Miss Nichola Marie Gemson

Bromelia House

Inspection report

25 Cottam Avenue
Ingol
Preston
Lancashire
PR2 3XE

Tel: 07890027020

Date of inspection visit:
05 February 2016
12 February 2016
16 February 2016
22 February 2016

Date of publication:
28 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was conducted on 5, 12, 16 & 22 February 2016 by the lead Adult Social Care Inspector for the service. The provider had been given 48 hours' notice of our first planned visit, in accordance with our inspection methodologies for smaller services, to ensure that the Registered Manager was available to speak with. 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.

Bromelia House was first registered with the Care quality Commission on 17 April 2014. This was the services first inspection since its registration.

Bromelia House is a large three bedroomed house, of which two bedrooms are available for people to stay in. The ethos of the service is to provide young people with the care, advice and guidance they need to live independently in the community and equip them with the skills to build successful adult lives. The service also offers a four week period of support following transition to ensure people are coping with independent living. We were told this would be extended as necessary and that informal support would continue as long as the young person felt they needed it in terms of offering advice and signposting people to the relevant services they needed.

Young people are referred into the service from a range of settings including; family breakdown, foster care or other residential settings. Bromeila House is located in the village of Ingol, on the outskirts of the City of Preston.

At the time of our Inspection the service was full as two young people were living at the home. One of the young people were beginning to look for their own accommodation after being at the home for 15 months.

The registered manager, who was also the proprietor and nominated individual for the service, was present throughout the inspection process.

The home had safeguarding procedures in place that people at the home and staff were aware of and understood. However when looking at people's care plans we saw a number of incidents which we thought should have been reported the local authority safeguarding team and had not been therefore safeguarding principles had not been followed.

We found completed application forms; Disclosure and Barring (DBS) clearances and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until appropriate clearances were obtained. However we did not find any references on file for people despite details being given for references within people's application forms. We have made a recommendation about this.

We looked at the systems for medicines management. We found the service operated safe systems with regards to the management of medicines.

People's care plans included a detailed medical history so staff were aware of any specific health related risks. Care plans also included guidance for staff about the health care support people required.

We saw that the service was working within the principles of the Mental Capacity Act.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. All of the staff we spoke with talked positively about how the home was managed and that they were able to discuss issues freely with the registered manager who was always available either by telephone if needed. However whilst staff said they were supported we found no evidence of formal supervisions or appraisals within staff files.

Throughout the inspection we observed people interacting with staff. It was obvious that they knew staff well and felt at ease in their company. All the interactions we observed were seen to be positive and this was the message that both young people conveyed to us throughout our discussions with them.

The home had a complaints policy in place that was seen to be up to date and contain the relevant information for people to raise concerns internally and to external agencies. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns.

Detailed assessments were in place that had been carried out prior to each person's admission into the home and then shortly afterwards. A pre-admission care proposal was completed prior to a person being accepted into the home that covered a wide range of health and social care issues.

There were lots of examples of meaningful activities taking place both within the home and externally.

Whilst we found the service to be extremely knowledgeable about the people living at the home, and that care plans and daily records were of a good standard we found little in the way of formal recorded audits or quality checks taking place at the home.

Following discussion with the registered manager it became apparent the service had not submitted some statutory notifications, as required, with regard to significant events at the service which should also have been notified to the local authority safeguarding team. We have made a recommendation about this.

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safeguarding and Good Governance.

You can see what action we took at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The home did not have adequate systems in place to investigate and report potential safeguarding incidents to the relevant statutory organisations.

Recruitment processes were in place however references had not been sought for staff employed at the home prior to them beginning work.

Appropriate systems were in place to ensure people had their medicines safely and in a timely manner.

Staffing levels were seen to be adequate and people we spoke with confirmed this to be the case.

Is the service effective?

Good

The service was effective.

We saw that people were encouraged to eat as healthy and balanced a diet as possible. People were involved in choosing and preparing their own food and drink on a daily basis, including shopping for produce.

We saw that the service was working within the principles of the Mental Capacity Act.

People's care plans included a detailed medical history so staff were aware of any specific health related risks.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and saw that people were at ease in their company.

People living at the home were involved in every aspect of the support service they received.

Advocacy services were offered to people at the home.

Is the service responsive?

Good

The service was responsive.

There were lots of examples of meaningful activities taking place both within the home and externally.

The ethos of the home was to prepare people to live independently. Initial timescales were set, if this was appropriate, and goals set for each individual to help this happen.

People knew how to raise issues and raise complaints if they needed to.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

Whilst we found the service to be extremely knowledgeable about the people living at the home, and that care plans and daily records were of a good standard we found little in the way of formal recorded audits or quality checks taking place at the home.

Notifications had not been submitted in line with the providers regulatory responsibilities.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines.

We observed the registered manager and staff speaking with people in a respectful and courteous manner.

Bromelia House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 5, 12, 16 & 22 February 2016 by the lead Adult Social Care Inspector for the service. On the first day of the inspection when we arrived at the home we found that no-one was in despite notice being given in line with our methodology for inspecting small services. The registered manager had left a message for the inspector explaining that a member of staff had rung in sick and that the person they were supporting in the community that day had requested the registered manager to support them. The other person living at Bromelia House had decided to visit a relative the previous evening so was also unavailable. Due to the support offered at the home, and the needs of the people staying at the service, this was judged to be acceptable as their needs had been put first. We agreed to come back the following week on a mutually convenient date to continue with the inspection. A further visit was made to ensure we were able to speak to both the people living at the home and phone calls were made to staff and one relative on the final day of the inspection.

We spoke with a range of people about the service; this included both people using the service, the registered manager and two other members of staff. We also spoke with a relative of one person. It was decided it was inappropriate to talk to relatives of the other person using the service at the time of the inspection. We also contacted the local authority contracts department to see if they had any feedback or issues with the home.

We spent time looking at records, which included both young people's care records, five staff files, training records and records relating to the management of the home which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

Both of the young people we spoke with told us they felt safe at the home and with the people that supported them. One person told us, "I'm happy, really good at the moment, staff are nice and I see the same people." The other person told us, "I'm definitely safe here, I get all the help I need. They (staff) are all good eggs." The relative we spoke with also had no concerns for the safety or well-being of their loved one.

We spoke with three members of staff, one of whom was the registered manager who provided the majority of support to the young people at the home. They were all aware of how to raise safeguarding issues and how to recognise potential signs of abuse. When speaking to both young people at the service they were also aware of the homes safeguarding policy and how to raise issues both internally with staff at the home and with external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC).

There had been no safeguarding issues reported to the Local Authority by the service, people using the service or any associated professionals during the 12 month period prior to our inspection. When looking at people's care plans we saw a number of incidents which we thought should have been reported the local authority safeguarding team. There were two incidents in particular, one relating to medicines management and the other resulting in one of the young people being admitted to hospital. After discussing these incidents with the registered manager they contacted the local authority to discuss safeguarding thresholds. A number of the incidents we discussed were deemed to be acceptable behavioural conditions associated with the reasons the person was receiving care and support from the home. However the two incidents mentioned previously were reportable safeguarding incidents, at least one of which should also have been notified directly to the CQC as part of the providers registered conditions. The registered manager told us that they had rung the CQC and been informed to submit a notification however had not done so following the phone call. We were told that the notification would be submitted following our inspection. Apart from not notifying the local authority and submitting the relevant notification the home had sought and followed the appropriate medical advice and acted in the best interest of the people at the home for both incidents.

Because the provider did not have adequate systems in place to investigate, and report these incidents to the relevant statutory organisations this was in breach of regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the homes recruitment processes. We found completed application forms; Disclosure and Barring (DBS) clearances and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until appropriate clearances were obtained. However we did not find any references on file for people despite details being given for references within people's application forms. We discussed this with the registered manager who told us that she had worked previously, and knew the people she employed at the home well. We advised the registered manager to obtain appropriate references for all staff regardless of how sell they knew them as another way of ensuring that people were of good character and suited to the work they were undertaking. When we returned to the service on the 16 February we could see that the process of obtaining references for all staff had begun to

take place. We have made a recommendation about this.

We looked at the systems for medicines management. We found the service operated safe systems with regards to the management of medicines. We checked medicines administration records for both people and found they were in order without any unexplained omissions. There had been on issue in relation to one person secreting their medication which should have been referred to the local authority as a safeguarding issue as referred to above.

Controlled drugs were administered at the home. It is usual practice for two members of staff to be present when administering a controlled drug however due to the fact that there was usually only one member of staff at the home this was not always possible. We found this, due to the circumstances and size of the home to be acceptable. Both the people living at the home at the time of our inspection fully understood the reasons they were taking their medicines and told us they were happy with the arrangements in place. They also told us that they could refuse to take their medicines and understood that if they refused for a sustained period that this would be referred to their GP. We saw that this had happened on a number of occasions and the correct medical advice had been sought and followed.

We saw from training records that staff had been trained in the safe administration of medicines. Staff we spoke with felt comfortable assisting people to take their prescribed medicines. One of the people at the service had just begun to self-medicate as part of their transition to live independently. They had a lockable drugs cabinet in their own room for storage purposes. When we spoke with them they told us they had been given the required guidance they needed in order to manage their medication needs and felt confident going forward that they could manage long term.

We found that medicines were stored appropriately and safely. All medicines were kept in a locked cupboard within a locked room. There was a separate medicines fridge in place to keep drugs at the correct temperature although this had not been needed since the service registered therefore was not in operation at the time of our inspection.

People had a physical health and medication care plan in place as part of their overall care plan. We found this to contain a good level of information. For example a plan was found to be in place for the person who had begun self-medicating as part of their discharge pathway.

Staffing levels were seen to be adequate for the size of the service. There was a member of staff available 24 hours a day, seven days per week. There was usually one member of staff at the home, the two young people we spoke with told us this was appropriate. One to one support was offered to people when accessing the community if this was needed. This support was seen to be in place during our inspection although people were also free to leave the home as and when they wanted to.

We reviewed infection prevention control practices at the home. We found the home to be clean, tidy and fit for purpose. The home had a cleaning schedule in place and people who lived at the home were involved in the general cleaning of the home and their own room. Hazardous substances were kept locked away securely and could only be accessed by staff. No personal care was delivered at the home however personal protective equipment was available for staff in the event it was needed.

We saw correspondence with Lancashire Fire and Rescue service to show that a fire officer had been into the home to ensure that fire regulations were met. People at the home and staff told us that they were aware of fire procedures and we saw information within the home for fire regulations and that fire extinguishers were in place and had been serviced.

We recommend that the homes recruitment practices are reviewed to ensure that appropriate references are sought prior to people beginning work at the service.

Good

Is the service effective?

Our findings

Both people we spoke with expressed satisfaction with the support they received to maintain good health. Everyone confirmed that staff would support them to access a medical professional, such as a GP, if they were unwell. We also saw that people were encouraged and assisted to visit the gym, go out for walks, bike rides and that exercise equipment was available within the home such as an exercise bike.

One person told us how much they enjoyed taking the four dogs out for a walk that the manager of the home frequently brought into the home. The dogs served a dual purpose in that they encouraged the people to take regular exercise and they were used for pet therapy to relieve stress. In addition to this the registered manager told us that they believed they taught young people to be more responsible because they needed to be walked, fed and cared for, which the two people we spoke with were happy to get involved with. There were also three guinea pigs in the backyard which were used for therapeutic purposes.

People's care plans included a detailed medical history so staff were aware of any specific health related risks. Care plans also included guidance for staff about the health care support people required. We saw good evidence of effective joint working between staff at the home and a variety of community professionals, such as the local mental health team and GP's. Daily notes were detailed and of good quality to help inform other staff of how people's day or night had been previous to them coming on shift. Staff also told us that detailed handovers took place in the staff room at the beginning and end of each shift. The two people living at the home were also aware of handovers and why they took place.

We saw that people were encouraged to eat as healthy and balanced a diet as possible. People were involved in choosing and preparing their own food and drink on a daily basis, including shopping for produce. People's weight was monitored with their consent as was their blood pressure, temperature and pulse, all of which was done on a monthly basis.

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).

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 were being met.

We reviewed care plans and associated documentation for the two people who used the service. There were no restrictions in place for either person other than agreed house rules via a behaviour contracts which were similar in nature to any domestic setting. The contract explained acceptable and unacceptable behaviour and the actions that would be taken for breaching the contract. When speaking to both young people they told us that they were free to leave the house whenever they wanted to but would always tell staff where it was they were going and what time they would be back.

We saw that both young people had been involved with care planning and had signed to consent that the information within it could be shared with appropriate professionals. There were other examples of consent being given throughout the care plans reviewed. Staff we spoke very knowledgeable about how to ensure consent was gained from people prior to them assisting people. Neither of the young people we spoke with raised any issues about how staff spoke to them or when we discussed consent issues with them.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. All of the staff we spoke with talked positively about how the home was managed and that they were able to discuss issues freely with the registered manager who was always available either by telephone if needed. However whilst staff said they were supported we found no evidence of formal supervisions or appraisals within staff files. The registered manager told us that staff were continually supervised and competency checks took place but this was done on an informal basis. We discussed the need for staff to have the opportunity to formally sit down with their manager in order to discuss their role, and that this is recorded, with the registered manager who assured us this would happen going forward.

We found evidence within staff files of training undertaken such as safeguarding, medication, MCA and food hygiene. Staff confirmed that they undertook regular training and that it was of a good standard.

Good

Is the service caring?

Our findings

Both young people we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate. One person told us, "I'm more than happy with all the staff." The relative we talked with told us that, "Staff are lovely, I get on with all the people I have met. When I have been into the home there has always been a nice atmosphere."

Throughout the inspection we observed people interacting with staff. It was obvious that they knew staff well and felt at ease in their company. All the interactions we observed were seen to be positive and this was the message that both young people conveyed to us throughout our discussions with them.

We contacted other professionals involved with the service, including the local authority, and asked them about their experiences of dealing with the service. We received no negative feedback about the home.

People living at the home were involved in every aspect of the support service they received. Both young people told us that they felt communication was very good and that they were informed and consulted with on a daily basis. This included care planning, simple choices about what to eat and where they wanted to go to bigger decisions about finances and future planning. These conversations were recorded within peoples care records.

We saw a range of activities in place that were set up to assist with and maintain people's physical and mental well-being. This ranged from physical activities, including yoga, to pet therapy, artwork and discussions about people's futures. Both the young people we spoke with told us they were kept active and occupied and were not allowed to just sit and do nothing.

Advocacy services were offered to people at the home. At the time of our inspection neither of the people were accessing an independent advocate. Both people had a care coordinator in place assigned by the placing local authority.

Good

Is the service responsive?

Our findings

Both of the young people we spoke with and the relative we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, "If I had any issues I would speak to my care coordinator or the CQC." The other person said, "If I had any concerns I would tell them (staff). I would speak my mind."

The home had a complaints policy in place that was seen to be up to date and contain the relevant information for people to raise concerns internally and to external agencies. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. There had been no formal complaints received into the service since it had registered.

We looked in detail at both people's care plans. We found them to be person centred and to contain a good level of detail. Information within care plans was individualised to the person and included desired goals and outcomes for each person. Staff we spoke with knew how to access them and told us they found them a useful and practical tool to assist with supporting the people at the home. Both the young people we spoke with were aware of their care plans and told us they had regular input into them and were able to request access to them at all times. One of the young people we spoke with told us, "I discuss my care plan, I'm involved with everything." The other person said, "I have the chance to look in it (care plan). I have copies of all the stuff in my room."

Detailed assessments were in place that had been carried out prior to each person's admission into the home and then shortly afterwards. A pre-admission care proposal was completed prior to a person being accepted into the home that covered a wide range of health and social care issues. For all sections the person's strengths, needs and problems were identified and actions to be taken were drawn up. Following admission into the home a number of forms and checks were undertaken including a 72 hour care pathway checklist, security checklist, various consent forms and a young person's information sheet. This helped ensure that the persons immediate needs were catered for as well as giving staff the information they needed following admission.

There were lots of examples of meaningful activities taking place both within the home and externally. One of the young people attended college four days per week and had plans to go to university following their college course. The other person went to hairdressing classes once per week and had been offered some part time work as a result of their training. In terms of activities we saw examples of art and crafts that had been done in the home, people had televisions with access to satellite channels in the living room or their own room, access to fitness equipment and assisted with daily living activities such as cooking, washing and cleaning. There were lots of external activities and trips taken such as meals out, voluntary work in a local school and charity shop, 1st aid courses and activities centred around each person's interests. For example on person was interested in make up so the home had arranged for them to go on a specialised make up course run by a well-known cosmetic manufacturer. Young people were also supported to take driving lessons if this was something they were interested in learning to do. An agreement had been set up with a

local driving instructor who was aware of the needs of each person and the purpose of the service. The first lesson was paid for by the home. There were lots of other examples seen.

The registered manager told us that activities were always done with the persons best interests in mind and as well as trying to make them as enjoyable as possible they were also done to teach life skills to each person. For example some people may not have eaten a meal outside the home previously or been on holiday previous to coming into the home so the social aspect of both these experiences would be new to them. We also saw good examples of planning for future events such as attending a concert and a trip to centre parcs. The registered manager told us they had a contract in place with a company to use a caravan and they had purchased a campervan. People were helped to save money if they displayed an interest in any activity and supported to research the activity itself and the logistics of attending and event.

The ethos of the home was to prepare people to live independently. Initial timescales were set, if this was appropriate, and goals set for each individual to help this happen. One of the young people living at the home was preparing to live independently and told us that their time at Bromelia House had helped them to gain the skills and confidence to live on their own. We saw via care plans that people were helped in a number of practical ways such as budgeting, daily living skills and making sure people were aware of who to go to or ask for help. The home offered a four week support period following departure from the home when people could access guidance and advice. The registered manager told us that they hoped people would stay in touch for a longer period to keep them up to date with their progress and still ask for advice as needed. We saw that the person preparing to leave the home was taken to view a property and we saw how staff helped them prepare for this and that advice was given following the viewing. This person relative told us that the stay at the home had helped their loved one. They told us, "I have noticed a change in (name). We haven't always seen eye to eye but I have seen a positive change and they have grown as a person."

Requires Improvement

Is the service well-led?

Our findings

Whilst we found the service to be extremely knowledgeable about the people living at the home, and that care plans and daily records were of a good standard we found little in the way of formal recorded audits or quality checks taking place at the home. We saw that medication was checked, as were other documents such as care plans but there were no systems in place to evidence that this happened as part of a service wide quality framework. We discussed this with registered manager who assured us that checks were in place but agreed that work needed to be done to evidence that this work happened, however as we did not see evidence of established systems or processes this was in breach of regulation 17 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we checked to see if the home had submitted information to the Care Quality Commission in line with its statutory obligations. In the previous 12 month period prior to the inspection no notifications had been. Following discussion with the registered manager it became apparent the service had not submitted some statutory notifications, as required, with regard to significant events at the service which should also have been notified to the local authority safeguarding team. The details of this are covered within the 'Safe' domain of this report. We have made a recommendation about this.

People we spoke with talked positively about the service they received, as did the one relative we spoke with. People spoke positively about the management of the service and the communication within the service. Some of the comments we received were as follows; "I'm happy here, it's much better than the places I've been. The size of it definitely helps", "It's really good" and "There are no issues with speaking to (name of manager) or any of the staff."

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team, one member of staff told us, "I've worked with (registered manager) for a number of years. If there were any issues I would just ask her. I wouldn't be working here if I had any concerns. It's a great service."

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care. Examples we saw included, safeguarding, medicines management, Mental Capacity Act, consent, confidentiality and whistle-blowing.

We observed the registered manager speaking with people in a respectful and courteous manner. It was clear that she understood their needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work.

We recommend that systems are put in place to ensure that the relevant statutory notifications are sent to the Care Quality Commission in line with each registered providers responsibilities under the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Because the provider did not have adequate systems in place to investigate, and report these incidents to the relevant statutory organisations this was in breach of regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We did not see evidence of established quality assurance systems or processes in place therefore this was in breach of regulation 17 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.