Voyage 1 Limited

Broadview

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

Summary of findings

Overall summary

This unannounced inspection took place on 27 July 2017.

Broadview is a service which provides support and accommodation for up to six people who live with a learning disability. The service has a main house which provides accommodation for four people, a one bedroom self-contained flat attached to the main building and a separate one bedroom self-contained flat. At the time of our inspection there were six people living in the service.

At the time of our inspection visit there was not 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. There had been a number of management changes since our previous inspection, however the previous registered manager had returned to Broadview almost two months before our inspection. They submitted an application to become the registered manager which was approved shortly after the inspection visit.

At the last inspection in August 2015 the service was rated overall Good. However, a rating of requires improvement had been identified in the 'safe' domain as improvements were needed to ensure the safe management of medicines. This had now been addressed by the management team and good medication practices were in place.

Risks associated with people's needs and support were understood and managed well. Detailed care plans were in place which were personalised and updated regularly to ensure they reflected people's needs.

There were enough staff to meet people's needs. They had been recruited safely and received the training and supervision they needed to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of seeking consent and followed the principles of the Mental Capacity Act 2005.

Staff ensured people received support from other health professionals when this was needed and supported people to maintain a balanced and health diet.

People said staff were kind and caring. Observation demonstrated staff understood the need for dignity and privacy to be maintained. People were supported to be as independent as possible and involved in decisions about their care.

No one had any complaints but knew what to do if they did. Staff spoke highly of the manager who operated an open door policy and took a "hands on" role in the service. People were confident to approach the

manager with any issues they wanted to discuss.

Systems were in place to ensure a quality service was provided. Feedback from people, their relatives, staff and professionals was sought. Where improvements were identified; plans were developed to ensure these were addressed.

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

The recruitment of staff ensured that information was gathered to check if they were safe to work with people.

Staffing levels ensured people's needs were met.

Risk associated with people's needs were understood by staff and approaches' developed to reduce these.

Medicines were managed safely and people received these when they needed them.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to work effectively with people.

Staff understood the importance of gaining consent and assuming people could make their own decisions and were able to describe best interests decision making processes.

People were satisfied with the food they received and were supported to maintain a balanced diet.

When required staff accessed other professionals to ensure support provided was appropriate for people's needs.

Is the service caring?

Good

The service was caring

Staff respected people's dignity and privacy. They ensured people were involved in making decisions about their support and the home.

Staff were kind and caring in their interaction with people.

Is the service responsive?

Good

The service was responsive.

People were supported to receive personalised care which met their needs.

People were supported to do activities which were based on their preferences.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led.

The manager had a visible presence in the service and operated an open door policy.

Staff felt the manager was open, approachable and supportive.

Regular audits took place to check the quality of service provision and actions plans were developed to ensure improvements were made.

Broadview

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 was 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 27 July 2017 and was unannounced.

One inspector carried out the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with three people, three staff and the manager. We looked at care records for four people and the medicines records for three people living in the home. We looked at recruitment, supervision and appraisal records for staff and training records. We also looked at a range of records relating to the management of the service such as activities, accidents and complaints, as well as quality audits and policies and procedures. It was not always possible to establish people's views due to the nature of their communication needs. To help us understand the experience of people who could not talk with us, we spent time observing interactions between staff and people who lived in the home. Following the inspection we received feedback from one relative.

Good

Is the service safe?

Our findings

People told us they felt safe living at Broadview. They said there was always staff they could talk to and that would help them. Observations reflected that people felt safe. They were comfortable around each other and engaged well with each other. People engaged unprompted in a positive way with staff and with us.

At our last inspection in June 2015 we made a recommendation about the management of medicines, especially in relation to the checking of records to ensure medicines ordered have been prescribed and supplied correctly. At this inspection we found the management of medicines was safe and people received their medicines in line with their prescriptions and on time. People confirmed this.

Medicines storage was safe. Each person had their own locked cupboard which contained their medicines and the temperature of these was checked daily. Where the temperatures had been high due to the recent hot weather, staff had taken action to address this. Records showed the amount of medicines received into the home was recorded and a stock check was maintained daily. Medicine administration records (MAR) showed no unexplained gaps in the recording of regularly prescribed medicines. People were prescribed medicines to be given when required and protocols for their use were in place for all except one recently prescribed an as required (PRN) medicine. The manager told us they would be implementing this. Support guidelines were in place to inform staff about how each person wanted to be supported with their medicines.

People could be confident that management would take appropriate action if concerns were raised about their safety. All staff were required to complete both face to face and eLearning training in safeguarding people. They were able to describe the different types of abuse, what to look for and when to report any safeguarding concerns within or outside the service. The manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff and people told us they were confident the manager would take appropriate action to address any concerns.

People could be confident they were supported by staff who were appropriate to work in care because recruitment practices remained safe. Potential new staff completed an application form and were subject to an interview. Following a successful interview, references were sought and Disclosure and Barring Service (DBS) checks were carried out. These checks helped to ascertain if applicants were suitable to work with people at risk. Staff confirmed they did not start work until recruitment checks had taken place.

Staffing levels met the needs of people living at the home. A core staffing level of three staff was always provided. People who had been assessed as requiring additional support were provided this in addition to the core staffing. Staff told us they felt that staffing levels were appropriate to meet people's needs. People told us staff were always available if they needed them and we observed throughout the inspection visit that staff responded in a timely manner to people's request for support.

People told us they felt staff knew their needs well. Staff were aware of people's needs and any risks associated with these. Support guidelines were in place which provided guidance to staff about the support

people needed to reduce any identified risks. For example, we saw epilepsy support guidelines for one person provided comprehensive information about how their epilepsy presented, any potential triggers and the action staff should take. Staff's knowledge of this reflected the guidelines. Detailed support plans were in place to provide guidance to staff about behaviours that may pose risks. These gave clear information about the type of behaviours, the triggers to behaviours, early warning signs and what staff should do not only to prevent behaviours but also to reduce risks if these did occur. In addition these gave guidance that supported staff to recognise when a person was calming down, such as recognising a change in their complexion colour. Incidents and accidents were recorded and monitored. Staff said they used this information to discuss support approaches with and for people. The manager told us the information was used to identify if further support from external professionals was needed or from the providers own behaviour support team.

Good

Is the service effective?

Our findings

People told us that staff knew how to support them. A relative told us how, as a result of the support provided, their family member had grown in confidence.

Staff were supported to undertake their roles through supervisions and training. Staff participated in regular supervisions with the manager. They told us they felt these were a supportive tool which helped to recognise their strengths and discuss any areas that needed to be worked on. Appraisals took place annually and the manager was in the process of completing these with staff. We saw that this approach enabled the manager and the staff member to provide constructive and supportive feedback and to set objectives for the next year.

Staff told us they did lots of training which really helped them in their role. The provider ensured the training met the needs of people living in the home. For example, behaviours management training was provided to staff to ensure that if a crisis situation arose staff would be able to keep themselves, people and others safe. All staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The manager told us the provider was amending the induction process to ensure this supported new staff with the Care Certificate.

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).

People could be confident they would be supported to make their own decisions and were protected as the principles of the MCA were followed by staff. People's care plans gave guidance to staff about how people made decisions and the support they should provide. Staff had a good understanding of the need to ensure they sought people's consent. They told us they always assumed people could make their own decisions and would provide them with as much information as possible to support them to make decisions. They said they would ensure they spoke to the manager if they felt someone didn't understand the decision they were making and if needed other professionals and families would be involved in making best interests decisions. Decisions about people's care were taken in line with appropriate legislation. We saw mental capacity assessments had been carried out and DoLS applications submitted where these were needed.

People told us they enjoyed the food that was available to them and that they had plenty of choice.

Observations reflected people were given appropriate support to eat their meals. People accessed the kitchen whenever they chose to. Food and drinks were readily available to them and they were able to help themselves. They were encouraged and involved to participate in meal preparation and provided with meals that met their needs and their preferences. People's weight was monitored regularly to ensure they were receiving an adequate nutritional intake. Where people had chosen to lose weight this was supported by staff and care plans were in place acknowledging people's needs. Where people's weight loss was a concerns staff told us they would contact the GP and other professionals for support.

People's health needs were met. Staff and people confirmed regular access to healthcare services including GP's, dentist and specialist support team was available. Staff knew about people's health needs and the support they needed regarding these. Referrals to health professionals were made promptly when these were needed.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. They said they felt staff listened to them. They told us staff offered them choices and they were able to make their own decisions. One person said "Yes, I can make my own decisions". They then showed us their room and talked to us about how they had chosen to decorate this.

People were supported by a consistent team of staff which ensured continuity and enabled people to get to know the staff. Observations reflected that people were comfortable and relaxed in staff's company. Each person was addressed using their preferred name. Staff were respectful to and immediately answered all the requests from people and fitted their own tasks around the needs of the people living at the home. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. They recognised when people needed reassurance and provided this in a positive manner. Staff explained what they were doing, and they encouraged people to be independent with praise. For example, we observed one person helping to prepare the evening meal, the staff member was encouraging this person throughout and providing praise when this was needed. There was a light friendly atmosphere, with positive engagement and there was appropriate banter and laughing between staff and people. The atmosphere of the service and the way that the staff interacted with the people who lived there can be described as similar to a family home.

People were involved in making decisions about their care and the home they lived in. For example, people were involved in the decoration of the home, in planning activities and the manager told us how the provider was looking at forums to involve people in the recruitment of staff. Staff understood people's communication needs and supported them to make decisions about what they wanted to do, where they wanted to go and who they wanted to be supported by. Pictures, books and appropriate methods of communication were used. Key worker meetings were in place when people wanted to use these. A keyworker is a member of staff given a lead responsibility to work with a named person. They aimed to ensure people could meet with their allocated key worker to discuss their support and any changes they may want. However we observed that people did not feel they needed to wait for meetings. One person put their request in writing and left this is their named keyworkers drawer for when they came on shift. They had also informed the manager who said they would ensure this request was acted upon.

Relationships outside the home were encouraged. One person was supported at times to visit a friend and others were encouraged to visit families and attend activities with people outside of the home. Staff confirmed they always encouraged people to do as much for themselves as possible.

Staff demonstrated respect for people's dignity and privacy. They knocked on doors before entering and used respectful and clear communication. They kept people informed of what they were doing. We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

Good

Is the service responsive?

Our findings

People living in the home received personalised care that was tailored to their needs. Detailed care plans that informed staff in a clear way what support people needed in all areas of their lives and what they could do independently were available. Care plans were very personalised and contained information about preferences, life history, likes and dislikes and their typical day. In addition they identified what was important for people and how staff could help them to make decisions. This is significant in a service for people with learning disabilities who can find it difficult to communicate their needs. This information can aid staff in communicating and developing relationships with people whilst meeting their needs.

Staff told us the care plans were useful. As most staff had worked with people for a significant period of time they had a good knowledge of their needs, preferences and dislikes. Through knowing people well staff were able to work with people to prevent them from becoming dissatisfied with how they spent their time at the service. The staff had worked with people to identify goals and work towards these. For example, one person using the service told us how they found it difficult to be away from the home but really wanted to go on holiday. Staff had worked with this person to book one night away with the view of increasing this as the person's confidence developed. Throughout the inspection staff were heard giving this person reassurance when needed about their planned trip.

Care plans were regularly reviewed. On an annual basis a person centred review took place to look at what had been working well, what could be changed and any future goals people may have. At the time of the inspection one person was choosing when they wanted this to take place and the manager told us they were being booked for everyone living at the home. However, any changes that were needed before the annual review took place, were responded to.

People living in the home were encouraged and enabled to take part in their preferred group and individual activities. One person told us about some clubs they attended, another person told us about shopping trips they did with staff. We observed a third person giving the manager a list of activities that they wanted booking for them. In addition to these activities people were supported and encouraged to maintain their house by participating as much as possible in house work, meal preparation and laundry.

The service had a complaints policy and procedure available for people and their relatives. People knew how to make a complaint and were confident to do so. We saw they openly discussed any issues they had with the manager and staff during the inspection. We checked the records for the last year and found that there had been no complaints made.

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager. There had been a number of management changes since our previous inspection, however the previous registered manager had returned to Broadview almost two months before our inspection. They submitted an application to become the registered manager which was approved shortly after the inspection visit.

There was a clear management structure in place. The manager was supported by a deputy manager, two team leaders and a regional manager.

We observed people living at Broadview were confident to approach the manager and talk to them about any concerns. A relative confirmed they were very confident in this manager, who they felt was easy to talk to. Staff were very positive about this manager returning. They said they felt motivated, listened to and supported by a manager who was very person centred. Staff consistently told us this manager was "firm but fair". They all told us they could approach the manager at any time and were extremely confident they would be taken seriously. Staff confirmed that supervisions and staff meetings were used to encourage them to provide feedback about not only about people they supported but also about the home in general. Minutes of these meetings reflected this. The provider shared a weekly communication memo with services. This provided guidance they might need to access such as health and safety changes, medical alerts, updates about DoLS, and updates about any plans they had.

We observed that the manager took a very 'hands on' approach in the home, leading staff and offering guidance in different situations. This promoted an open and inclusive culture where staff were positive, worked well together and supported each other well. The provider had displayed there last CQC rating in line with legislation and were notifying us of significant events.

The provider had systems in place to monitor and assess the quality of the service. Regular audits took place to ensure the service was maintaining a good standard. Audits included areas such as, health and safety, medication, and infection control and care records. The audit process involved the manager auditing the service and compiling an action plan. This was then reviewed within 3 months by the regional manager and the action plan was signed off or added to. On an annual basis the provider's quality team undertook a thorough audit of the entire service. This provided an overall score and an action plan was produce with timescales set. Dependent on the score, this would determine the frequency of support visits and checks against the action plans progress. The most recent audit had been completed just prior to our inspection visit and had been effective in identifying areas which required improvement. For example, we found some records required updating, the audit recognised this and the manager had already started to take action, including a discussion with the team the day before our inspection visit about what was required. Instead of having multiple action plans the provider ensured that each manager produced a consolidated action plan which was then held centrally and reviewed on a regular basis.

The service had a system in place to gain feedback from people who used the service, their relatives, staff and visiting professionals. This was completed on an annual basis and the results were collated into an

action plan. Any concerns raised were used to improve the service. The last survey analysis dated January 2017 reflected positive feedback from people, staff and relatives. An action plan had been developed which included continuing to look at other activities for people. Staff and the manager told us they did this with people regularly. In addition the action plan included systems to increase staff morale. Staff told us morale was much improved since the manager had returned.