

Norwood

Broadway House

Inspection report

80-82 The Broadway
Stanmore
Middlesex
HA7 4HB

Tel: 07720948169

Date of inspection visit:
20 February 2019
21 February 2019

Date of publication:
08 April 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: Broadway House is a domiciliary care service registered to provide personal care to people in their own homes and to people living in supported living settings, so that they can live in their own home as independently as possible.

People's experience of using this service:

People received a service which was personalised and met their individual needs and preferences. People told us that their independence was supported by the service.

People spoke highly of the staff who provided their care. People's relatives were also positive about the staff and told us that people were cared for by staff who understood people's needs and were competent in providing personalised care.

People told us that staff were kind, listened to them and respected the choices that they made about their care. Staff engaged with people in a friendly and respectful way. Staff we spoke with understood the importance of respecting people's privacy, dignity, equality and diversity needs.

People's care was planned with the involvement of people using the service and when applicable their relatives. The service was personalised and responsive to changes in people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff received the information that they needed to provide people with individualised care and support. Staff told us that they worked well as a team and always reported any changes in people's needs to the registered manager and other senior staff.

Staff told us that the registered manager and other senior staff provided them with the support and guidance that they needed to carry out their role and responsibilities.

The service assessed and managed risks to ensure that people received personal care and support safely.

There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. Development and improvements to the services were made when needed.

People had opportunities to provide feedback about the service, and action was taken to address any

concerns.

The provider had systems in place to resolve complaints appropriately. People's relatives knew how to make a complaint and were confident that the registered manager would take appropriate action to resolve any complaints or concerns that they raised.

The service was well led by the registered manager. People using the service and their relatives told us that the registered manager and other senior staff were approachable and could be contacted at any time.

Rating at last inspection: Good. Report published on 29 July 2016.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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.

Broadway House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Broadway House provides personal care to people living in their own houses and flats in the community. It also provides care and support to people living in eight supported living settings so that they can live in their own home as independently as possible. It provides support to people of all ages living with a range of needs including, learning disabilities or autistic spectrum disorder, mental health conditions, sensory impairments and physical disabilities. At the time of this inspection the service provided personal care to 33 people. Broadway House also provided an outreach service to people living in their own homes which, at the time of the inspection did not include personal care.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection:

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and supported living settings and we wanted to make sure that the registered manager

was available on the day of the inspection site visit. We also gave notice of our visit so that the registered manager could seek agreement from people using the service to us visiting them in their supported living settings. It also enabled the registered manager to arrange a 'best interests' decision when people using it could not consent to a home visit from an inspector.

What we did:

We visited the office location on 20 February 2019 to see the registered manager and other management staff; and to review quality monitoring records and other records to do with the service. On the 21 February 2019 we visited three supported living settings with the registered manager.

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in June 2018. Due to a change in the date of this inspection we had not asked for a more recent PIR. The PIR 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. We used all this information and the previous inspection report to plan our inspection.

During the inspection at the office we spoke with the registered manager, the provider's Head of Adult Services, the Operational Manager and a human resources member of staff. During visits to three supported living settings we spoke with seven people using the service, three support workers, two assistant managers and a member of staff who provided people using the service with support with using assistive technology. Following the inspection, we spoke with three relatives of people using the service.

We reviewed a variety of records which related to people's individual care, the support and training provided to staff and the running of the service. These records included care files of four people using the service, four staff employment records and a range of other records.

Is the service safe?

Our findings

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

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

Using medicines safely

- There were policies and procedures in place to ensure that staff provided the support people needed with their medicines. Staff received training and refresher training about safe handling and administration of medicines. Staff also received an assessment of their competency to administer medicines to people safely. Checks of the medicines management and administration systems in the supported living settings were regularly carried out by a senior member of staff.
- Protocols were in place for administering medicines to be taken when needed (PRN). In one supported living service we noted that staff did not always record the reason for administering a PRN pain relieving medicine. The registered manager told us that she would ensure that staff were reminded to record this information and that this would be monitored by senior staff. We checked the management of medicines in another supported living service and found no shortfalls.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when receiving personal care. A person using the service told us, "Yes, I feel safe. I like it here [supported living setting]." People's relatives told us that they did not worry about people's safety and felt that people using the service were when receiving care and support from staff.
- The provider had policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They were knowledgeable about types and signs of abuse. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the host local authority, safeguarding team, police and CQC.
- The registered manager was aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised.
- Care staff were knowledgeable about the need to report to management staff any poor practice from staff to ensure that people using the service received appropriate care and were safe.
- Systems were in place to ensure people received the support that they needed with the management of their finances. Checks were carried out to minimise the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place that included risks specific to people using the service and to the staff supporting them. These included risks of people using public transport, risks to do with cooking and those associated with engaging with strangers when out in the community. Least restrictive risk management

plans to minimise the risk of people and staff being harmed were documented. Staff were knowledgeable about the risks to people's safety and about the guidance that they needed to follow to keep people safe.

- People's care plans contained details about people's behaviours that might challenge the service.

Information about recognising triggers for a person's particular behaviour and pro-active strategies for staff to follow to support the person were documented. Staff received training in supporting positive behaviour and in understanding and managing people's behaviour that challenged the service. The provider had recently implemented a strategy called Intervention pathway to support people with learning disabilities and/or autism who display behaviour that challenges. The strategy helped ensure that appropriate action, support and intervention was taken to support people who presented with behaviours that challenged.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- Staffing levels were calculated according to people's needs. Arrangements were in place to ensure that there were enough staff to support people safely and to ensure people's needs were met, including receiving the support that they required to participate in activities and outings. The service employed agency staff to cover staff vacant posts and some shifts. The registered manager told us that they did their best to employ agency staff who were familiar with the services and knew people using the service well. We spoke with an agency member of staff who was very knowledgeable about people's needs. People's relatives told us that at times there seemed to be shortages of permanent staff. The registered manager told us about the difficulties that they had had recruiting suitable staff but had recently recruited two care workers, which would decrease the need for agency care staff.
- Staff told us that the on-call system ensured that they could always obtain advice and support from senior staff.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm. They knew the importance of frequently washing their hands, particularly following supporting people with their personal care. We saw a person using the service wash their hands before preparing a meal. Protective equipment was available for use as required to help reduce the spread of infection.

Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely. Any incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence. The registered manager provided us with an example of an incident that occurred when a person was using public transport with a member of staff. Staff training in a specific area of moving and handling was one action that had been carried out to minimise the risk of a similar incident happening again.

Is the service effective?

Our findings

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

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

- People's care and support records showed that the service had assessed their needs with their involvement and when applicable their relatives' participation. People's preferences and aspirations were identified. Guidance was in place for staff to follow to effectively deliver personalised care and to provide people with the support that they needed to achieve their chosen goals.
- People's support plans included information about people's background and their personal relationships, cultural, religious and dietary needs and preferences. This helped staff more fully understand people's individual needs and effectively provide their care.
- People's care and support needs were regularly reviewed with their involvement and were updated when there were changes in their requirements and wishes.
- People using the service confirmed that they made decisions about their care and other aspects of their lives. These included choices about when they wanted to get up, what they wanted to do and what they wanted to eat.
- People had access to assistive technological devices that included those that supported them to communicate using eye movements, which helped them to communicate their wishes. Staff received the training they needed to help them support people to communicate their wishes and choices.

Staff support: induction, training, skills and experience

- Newly recruited staff and agency care staff received an induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely. Care staff including an agency support worker told us that their induction had been, "good," and had helped them to "understand the service". A support worker told us that their induction had included learning about the organisation, Jewish culture, and getting to know the people using the service and their wide range of needs.
- People told us that they felt staff understood them and provided them with appropriate assistance and support when they needed it. People's relatives told us they felt staff were competent and supported people in the right way that met their needs and preferences. A person's relative spoke of sharing information about a person's needs with staff so that they more fully understood the person's requirements.
- Staff told us, and records showed that care staff had completed a range of training relevant to their role and responsibilities so that they were able to effectively provide people with the care and support that they needed and wanted.
- Staff received regular supervision and appraisal of their development and performance. They told us that they felt very well supported by management and other staff.

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

- People's support plans contained information about their dietary needs and preferences. Staff were knowledgeable about people's cultural, religious and preferred dietary needs. Communication guidelines, where needed, advised support workers how people with communication needs demonstrated they would like something to eat or drink. Staff spoke of how they supported and encouraged people to make healthy nutritional choices. A person using the service spoke of attending a regular community group meeting to help them lose weight.
- People using the service spoke of buying foods that they liked. A person showed us their personal food storage cupboard. During the inspection we saw people make decisions about the food that they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies including social care and healthcare professionals to ensure people received effective care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.
- Information was shared with appropriate agencies when people needed to access other services such as hospitals.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support records included essential information including information about people's health needs and the assistance and support required from the service to meet those needs.
- People told us, and records showed that people saw healthcare professionals including GPs, physiotherapists and speech and language therapists when they needed to. Staff told us that they followed guidance healthcare professionals provided. A person using the service told us that they had seen a doctor when they were unwell.

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. We checked whether the service was working within the principles of the MCA.
- People's support plans included details about people's ability to make decisions about their lives and care. These included day to day decisions to do with their care and activities that they chose to participate in. Staff knew that it should be assumed people had the capacity to make decisions about their care and other aspects of their lives unless assessment showed otherwise. They knew what that people's relatives, healthcare and social care professionals would be involved in making decisions to do with people's care and treatment in the person's best interest when needed. A care worker provided us with an example of how a person's relative had been involved in making a decision about a person's treatment in the person's best

interest. The care worker told us that if a decision needed to be made in a person's best interest, it needed to be "the least restrictive one." A person using the service confirmed that they were not restricted in any way and told us, "I go out when I want."

- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People using the service told us that staff were kind to them and treated them well. We observed very positive engagement between staff and people using the service. A person who had verbal communication needs showed by facial expressions, smiles and gestures that they really liked a support worker and the registered manager.
- The provider is a Jewish charity that provides services to people from the Jewish and wider community. The provider had policies and procedures that ensured people's equality and diversity needs and human rights were met by the service. Staff told us that they had received training and learning about the Jewish way of life and about equality, diversity and human rights. People received the support that they needed to attend places of worship.
- Information about people's individual equality and diversity needs including sexuality needs was included in people's support plans. Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. A support worker told us, "Everyone is equal. We acknowledge everyone's culture. There is no discrimination at all."

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

- People told us they were fully involved in making decisions about their care. They told us about their participation in reviews of their care and of making choices about their lives. People having the opportunity of having a copy of their support plan in a format that was accessible to them was discussed with the registered manager.
- People's communications needs including details about how they express their wishes were understood by the service. Staff told us that they read people's care plans and spoke with people and their relatives to ensure that they were knowledgeable about the way people communicated their needs and wishes. We saw a person being supported by a member of staff with using assistive technology that enabled them to communicate by moving their eyes. A person using the service was able to use the device to access an electronic gadget which then played their choice of music.
- Staff knew when to involve people's relatives, advocates and others in decisions about people's care. Family members confirmed they had been involved in the decisions made about their relative's care. They told us that they were listened to and were confident in expressing their views about the service. They informed us that the registered manager and other management staff always responded positively to their feedback.

- People were supported to communicate their views and were involved in planning their activities and daily life.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity. Staff received training about treating people with dignity and respect and knew the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care. People's care records were stored securely so only staff could access them.
- People's independence was supported by the service. People's support plans included guidance to promote and support their independence. They included information about what people could do for themselves and where additional support may be required. During the inspection a person using the service cooked their own lunch with minimal supervision from a support worker. One person told us about the places in the community that they visited independently.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans included information and guidance about meeting people's individual needs and preferences. People told us that they received the assistance and support that they wanted from staff. Staff we spoke with demonstrated that they knew the people they supported well and could describe how people's needs were met by the service.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There were some people using the service that due to their needs were unable to read and/or had difficulty understanding information. Some people had electronic devices to help them with their communication needs and to access information. Some information including people's activity plans were in pictorial format as well as written. However, people's support plans were mostly in written format, which was not an accessible format for every person using the service. The registered manager and other management staff told us that development of the accessibility of people's care plans and other information would be made.
- People were supported by staff to plan and timetable a range of activities that they wanted to take part in. These activities were based around people's individual interests such as accessing community facilities and amenities, doing art, dancing, cooking and shopping for personal food items and toiletries.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service told us that if they had a worry or complaint about the service they would speak with a member of staff. People's relatives knew how to make a complaint. They were confident that any complaint would be responded to appropriately by the service. A person's relative told us that the registered manager had always been responsive in addressing any issues to do with a person's care.

End of life care and support

- Most people using the service were young adults. There were no current or recent examples for the service of people receiving end of life support. We discussed involving people and where applicable people's relatives and advocates in gaining information about people's personalised wishes about the support and care that they wanted at the end of their life. Wishes might include playing music that a person particularly enjoyed and ensuring that a relative or friend was with them at the end of their lives. The registered manager

who agreed that action would be taken to address this.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff knew their roles and responsibilities. Records included detailed job descriptions of each person's role. Regular meetings ensured that managers and other staff were kept up to date with any changes and had the opportunity to share good practice.
- The registered manager had the skills, knowledge and experience to lead the service. All the staff who we spoke with showed that they were committed to providing a caring and effective service to people.
- Support workers told us that they enjoyed their jobs and spoke highly about the people that they supported. They informed us that they felt well supported by the registered manager and other senior staff. They confirmed that management were approachable and provided guidance and direction whenever they needed it. Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care.
- The registered manager told us that they encouraged staff to speak up and valued their views about the services provided to people. The provider had recently developed a staff 'initiative programme' where staff were rewarded for length of service and positive contributions to the service.
- People using the service and their relatives spoke in a positive way about the service. A person's relative told us that they were "thrilled" with the service provided to a person.
- There were a range of systems in place to assess and monitor the quality of the services and any risks to people's safety. Improvements were made when needed. Improvements included providing staff with training to meet people's specific needs and carrying out fire drills at night, so night staff were familiar with fire safety procedures.

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

- People using the service told us that they were happy with the service that they received. They had the opportunity to participate in tenants' meetings, where they discussed the service, planned holidays and received learning in topics that had included safeguarding and safety matters.
- People's relatives told us that they felt that the supported living services were well managed and run by the registered manager and assistant managers. They told us that they always felt welcomed when visiting the services and that they were kept informed of changes to the service and people's needs. A person's relative told us that they felt "very involved" in a person's care and that the person's supported living setting had a "happy atmosphere".

- The service understood and supported the diversity needs of people using the service and staff. This included respecting people's religious and cultural needs, which included observing religious festivals. Staff spoke very positively about the respect, support and understanding that the provider and staff had of people's differences.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Management including the registered manager knew the importance of being open, honest and transparent with relevant persons in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong.
- The registered manager told us that they ensured that they spent time every week in the services that they managed so that they monitored the care and support people received and the culture of the service. They told us that they often provided people with 'hands on' support so they always had knowledge and understanding of each person's needs.
- The registered manager understood their responsibilities in ensuring they notified CQC of all incidents and safeguarding issues that they were required to tell us about.

Continuous learning and improving care

- Extensive policies and procedures were in place to ensure the service was run appropriately and safely.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The provider was in the process of developing and improving its quality assurance framework to align it with the fundamental standards used by CQC to assess adult social care services. They also had a range of checks and systems including a safeguarding panel that ensured that lessons were learnt, and care improved throughout the organisation when incidents and shortfalls in services were found.
- Family 'surgeries' provided people's relatives and others important to them with an opportunity to speak with operational managers about matters to do with services. A quarterly Open Forum was also held where relevant guest speakers were invited and a range of topics such as safeguarding people, MCA, allowances/benefits and activities for people were discussed.

Working in partnership with others

- The service worked with health and social care professionals to provide joined up and consistent care for people. Staff ensured that changes in people's needs were reported to those who commissioned the person's care and to people's relatives.
- The provider also worked in partnership with key organisations to support care provision, service development and drive improvement. These included working in partnership with a range of organisations, services such as those that provided Kosher food to ensure that people's needs including their diversity needs were met by the service.