

Upward Care Limited

The Bromford

Inspection report

338 Bromford Lane
Washwood Heath
Birmingham
West Midlands
B8 2SD

Tel: 07815049486
Website: www.upwardcare.co.uk

Date of inspection visit:
28 February 2019

Date of publication:
11 March 2019

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:

The Bromford is registered to provide personal care as part of a supported living setting. On the day of this inspection site visit 24 people were receiving personal care. The Bromford was purpose built and comprises of individual flats over two floors with communal areas on each floor.

The Bromford had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and knew what to do to safely support people. People received safe support with their medicines by staff members who had received appropriate training and had been assessed as competent. People were supported by the right amount of staff to meet their needs. The provider followed effective infection prevention and control procedures when supporting people.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those receiving personal care at The Bromford. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. People were supported by staff members who were aware of their individual protected characteristics. People were supported to develop their independence and to set achievable goals in life.

People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding. The provider had systems in place to encourage and respond to any complaints or compliments from people or their relatives.

The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider, and management team, had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection:

'Good' overall with requires improvement for the key question 'Safe,' (date last report published 11 September 2018). At that inspection we found the provider needed to improve the consistency of their risk assessments regarding the care and support people received. At this inspection we found improvements had been made.

Why we inspected:

The inspection was prompted following concerns raised by the Local Authority (who commission services for people at The Bromford). We had received concerns in respect of the risk assessment processes completed by the provider, staff training and knowledge of people's needs, care planning and overall staffing.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

The Bromford

Detailed findings

Background to this inspection

The 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.'

Inspection team:

One inspector and one assistant inspector carried out this inspection.

Service and service type

The Bromford supported people receiving personal care in a 'supported living' setting, so that they can live in their own home as independently as possible. Some people live there as permanent tenants while others stay at The Bromford on a short-term basis while receiving 'respite care'.

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 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.

Notice of inspection

This inspection took place on 28 February 2019 and was announced. We gave the provider 48 hours' notice as they provide a supported living service to people who are often out during the day and we needed to be sure someone would be in.

What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification

is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection we spoke with three people, three care workers, the registered manager, the area manager and three newly appointed staff members completing their initial training with the provider.

We reviewed a range of records. This included three people's care records and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the providers quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At our last inspection (published 11 September 2018) we found the provider needed to improve the consistency of their risk assessments regarding the care and support people received. At this inspection we found improvements had been made.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns. One person said, "I feel safe. I like my privacy and that is what I get."
- Information was available to people on how to report any concerns.
- Staff members we spoke with told us about elements of people's lives which could place them in situations where their personal safety could be compromised. They told us how they supported people to make choices to minimise these risks. One person outlined for us a situation where they had choice and engaged in activities they themselves described as 'risky'. They went on to say staff members had explained the consequences of this and supported them to keep safe.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; maintaining a safe environment.
- When the provider was made aware of potential or emerging risks to people they acted immediately to seek further information to make an informed risk assessment to keep people safe.
- The provider was not responsible for the physical environment where people lived but they supported people to pass on any maintenance concerns issues regarding their individual tenancies to the landlord.

Staffing levels

- People were supported by enough staff to meet their needs. One person told us, "Staff are available to support me straight away, there is a button on the wall outside to get attention or I can use my telephone."
- The provider had systems in place to allocate the right amount of staff to safely support people and to meet their individual needs.

Using medicines safely

- Not everyone needed assistance with their medicines by the provider. When they did, people were safely supported with their medicines by a trained and competent staff team. One person said, "Staff come and

remind me to take the medication and they administer them for me. I would forget if staff didn't help me, I am happy for their help."

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and if needed retraining of staff members.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Systems and processes

- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- People had information, and understood, what to do in an emergency such as a fire.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs were holistically assessed. Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- The provider supported staff to deliver care and support in line with best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included respecting specific dietary requirements, religious and cultural preferences.

Staff skills, knowledge and experience

- People were supported by a well-trained staff team who felt supported by a management team. One person told us, "The staff are good at what they do."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, basic food hygiene and fire awareness. In addition to this, they worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member said, "I find this to be a very supportive introduction to what was expected of us."
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care. Staff members also revisited the care certificate learning packages on a regular basis. One staff member told us, "This is so we can remind ourselves of the basics when supporting people."
- When people had specific needs the staff members supporting them were provided with training appropriate to the person's individual requirements. For example, specialised training was provided to meet one person's nutritional needs.
- Staff members told us they received regular one on one supervision sessions with senior staff members. The staff we spoke with told us they found these sessions to be supportive. One staff member said, "During our supervisions we talk about those we support, any concerns and any suggestions on how we can best meet their needs. We also talk about our specific training needs and we can request to do additional training if it is relevant."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to maintain their well-being. We saw people were supported to make healthy-eating decisions. When needed people's cultural considerations were met regarding food preparation and personal choice.

Staff providing consistent, effective, timely care

- People were supported to make and attend healthcare appointments when they needed. One person said, "Staff support me with health appointments, I am going to the dentist to have a tooth removed."
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Adapting service, design, decoration to meet people's needs

- The provider was not responsible for the physical environment within which people lived. This responsibility remained with their landlord as part of their tenancy agreement and was not assessed as part of our inspection.

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 with appropriate legal authority.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. One person said, "I choose what I do during the day, I speak to staff and they tell me if any activities are taking place."
- When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed and when necessary the provider followed the best interest process.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were treated with respect by a caring and compassionate staff team. We saw people and staff members sharing jokes and having fun interactions. One person said, "The staff are lovely."
- Staff members we spoke with talked about those they supported with fondness and compassion.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their expressed decisions. This included, but was not limited to the help and support they wanted, what activities they wanted to do and the purchases they wished to make.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded peoples protected characteristics and the staff members we spoke with could tell us about the individuals they assisted.

Respecting and promoting people's privacy, dignity and independence

- We saw, and people told us, that they were treated with dignity and respect and their privacy was supported by staff members. One person said, "They (Staff) know it is my house and always knock and are nice to me."
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People told us they were supported to develop their independence. One person said, "I am independent, I keep the flat clean, do my own washing and cooking." Another person told us, "Staff help me to cook, clean my flat and do the washing."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People, were involved in the development and review of their own care and support plans. Those we spoke with knew about their care plans although they were unable to tell us the specific details contained in them. However, from what people and staff members told us, we could see these plans were detailed and provided the staff members with the information they needed to meet people's needs and encourage their goals.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with told us about those they supported which included personal histories and things that were important to people. For example, what social activities people liked to do and what they would like help and support with to achieve specific aspects of their lives.
- We saw people's care and support plans were reviewed to account for any personal or health changes. For example, when a previously unknown risk had been identified the provider acted to revise the care and support plan to reflect this new information. Staff members told us about the changes indicating to us the communication systems for passing essential information between themselves was effective.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, easy to read with picture prompts. This met the principles of the Accessible Information Standards. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- We saw information was available to people in a format appropriate to their communication styles on how to raise a complaint or a concern if they needed to do so. People we spoke with told us they had the information they needed should they need to express a concern. One person said, "[Registered manager's name] is available, I know who I need to talk to if I have a problem."
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection The Bromford was not supporting anyone who was receiving end of life care. However, we saw the provider was working with people to identify and record their wishes for their future care and support.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they knew who the registered manager was and they saw them regularly. We saw people chatting and joking with the registered manager and talking about shared areas of interest. This showed us they had a good and supportive working relationship.
- Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required. One staff member said, "I feel confident to talk with [registered manager's name] about anything at all. They have been very supportive and are very encouraging."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager used such reports to identify if anything could be done differently in the future to minimise the risks of reoccurrence. We saw feedback was given to people regarding any significant incidents.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law.

Engaging and involving people using the service, the public and staff

- People told us they were asked for their opinion on the care and support they received. They told us that they felt their opinions mattered and that the management team acted on their suggestions. One person said, "I attend tenants meeting regularly and have opportunity to say my piece. Sometimes they are useful and I like to talk about safety and security." Another person told us about a recent social activity which was suggested and acted on as part of these meetings.
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. One staff member said, "We have very regular team meetings. This is where we can discuss everything we do. [Registered manager's name] really encourages us to speak up and make suggestion which is quite nice as we are valued."
- Staff members understood the policies and procedures that informed their practice including the

whistleblowing policy. Staff members were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks of the medicine administration records and reviews of the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending regular training sessions and receiving updates from national organisations regarding the service they delivered.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.