

Outward

Bromley LD Services

Inspection report

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West Wickham
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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

About the service

Bromley LD Services provides care and support to people living in a supported living setting. At the time of the inspection nine people were living in three bungalows that had been adapted to meet their needs. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's needs. The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. Staff were following government guidance in relation to infection prevention and control. They had received training on COVID 19 and the use of personal protective equipment (PPE). The service had contingency plans in place that made provisions for safe care in the event of an emergency, or outbreak of COVID 19.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through regular training and supervision. People were encouraged to maintain a healthy balanced diet and they had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives had been consulted about their care and support needs. The service had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. The provider took people, their relatives and staffs views into account

through satisfaction surveys. Staff told us enjoyed working at the service and said they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bromley LD Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed how people were supported and we spoke with the relatives of three people who used the service about their experience of the care provided. We spoke with two members of staff, the registered manager and the area manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us their loved one was, "absolutely safe". Their loved one had lived at the service for a long time and the staff knew what they needed to do to keep them safe.
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding and were provided with information regarding who to report potential safeguarding concerns to.
- Staff told us they would report any suspicions of abuse to the registered manager and they were confident the registered manager would make a referral to the local authority safeguarding team. They also told us they would use the providers whistle blowing procedure to report poor practice if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.
- An officer from the local authority told us there had been two safeguarding concerns related to the service since February 2020. The registered manager had notified CQC and confirmed with us the actions they had taken to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- People's care records included risk assessments for example, on moving and handling, using hoisting equipment, eating and drinking and specific medical conditions. Risk assessments included information for staff about action to be taken to keep people safe and minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely.
- Training records confirmed that staff had received training on how to support people with their specific medical and care and support needs. Staff had also received training on fire safety.

Staffing and recruitment

- We observed, and staff told us the staffing levels at the service were meeting people's needs.
- The registered manager showed us rotas and told us staffing levels were arranged according to people's care needs. If people's needs changed, they said they would work with the local authority to ensure that safe staff cover was in place to meet people's needs.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals.
- People had individual medicine administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included details on their medical conditions and how they were supported to take their medicines. MAR records had been completed in full and there were no gaps in recording.
- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date.
- Staff had received training on infection control, COVID 19, and we observed they were using PPE safely and were abiding by shielding and social distancing rules. The provider was accessing testing for people using the service and staff.
- Relatives told us they could visit their loved ones if they so wished. A relative told us they had recently visited their loved one, they were able to visit from outside of their loved one's home which was their current preference. Another relative commented on how impressed they were with how the service had looked after their loved one during the pandemic.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns or accidents, they had taken appropriate action to address them. For example, after a person had a fall the registered manager reviewed a person's care plan and risk assessment. They took further action to reduce the likelihood of falls, for example, they placed a sensory mat in the persons bedroom to alert staff and provided staff with extra training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. The registered manager carried out assessments of people's care needs to consider whether the service was suitable for them and if the service could support them safely. The assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Relatives and appropriate health care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Training records confirmed that staff had completed training that was relevant to people's needs. This training included for example, safeguarding adults, medicines administration, percutaneous endoscopic gastrostomy (PEG) feed, epilepsy, health and safety, moving and handling, basic life support and end of life care.
- We observed staff supporting people using moving and handling equipment safely and courteously. A member of staff told us "I think I am well trained. I feel confident in what I do."
- A relative told us, "The staff have worked here for many years and they know my loved one very well. They know what they are doing, they are very well trained."
- Staff told us they received regular supervision and annual appraisals of their work performance from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. They were encouraged to eat healthy meals.
- People's care records included assessments of their dietary requirements and food likes and dislikes. Where people were at risk of aspiration, we saw speech and language therapist input was sought and there were eating and drinking guidelines in place to help them to eat safely.
- A staff member explained in detail how they supported a person with their medicines and eating using PEG feed equipment (PEG feed is a way of introducing food, fluids and medicines directly into the stomach).

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.
- People's care records included evidence of regular contact with health care professionals for example, the

GP, speech and language, occupation therapists, dentist and chiropodists. We saw records of individual health care appointments, the reason for the visit, the outcome and any recommendations. A health care professional told us any recommendations they made during clinical reviews or home visits were followed up accordingly and promptly. If staff were not sure about something, they would always contact them for advice and clarification.

- Information was available and shared with other health care services such as hospitals when this was required. For example, people had hospital passports which outlined their health care and support needs for professionals.
- A relative told us the staff knew the signs that presented when their loved one was becoming unwell and when they needed to take them to hospital. They told us, "The hospital doesn't know my loved one like the staff do. The service has always made sure there is a staff member with my loved one when they have gone into hospital, even during the pandemic. This is very reassuring because staff know my loved one extremely well."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager provided evidence to us confirming they were working with the local authority community deprivation of liberty safeguards team. They provided evidence confirming the local authority had sent the applications to deprive people of their liberty to the Court of Protection and they were awaiting the authorisations to be returned.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care records included sections that referred to their diverse backgrounds and relationships that were important to them.
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. A member of staff told us people currently using the service had complex needs and none had expressed a wish to attend any faith services, however, they had supported other people to attend a local church in the past. This staff member told us they would be more than happy to support people to do whatever they wanted no matter what their diverse needs or backgrounds were.
- A relative told us, "The staff are 100% kind and caring. They really understand and treat my loved one very well indeed." Another relative commented, "The staff are excellent, I am very happy that my loved one is placed at this service."
- A health care professional told us the staff team were kind, caring and professional and they would have no hesitation in recommending the service as a potential placement for new people.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives had been consulted about the care and support they received.
- A relative commented, "My loved one has very complex care and support needs. When they went there to live the service really went out of their way to learn about them and put things in place to meet their needs. I attend regular meetings with the service, and I am fully involved in my loved one's care planning." Another relative told us, "I am involved with planning for my loved one's care. The staff are doing all the right things. They are very good at keeping me up to date and make sure my loved one gets to all of their appointments."

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting people in a respectful dignified way. They spoke with people using their preferred names and looked for signs that people were recognising and consenting to their questions and prompts.
- A relative told us their loved one had complex sensory impairments and explained how staff communicated with their loved one to understand their needs and wishes. A staff member also told us how they communicated with this person using the person's own unique sign language. They also told us how they used words and pictures to communicate with other people using the service.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they

maintained their independence as much as possible by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them.
- Care plans reflected the principles and values of Right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community. Care plans were kept under review and changed whenever people's needs changed.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported people with eating and drinking and the methods they used to communicate with individuals.
- A health care professional told us the service provided care and support to people with learning disabilities, and in some cases additional complex physical health conditions. They had worked very closely with the service in order to support people to undergo health investigations or follow up on treatment plans. They said the service and the staff were knowledgeable and caring for the client group they work with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual weekly day care programmes. These detailed people's preferred activities and included for example, massage, walks in the park, cycling, shopping, swimming, arts and crafts and family visits. On the day of the inspection we saw people going out for a trip to a local park in the services adapted transport.
- People also accessed local community facilities such as hairdressers and barbers, swimming pool, pubs and a local theatre.
- We observed staff spending time with people playing games and supporting them to listen to music on their tablets.
- Some people attended day centres prior to the pandemic. The registered manager told us these people were supported to take part in regular virtual sessions run by the day service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service had complex communication needs. Their preferred ways of communicating

were recorded in their care records. The registered manager told us some people could understand some of the information that was provided in an easy read format.

- Staff supported people to make decisions by using touch, objects of reference and picture cards. The registered manager told us that information about the service was also shared with people's family members.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that some people could understand.
- A relative told us, "I have not needed to make any complaints recently. I did some time ago and the issue was resolved." Another relative commented, "If I have any problems I would speak with the registered manager and I am confident they would deal with it."
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care however, the service had supported people at the end of their lives in the past. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- We saw people's care records included a section on how they would like to be supported at the end of their lives.
- Records showed that staff had received training on end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staff team.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- Staff were positive about how the service was run and the support they received from the management team. One member of staff said, "I can be very outspoken, but the registered manager listens to staff. I think the teamwork at this service is very good." Another member of staff commented, "I am very well supported by the registered manager; we have a very experienced team and we all help each other."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, honest and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During the inspection we observed people being included and empowered to make decisions about their wishes and preferences. For example, we saw staff supporting people to make choices about their care and about going out on trips.
- A relative told us, "I am really happy with the support my loved one receives. There is good teamwork and the management is very good." Another relative commented, "This is a well-run service, it's well organised. When I go there, I see all the people using the service are treated well. That comes from the top, so it must be through good management. A third relative commented, "This is good service, my loved one receives extremely good care. I think the service coped really well with the pandemic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people, their relative's and staff's views about the service through annual surveys. We saw a survey completed by one family member and staff in August 2020. This indicated the relative was happy with the service provided. Staff also indicated they were happy working at the service.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included service

updates, training, lessons learned and engaging, enabling and empowering people using the service.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The registered manager undertook regular monitoring audits. These audits covered areas such as health and safety, infection control, incidents and accidents, care plans, medicines and complaints. The audits were up to date and showed actions were taken when shortfalls were identified.
- The area manager also carried out regular visits to the service and produced reports which included actions required to drive improvement. A recent report covered areas for example, health and safety, support planning and risk management, safeguarding, staffing and training. Actions were set to update two people's manual handling assessments and to remind staff not to sign MAR sheets before medicines are administered. These had been followed up by the registered manager.
- There were unannounced 'spot checks' which involved the area manager checking on staff practice during night shifts. The registered manager told us there were no issues identified during these checks however, action would be taken where necessary to ensure that care was provided by staff in the right way.

Working in partnership with others

- Records showed that the service worked effectively with other organisations and staff followed best practice. The service had regular contact with health and social care professionals, and the registered manager told us they welcomed the professional's views on service delivery.
- A health care professional told us the service provided a good service for the three people they were involved with. They said they would have no hesitation in recommending the service as a potential placement for people.
- The registered manager told us they regularly attended virtual provider forums run by the local authority where they learned about and shared good practice. They told us during the pandemic they received practical advice and support relating to COVID 19 and shared this with staff for example, promoting vaccinations.