

# Broadham Care Limited

# Felbrigg House

## Inspection report

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20 December 2016

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### Ratings

Overall rating for this service	Good ●
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Is the service responsive?	Good ●
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# Summary of findings

## Overall summary

Felbrigg house is a detached house close to Dover town centre. The service is registered to provide accommodation and personal care for up to 11 people who have a learning disability. There were 11 people living at the service when we visited.

The accommodation is set over two floors with bedrooms on both floors. There are good sized communal areas. The home was clean, tidy and well decorated.

### Rating at last inspection

At the last inspection, the service was rated Good overall and Requires Improvement in the 'responsive' domain.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 August 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person Centred Care. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Felbrigg House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At this inspection we found the service remained Good overall and is now rated Good in the 'responsive' domain.

### Why the service is rated Good

The service had improved since the last inspection. People's care plans had more detail in them and guidance was in place for staff to support people with their health conditions. People had plans to move towards their goals and there were records of what they had achieved. People had access to a variety of activities. The breach of Regulation 9 found at the last inspection had been met.

People knew how to complain and any complaints received were responded to appropriately.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

We found that action had been taken to improve responsiveness.

People had care plans which detailed what support they needed and how they preferred to be supported.

Staff had guidance to support people with specific health needs.

People had access to a variety of activities.

Complaints were responded to appropriately.

# Felbrigg 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Felbrigg House on 20 December 2016. The inspection team inspected the service against one of the five questions we ask about services: is the service Responsive? This was because the service was previously not meeting some legal requirements. This inspection was carried out by two inspectors.

The provider had not completed a Provider Information Return (PIR), because we had not requested one before this focused inspection. 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.

Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the manager, who was in the process of registering with CQC, two members of staff and three people who lived at the service. We looked at documents including four care plans, activity planners, medicine protocols and complaints records. We observed people and staff interacting and taking part in activities.

We last inspected the service on 24 August 2015. A breach in regulations was identified at this inspection.

# Is the service responsive?

## Our findings

Staff were responsive to people's needs. One person told us, "It is good here, I get to go to discos and shopping which I like. The staff are nice and take me where I want to go." Staff told us, "People get to choose what they like to do. Each person picked a Christmas trip to go on and they are usually kept pretty busy throughout the year."

At the last inspection in August 2015 people's care plans did not always contain the information needed to make sure they received the care they needed. A person who was living with diabetes did not have a care plan in place to give staff guidance to support the person to manage their condition in the safest way.

At this inspection improvements had been made. When people had health conditions they needed support to manage, there was clear guidance for staff. For example, one person was living with diabetes, there was information about what staff should do if their blood sugar levels were outside the acceptable range. Records showed that the guidance had been followed by staff and if the actions taken had worked. For example, staff had encouraged the person to drink more water to reduce sugar levels or to have food with high sugar content to raise the levels.

Some people were living with epilepsy. They had guidance in their care plans about warning signs that they could have a seizure, how staff should respond and when to administer any medicines. The plans would benefit from descriptions of what individual people's seizures looked like. This was an area for improvement.

At the last inspection people did not always have goals or plans to develop their skills. People's care plans did not highlight what they were capable of doing for themselves, or record their progress.

At this inspection improvements had been made. People's care plans broke down goals into manageable steps and folders had been put together by keyworkers to show progression each month. One person had not been going out and trying new activities for some time. Staff had worked with them to encourage them to go out more often. The person had started going out and their folder showed activities they had tried. This included photographs of activities they had taken part in and what went well or could be improved. The person had been to a local fire station open day and had visited local shops which they enjoyed.

The manager had met with people and their loved ones before they moved into the service to assess their needs. Staff had used this assessment and information from people's care managers to develop people's care plans. Many of the people at the service had lived there for a long time, so staff regularly assessed if their needs had changed. Staff regularly reviewed the care plans to record any changes and updated the plans as needed.

People's care plans had information about their support needs and how they liked to be supported. We saw staff support people as described in their care plans. For example, one person wanted a cup of tea and staff prompted them to be involved in making the tea, and supported them by carrying the tea back to the

lounge as they could be unsteady on their feet. People's plans showed what they could do themselves and areas that they still needed support with so staff only gave support that was needed.

People's care plans were not always in a format that people could understand. We recommended that the manager look at developing a more visual representation for people, for example; using pictures or photographs to make the care plans more meaningful to people.

The manager was working with keyworkers to increase their involvement with care plans. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. One member of staff told us, "It is really positive to be involved in the care plans, we get to really make them reflect the person we support."

People's care plans had details of their likes and dislikes, and staff had a good knowledge of them. For example, when we were speaking to a person who lives at the service, staff were reminding them of other activities they enjoyed and had taken part in. People chose activities they enjoyed and were encouraged to try new things. Some people could become anxious or distressed, so there was guidance for staff about what signs to look for, possible triggers and what to do to minimise their distress.

During the inspection people were going out to do activities including horse riding and shopping. Two people had gone to London for a Christmas activity. One person went to a local café they visited on a regular basis. Staff told us they had got to know the staff working in the café, and were always greeted warmly when they visited.

There were pictures around the service of people enjoying activities and details of upcoming events. One person told us, "I went to the Christmas market at Leeds castle for my trip, it was good. We are having a pantomime too."

People were encouraged to express their views about the service and were given clear information about how to make a complaint. There was a complaints policy with an easy read version displayed in the entrance hall. When complaints had been received they had been dealt with appropriately. The manager kept a log so that all complaints could be tracked and used for learning and improving the service.