Norwood

Broadway House

Inspection report

80-82 The Broadway
Stanmore
Middlesex
HA7 4HB

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29 June 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 undertook an announced inspection of Broadway House on 28 and 29 June 2016. Broadway House is a domiciliary care agency registered to provide personal care to people in their own homes and supported living projects. The service provides support to people of all ages and different abilities. At the time of inspection the service provided personal care to approximately 20 people who lived in supported living projects. The service also provided care to people in their own homes but they did not provide personal care to these people.

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.

The service was registered with the CQC in May 2015. This inspection on 28 and 29 June 2016 was the first inspection for the service.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore also spoke with relatives of people who used the service. People and relatives told us that they were satisfied with the care and services provided. They said they were confident that people were treated with respect and they were safe when cared for by care workers. They spoke positively about care workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs which indicated when people were upset and how to support people appropriately. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all of these were completed fully with no unexplained gaps. The service had an effective medicines audit in place.

People and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Care workers had a good understanding of and were aware of the importance of treating people with

respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. People and relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, team leaders, office staff and the registered manager.

Staff told us that communication was good at the service and said they received up to date information. Staff were informed of changes occurring within the service through staff meetings where they had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received. The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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 and relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good

One aspect of the service was not effective. There was a significant number of staff that had not received an appraisal.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff had formed positive relationships with people.

Is the service responsive?

Good

The service was responsive. Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, team leaders and the registered manager. Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Broadway 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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 28 and 29 June 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (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 PIR also provides data about the organisation and service.

During our inspection we went to the provider's office and we visited two supported living projects. We reviewed five people's care plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore spoke with some people's relatives. We spoke with three people who used the service and three relatives of people who used the service. We also spoke with nine members of staff including five support workers, three team leaders and the registered manager.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. One person said, "I feel safe in my flat." Another person told us, "I feel safe. Staff are very nice people." Relatives of people who used the service told us they were confident that people were safe around care workers and they raised no concerns about the safety of people. One relative said, "[My relative] is absolutely safe. She is happy" Another relative told us, "[My relative] is completely safe around care staff."

Care support plans included a section titled, "how to support me to be safe in my home". This included details of how staff should help support each individual person so that they felt safe. Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to finances, personal hygiene, behaviours that challenge, epileptic seizures, medicines and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as clear measures for care workers on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition and we saw evidence of this.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Information about safeguarding procedures within the service was also detailed in the service user guide which was provided to all people who used the service. Care workers had received training in safeguarding people and training records confirmed this. We noted that some staff were due safeguarding refresher training and the registered manager confirmed that this had been scheduled for the end of July 2016. Care workers were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

People's finances were managed safely. Each person had a budget plan which helped them organise their finances. Team leaders told us that the majority of people managed their own finances and that care workers provided appropriate support where it was needed. Money was accounted for and there were records of financial transactions.

Through our observations and discussions with staff, we noted there were enough staff with the right experience and training to meet the needs of the people who used the service. One team leader told us staffing levels for supported living accommodation were assessed regularly and varied depending on

people's needs. Staff we spoke with told us that they felt that there were enough staff and said that they had no concerns about this.

We looked at the recruitment process to see if the required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for eight members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care workers.

There were suitable arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. We also saw evidence that care workers competence was assessed following medicines training to ensure they were confident with the medicines procedures. We looked at a sample of 14 medicine administration records (MARs) for various people and saw that these had no unexplained gaps. This demonstrated that medicines were being administered as prescribed.

Medicines in supported living accommodation should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a lockable cabinet in their room where they stored their medicines.

The service had a system for auditing medicines. The team leader at each supported living service completed a monthly "medication self-assessment checklist" which covered MAR completion and medication stock. We also noted that where the team leader had identified any mistakes or issues as part of the audit, they recorded the follow up action required and what actions had been completed.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. We visited two supported living accommodation and found that communal areas were clean and well-maintained.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they had confidence in care workers and the service. One relative said, "Staff are incredibly well trained. They provide person centred care and they work well with my [relative]." Another relative told us, "I am more than satisfied with the care. Staff are competent. I have no concerns."

Care workers received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that care workers had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. All care workers spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care worker said, "The training is always helpful and useful for my own development, to support people and also my colleagues." Another care worker told us, "The training is fantastic." Some care support workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Records showed that care workers had undertaken an induction when they started work and completed training in areas that helped them to provide the support people needed. We asked care workers if they thought the induction they received was adequate and prepared them to do their job effectively and they confirmed this. All care workers spoke positively of the induction.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. One team leader explained to us that care workers received a supervision session every six to eight weeks and we saw evidence of this. Supervision sessions enabled care workers to discuss their personal development objectives and goals. We noted that 21 staff out of 41 had not received an appraisal in 2015 and this was confirmed by the registered manager. The registered manager explained that they had identified this as part of their audit and as a result had put a plan in place for 2016 to ensure that all staff that we due an appraisal had received one. The registered manager provided us with documented evidence to confirm that those staff that had an appraisal outstanding had a date scheduled for this.

Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "It is good working here. I feel supported here. I feel able to ask questions if I need to." Another member of staff said, "There is good support here. The team leader is very accessible. Communication is good." Another member of staff told us, "Management are helpful. I can ask them anything." Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

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.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care plans included information about people's communication and their levels of capacity to make decisions and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided.

People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

People were supported to get involved in decisions about what they wanted to eat and drink. We spoke with team leaders about how staff monitored people's nutrition and they explained that as the service was supported living, they encouraged people to cook their meals where possible and be independent in respect of this. They explained that staff helped individuals prepare their meals and we saw evidence of this during our inspection. We noted that in one supported living scheme we visited, one person had their own menu plan and a care support worker explained that they cooked meals together.

People's care plans included a section titled, "understanding healthy eating". This included details on how to support people with this and team leaders explained to us that they encouraged people to make healthy decisions about food by providing them with information to enable them to do this. We noted that in the two supported living accommodation we visited, we found that there were leaflets and posters about healthy eating.

One relative we spoke with explained to us that their relative was diabetic and said that staff were knowledgeable about his needs in respect of this and said that they had supported him to follow a healthy diet.

The service monitored people's food intake and this was recorded on a daily basis. Team leaders explained that if they had concerns about people's weight they would contact all relevant stakeholders, including the GP, social services and next of kin.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "Staff are nice. They listen to me. I am happy." Another person told us, "Staff are very nice people I like them. I am comfortable." One relative said, "Care staff are very good. They are caring and respectful." Another relative told us, "Staff are really great. They really do care. The care is excellent." Another relative said, "All care staff are caring and kind. They are excellent."

Team leaders and care workers had a good understanding of the needs of people and their preferences and this was confirmed by relatives we spoke with. One relative told us, "Staff really understand [my relative's] needs. I am confident that they can meet his needs." Team leaders and care workers were able to tell us about people's interests and their backgrounds. This ensured that people received care that was personalised and met their needs. When we visited the service's supported living schemes we observed interaction between people and staff and noted that staff were patient when supporting people and communicated well with people. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills.

Care plans set out how people should be supported to promote their independence. People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people's wishes.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker said, "I respect people's personal space. It is important to explain things before doing anything and I always ask people what they actually want." Another member of staff told us, "I always ask what they want. I always get their consent. I make sure they are comfortable."

Team leaders explained to us that people were supported by the same group of staff. Consistency of staff meant people were familiar with staff and appeared comfortable around them. This also helped ensure that staff were fully aware of people's individual needs and what support they required. The registered manager explained that they thought very carefully about the compatibility of people who shared accommodation so that people live with others they get along with. They said that they involved families, carers and advocates in this process in such decisions and relatives we spoke with confirmed this.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. Relatives told us that the service were able to meet people's cultural needs. One relative said, "They go to great lengths to meet [my relative's] cultural needs." Another relative told us, "They are respectful of [my relative's] cultural needs and support this." Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

There was documented evidence that people's care was reviewed with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. Each person had an allocated key worker so that people could discuss their care needs and progress with them.

People and relatives we spoke with were all familiar with team leaders and said that they were able to contact management if they had any queries. The registered manager explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the ethos of the service which included enabling people to be "in control of their lives, support a rich and fulfilling life and focus on health and happiness of people".

Good

Is the service responsive?

Our findings

People received care, support and treatment when they required it. Relatives were confident that staff responded to people's individual needs. All relatives we spoke with said that they would not hesitate to speak with management if they had any concerns or feedback. One relative said, "Communication is good. I can talk to the team leader no problem." Another relative told us, "Management really do listen and take action immediately."

We looked at five people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The service assessed each person and discussed their care with them and their relatives and this was confirmed by relatives we spoke with.

Some people had a "positive behaviour" support plan in place. This is a behaviour management system used to understand what maintains a person's challenging behaviours. One team leader we spoke with explained that the aim was to increase the quality of life and decrease challenging behaviours by teaching new skills and making changes in a person's environment. We saw that "positive behaviour" support plans included proactive strategies which were specific to the individual person concerned.

Care support plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. They provided detailed and appropriate information for care staff supporting them. Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in.

Daily notes were in place which recorded daily outcomes achieved, meal log and medication support. Team leaders explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

Each individual had their own activities timetable which was based on their interests. Activities included going to a day centre, dinner out and swimming. On the second day of our inspection we noted that some people were out during the day and some people stayed in their flat. The service encouraged people to take part in activities to help further their personal development and gain independence. For example, one person was supported to work. One relative we spoke with told us, "I am so happy that there are always activities for [my relative] to get involved with."

The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. There was evidence that the service had dealt with complaints received appropriately.

We noted that the service had not carried out an annual formal satisfaction questionnaire. However, the registered manager explained to us that each supported living accommodation carried out their own satisfaction surveys and this was confirmed by team leaders. The registered manager explained that the service was going to carry out an annual formal satisfaction survey in the future.

One relative we spoke with explained to us that the service had set up a "family committee" which enabled relatives of people who use the service to meet every few months to discuss the care provided and raise any queries and concerns. This relative spoke positively about this committee and said, "The relationship between families and Norwood is excellent. They keep us informed."

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us that they were confident that the service was well led. They spoke positively about the way in which the service was organised and run. When speaking about one supported living accommodation, one relative said, "The team leader is fabulous. The place is well managed." Another relative told us, "Management are good. I am confident that they will address any issue if raised. I have only positive feedback."

There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service. One member of staff said, "My manager is very, very supportive. I love working here." Another member of staff told us, "It is good here. The team works well together." From our discussions with management it was clear that they were familiar with the people who used the service and staff.

There was evidence that the service held regular management meetings to discuss internal systems and how well these were working. There were team meetings within each supported living scheme so that care staff were informed of any changes occurring within the service, which meant they received up to date information and were kept well informed. Staff we spoke with confirmed this. Staff understood their responsibility to share any concerns and feedback.

The service had an effective system to monitor incidents and implement learning from them. The provider explained that they identified learning outcomes following an incident and then shared these with staff and implemented learning outcomes. The aim of this was to look at ways of learning from incidents.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook a range of checks and audits of the quality of the service in an attempt to improve the service as a result. These included monthly medication checks, care plan audits, staff file audits and quarterly financial spot checks. The registered manager also carried out a quarterly compliance check looking at various areas such as health and safety, the care provided, staffing levels and support to staff. The last compliance check was carried out for the period March to May 2016. We saw evidence that the service had identified areas that they needed to address and there was an improvement action plan in place.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.