relatives spoke positively about the provider and senior managers who were not based at the home. They told us, "The management is excellent" and another described the provider as "caring". The provider had ensured that the new manager was well supported. There was support from a compliance manager, mentoring by existing managers that worked in the provider's other services and that they were supported to undertake further qualifications relevant to their role.

Staff told us they felt supported and enjoyed working at the service. One told us, "I love it here." The provider recognised staff innovation and encouraged this by means of a voucher reward for staff that had made extra effort in order to deliver a high quality service. For example one person had been flexible when they worked in order that one person could be supported to take part in leisure activities in the community by the staff member they wished. Records confirmed that staff meetings were held regularly and people felt able to approach the manager at any time. Staff told us that they had staff meeting every three months. They gave us an example where they had discussed a strategy to manage someone's behaviour to ensure that all the staff responded consistently. Staff had access to a confidential text line for whistle blowing and the company had policies in place to protect and support staff such as anti-discrimination, bullying and whistleblowing policies.

The manager sent out regular surveys in order to gain feedback from people, their relatives and professionals. We reviewed feedback from a quality assurance questionnaire sent to professionals who supported people at the home. One stated, "Staff are professional and kind and caring. Staff have a friendly work ethic." We saw that feedback from relatives was acted on and a communal room had been decorated based on the feedback received.

Systems were in place for monitoring the quality of the service provided. These included an internal monthly audit carried out by the manager, compliance audit carried out by the directors. We reviewed the director's compliance audit report from April 2014 and the monthly care audit return. Audits included areas such as medication (weekly), care plans (monthly), health and safety weekly and fire tests (weekly) These systems were used to identify and address any risks and areas for improvement, for example, the director's compliance audit had identified that some care plans required updating. This had been addressed by the time of our inspection.