

CAS Care Services Limited

# Broughton House and College

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook the unannounced inspection on 7 February 2018. The service provides residential and personal care for five people who are living with complex learning difficulties on the autism spectrum. On the day of our inspection, five people were using the service. Broughton house, 12 High Street is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service was provided in one contained unit over two floors.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected from the risk of abuse and felt safe. Staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe. They lived in a clean environment and were protected from the risk of infection.

People continued to be supported by sufficient numbers of staff who had received adequate training for their role.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. The premises were well maintained and had been adapted to meet the needs of the people who lived there.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The principles of the Mental Capacity Act (MCA) were followed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate way.

People received individualised person centred care from staff who had a good understanding of their needs. They were supported to take part in a range of social activities of their choice.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of the service. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Broughton House and College

## **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 visited the service on 16 February 2018; this was an unannounced comprehensive inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with, two relatives, two members of care staff, the deputy unit manager, and the deputy service manager. We looked at the care plans of two people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

## Is the service safe?

### Our findings

The safety of people who lived at the service was managed well by the staff who cared for them. One relative we spoke with told us they had no worries about their relation's safety at the service. They said, "We would have done something about it if we had concerns." They went on to say that their relation could also let them know if they did not feel safe. Staff we spoke with had an understanding of the types of abuse the people they cared for could be exposed to. They knew what their role was if they suspected a person in their care was being abused. One member of staff told us there were good processes in place to manage any safeguarding issues, and they would not hesitate to raise concerns to their manager. Another member of staff told us there was good teamwork to keep people safe. Both members of staff told us they underwent regular safeguarding training. They felt it was useful to ensure they remained focused on managing safeguarding concerns.

The registered manager had kept us informed of any incidences that may affect the safety of people and safe running of the service, and had taken the necessary actions to maintain a safe service. They had processes in place to ensure lessons were learned after any incidents or issues. There were regular meetings with staff to discuss topics such as safeguarding. Information on actions following safeguarding issues was contained in a folder. This information was available for feedback to staff on outcomes of incidents or safeguarding concerns. For example we saw how it had been identified that staff needed to give more information on incident forms to assist with analysis of any events. There was clear information for staff on what information was required on incident forms. The service recently introduced a more structured approach to staff supervision. The deputy service manager told us this structured approach encouraged staff reflection on incidents, and learning from events.

The risks to people's safety were well managed. Relatives we spoke with told us their loved ones had the appropriate measures in place to reduce the risks to their safety. For example people with allergies to certain foods had this information contained clearly in their care plans and daily diaries. Also people at the service who had a medical condition that meant they were prone to seizures had appropriate individualised support in place. One person required rescue medicine to be carried with them whenever they went out. Staff told us they prompted the person if on occasion they forgot to pick it up. Staff told us they monitored the person on a regular basis but gave them the space to be as independent as they could. Relatives we spoke with felt the risks to their relations care were well managed. One relative told us their relation's 'one to one' care ensured that they were always closely monitored.

Staff we spoke with told us the individual risks to people's safety were documented in their care plan. The staff showed a good understanding of the levels of care different people required and why it was required. One member of staff said, "The care plans have risk assessments that tell us how to manage people." The care plans we viewed contained a range of risk assessments which gave detailed information for staff on how to reduce risks to people whilst promoting their independence.

People were supported by adequate numbers of staff and their relatives we spoke with had no concerns in relation to staffing levels. One relative told us that occasionally if there was short notice sickness an

approved member of staff may not be available to drive the service's mini bus. However, they told us the registered manager always tried different ways to manage this and a taxi service may be used. One staff member told us they felt staffing was well managed and as there was a larger sister service across the road sometimes they could get support from them for out of the ordinary events. They told us staff on both sites worked well together to make sure shifts were covered and people were supported.

The provider undertook safe recruitment processes when employing staff to ensure that people were supported by fit and proper staff. They asked for employment history and references as well as using the disclosure and barring service (DBS) to check if staff had a criminal record.

People received their medicines safely from staff who had received appropriate training. Medicine records we viewed had information to ensure medicines were given appropriately and in a timely manner. There were protocols in place for medicines that needed to be given on an as required basis. These contained information on why, when and how the medicine should be given; with information on the symptoms a person may display when the medicine was required. Staff had also received specialist training on how to administer medicines which may be required in emergency situations to safely manage conditions such as epilepsy.

Staff we spoke with showed a good knowledge of how to manage infection control issues. This included when they would wear personal protective equipment and what specialist equipment they would need for different areas of cleaning. Our observations of the service showed the environment to be clean and well maintained.

# Is the service effective?

## Our findings

People's care was assessed using nationally recognised assessment tools and staff used nationally recognised techniques to support people who displayed behaviours that challenged. People were carefully assessed on a regular basis to ensure techniques to manage behaviour patterns were still appropriate to their needs. Staff we spoke with were clear about using different techniques to manage behaviours displayed by people at the service. They told us they used the information in people's care plans to encourage positive behaviour patterns along with the MAPA (managing actual and potential aggression) training they received.

Relatives told us all the staff appeared to be trained to a high standard and were experienced in dealing with individuals who have complex needs. Staff showed great pride in giving examples of how through working with the people they supported, improved behaviour patterns had emerged. Staff told us the different training they received had supported them in their roles. For example one person had been assessed as a choke risk when eating. Staff told us they had received training on managing dysphasia (difficulty in swallowing) and this training had been useful in assisting them to support the person when eating. The provider had a structured induction programme in place for new staff. One member of staff also told us on commencing employment, they were well supported and this gave them confidence in their role. We saw there was an on going comprehensive training package in place to support staff.

People's individual nutritional needs were supported and they received enough to eat and drink. Relatives we spoke with told us they felt their relation's dietary needs were well managed and any concerns they had regarding their loved one's diet were addressed. People who required support to eat their meals were provided with this. Staff were knowledgeable about the different diets people required and had made the necessary referrals to health professionals when people required further nutritional support. There was detailed information in people's care plans on how they should be supported.

People had access to health care professionals, and staff had sought their advice to support people with their health care needs when required. The service employed a number of health care professionals such as a consultant psychiatrist and an occupational therapist who worked with people, their relatives and staff to manage people's health needs. The service was also supported by the local G.P practice.

Staff managed urgent or emergency health issues in an organised and confident way using their knowledge of people so they received appropriate care. On the day of our inspection we observed staff's management of an emergency situation which showed their clear understanding of the most appropriate care for the individual concerned. Relatives we spoke with were happy with the way their loved one's health needs were managed. The care files we viewed also showed that people were supported by a range of health professionals to ensure their health needs were met.

People lived in an environment that had been adapted to meet their needs. One person bedroom and ensuite had a number of adaptations as they had a health condition that meant they had regular seizures. Cushioned bumpers had been placed on the edges of furniture and around the wall next to their bed. As

some people were at risk of scalds, there were water temperature regulators in place to ensure water did not exceed a certain temperature.

People were supported to make decisions and choose what they did on a daily basis and the service had measures in place to ensure people were not discriminated against if they had communication issues. Staff used different ways to support people, for example pictorial information or sign language.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and were appreciative of people's rights to spend their time as they pleased. They respected people's day-to-day decisions. Staff's knowledge of individual's mental capacity meant they were able to apply the principles of the MCA to ensure people's freedom and choices were always considered. We saw people's care files had records of mental capacity assessments and best interest meetings which gave information on how staff should support people to make their own decisions.

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. The records we viewed confirmed this was the case.

## Is the service caring?

### Our findings

Relatives we spoke with told us the staff who cared for their loved ones were kind and they had formed some close relationships with them. One relative said, "Staff care about [name] and they respond to that. We would be happy if [name] could stay here the rest of their life." During our visit, we saw staff engaging with people, they did so in a caring and non-patronising manner. They clearly knew how best to approach people and our conversations with staff showed they understood the moods and behaviour patterns of the people they cared for. One member of staff told us their colleagues had the right attitude towards people, and were caring towards them.

People's choices around their care were in their care plans. How they made their choices known to staff was documented. This included verbal and non-verbal cues for staff to follow. This information had been gathered from the person, their relatives and staff knowledge of the person. For example one person became distressed by unplanned events. They responded well to a now and next timeline which gave them a sense of control over their environment. Relatives told us they were involved in regular reviews of their loved one's care. They told us their views were considered, and they received regular feedback from the service should there be a need to change their relation's care plan.

People's privacy and dignity was well maintained, relatives told us they were happy with the way their relations were supported with their privacy. Even if people had one to one care, staff were conscious of allowing privacy while keeping people safe. Relatives had confidence that their loved ones were being treated with respect. One relative told us, "[Name] behaviours would tell us if staff wasn't managing their needs well."

## Is the service responsive?

### Our findings

Relatives we spoke with told us their loved ones received individualised care that was tailored to their needs. We saw detailed information in people's plans on the care they needed. One person's plan had noted the person's positive relationship with their key worker. A key worker is an identified member of staff who has an understanding of a person's particular needs and assists in coordinating and organising the service to meet those special needs. The person's care plan noted how difficult the person found staff handover, and the strategies that staff should use to distract the person. Staff we spoke with felt they provided person centred care. Our discussions with them showed they had excellent knowledge of the people they cared for.

Staff told us there was good communication around managing people's needs. One member of staff told us there was the daily staff handover, which allowed them to discuss people's care. If they had been on holiday or off for a number of days, the senior member of staff on duty would ensure they were updated on changes in care. There were also prompts for them to read care plans should changes occur to people's care, and staff needed to sign to say they had read the changes.

People had the opportunity to follow their hobbies and take part in social activities both in the service and in the community. People decorated their rooms to their individual tastes. Relatives spoke of the different activities their loved ones took part in. This included, dog walking, shopping, bowling, going to a hydro pool, cinema and the pantomime. One member of staff told us they worked to match the activities to the person. They felt the positive behaviours people displayed meant they were getting it right.

There was a clear complaints procedure in place and relatives we spoke with knew how to make a complaint should they need to. They felt if they raised concerns these were positively acted upon. A relative we spoke with said, "Our concerns are always dealt with." We saw the complaint's policy with an easy read format displayed at the service, and we viewed evidence that complaints or concerns had been acted on appropriately.

## Is the service well-led?

### Our findings

Relatives told us there was an open culture at the service, and they had a positive relationship with the management team. They told us the registered manager and unit manager was always approachable, honest and open about any issues relating to the care of their loved one. One relative told us when they visited there was always an identified member of staff to help them. Staff spoke positively about the management team and felt supported by them. Staff told us they would feel comfortable highlighting concerns to the unit manager or if they had made a mistake.

The management structure of the service was clear. A registered manager in place managed two sites in the same village. 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.

Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported, and had regular staff meetings. They felt their managers listened to their views and ideas. Staff told us they received individual supervision. One member of staff said, "we get the support we need, it's a lovely place to work."

People views on the quality of the service were established through regular house meetings where staff supported them to give their views. Relatives received surveys and due to the distance they needed to travel, they were able to give their views via individualised meetings. The service had a robust quality monitoring system in place from which the provider was able to assess the standard of service provided to people. There was regular oversight from the senior management team and we saw action plans with completed actions following quality audits.

The service worked to encourage links with the local community. As people used facilities such as the local play area, the parish council had asked for their input on new equipment being purchasing. People from the service used the local pub and worked with a local dog rescue centre to walk the dogs and buy biscuits for them.