

# Upward Care Limited

# The Bromford

## Inspection report

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## 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

### About the service

The Bromford is registered to provide personal care as part of a supported living setting. At the time of this inspection 14 people were receiving personal care. The Bromford was purpose built and comprises of individual flats over two floors with communal areas on each floor.

Some aspects of the service have been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Improvements had been made since the last inspection where The Bromford was rated as inadequate. Systems had been put in place to improve people's safety and the management of the service. However, we need assurances the improvements made so far, will be sustained and will remain embedded.

There were enough staff to support people safely. The provider completed employment checks to ensure staff were suitable to deliver care and support before they started work. They need to strengthen the process further and ensure a full employment history was completed for all staff. People we spoke with told us they felt safe with the care staff who supported them. Where people were supported with medicines this had been provided safely. Care plans we sampled had improved and demonstrated that people who lived at the home had risk assessments in place in relation to their specific conditions and to keep them safe. Some further improvement was needed to one person's risk assessments.

People's care and support reflected their individual assessed needs. Staff had the appropriate skills and knowledge to meet people's needs and received training and ongoing support. People had been supported to maintain their health and wellbeing and had access to healthcare services when required.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. Staff showed respect for people's rights, privacy, dignity and independence. Staff providing care to people were limited to a small number to aid consistency of care and ensure positive relationships were maintained with people.

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

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People received personalised care that was responsive to their needs. The provider had a complaints process and people felt confident to raise any concerns.

Action had been taken to improve the systems used to check and audit the quality of the care provided at the service. However, further improvement was needed. People told us that the manager was approachable and responsive and staff felt supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 2 July 2019) and there were multiple breaches of regulation. We imposed conditions on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 2 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Bromford

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and a specialist advisor with experience in mental health.

#### Service and service type

This service provides care and support to people living in 14 'supported living' settings located in one building, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a 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 a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 December 2019 and ended on 10 December 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, operations manager, a recently recruited manager, safeguarding lead and support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives to gather feedback about the service provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the, provider had failed to do all that is reasonably practicable to mitigate risks to people using the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection, records around the use of restraint did not provide assurance that this was done safely. At this inspection we found that policies and procedures had been reviewed to help ensure any future use of restraint was appropriate and necessary. Records and discussions with staff showed where one person had recently displayed some distressed behaviours these had been managed by staff following their behaviour guidelines.
- One person had a history of leaving the service and not returning. Since our last inspection their risk assessment had been updated and new measures introduced to help keep the person safe.
- Care plans we sampled had improved and demonstrated that people who lived at the service had risk assessments in place in relation to their specific conditions and to keep them safe. Some further improvement was needed to one person's risk assessments in relation to two areas of risk, including the risk of choking. This was addressed by the registered manager when we brought this to their attention. They told us the person had previously declined the involvement of a Speech and Language Therapist but they would seek advice from health professionals to ensure the person's needs had not changed.
- Staff members we spoke with told us about elements of people's lives which could place them in situations where their personal safety could be compromised. They told us how they supported people to make choices to minimise these risks. One relative told us, "Staff support [name] with any risks."

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found examples of where people had been exposed to harm and staff had failed to protect people from future occurrences. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection we identified that staff did not respond appropriately to situations that left people at risk of abuse. Improvements had now been made. Where people had made serious allegations against other people living at the service or incidents of concern had occurred, measures had been put in place to safeguard people.
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns.
- People told us they felt safe using the service and their relatives told us they had no concerns about their family members' safety. One person told us, "I do feel safe – the staff know me more now than they did before, sometimes I don't even have to ask for help they just help me."
- Staff understood what was expected of them and had a good understanding of whistleblowing. A new email address and hotline number had been introduced to encourage staff to raise any whistleblowing concerns.

### Staffing and recruitment

- At our last inspection people gave mixed feedback about staff arriving on time to provide support. At this inspection people told us they received their support when needed.
- Previously staff were not consistently recording the times they visited people and there were no systems to monitor the times people received support. Some changes had been made to records and monitoring was now in place to make sure staff completed the required support tasks. However, care records showed that staff still failed to record the time they started and finished their personal care calls. This lack of information meant it was not possible for the provider to identify if people had received the support time they were assessed as needed.
- We looked at the recruitment records of three new staff. Checks had been completed prior to staff beginning employment. This included, appropriate references and disclosure and barring service checks (DBS). A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.
- The provider needed to strengthen their recruitment process and ensure a full employment history was completed for all staff. Following our inspection, the registered manager provided evidence that this had been rectified.

### Using medicines safely

- People and relatives told us they were happy with how medicines were being administered. One relative told us, "Staff are really good with his medicines, they are managed well."
- Staff told us they felt confident providing support with medicines and had been trained to do so. Checks were carried out to ensure staff were safe to administer medicines.
- The service had recently introduced an electronic recording system, Medicines administration records indicated people received their medicines as prescribed. These records were audited regularly.

### Preventing and controlling infection

- Staff told us they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. Staff completed training and understood their responsibilities in relation to infection control and hygiene.

### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents.
- Audits had been introduced since our last inspection which included analysing safeguarding concerns for any trends or lessons to be learnt.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had made a number of changes to their assessment process for potential new people to help ensure the service would not admit people whose needs it could not meet.
- When there were changes in people's needs these were reviewed. One relative told us, "I am fully involved in any review meetings."

Staff support: induction, training, skills and experience

- Staff received an induction before they started to provide care work. New staff also undertook initial shadow shifts, whereby they worked alongside a more experienced staff carrying out care tasks.
- Staff had received training relevant to their role. This included training in people's individual needs. One relative told us, "The staff are really good, they understand [name] needs."
- Staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development. Staff confirmed they received the training and support they needed.

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

- People were happy with the support they received with meals. One relative told us, "Staff provide assistance with cooking meals and preparing drinks. There are no issues."
- Staff were aware of the importance of promoting a balanced diet and providing appropriate support to people to access their chosen food and drink. One person told us, "Sometimes I put it on my keyworker plan that I want staff to help me diet better which they're helping me do at the moment."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to make and attend healthcare appointments when they needed.
- Records we looked at showed that people received support from health professionals where required. One relative told us, "Staff provide support for any health issues."
- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required to ensure people's health and well-being improved.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent before supporting them and staff spoken with displayed an understanding of the importance of seeking consent.
- Staff had received relevant training and had adequate understanding of the requirements of the MCA.
- When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed and when necessary the provider followed the best interest process.
- Our last inspection identified there was a risk that people's rights would not be upheld where restraint was used. This inspection found that the provider had taken action to review their policies and procedures. The registered manager and staff spoken with told us that the use of restraint had not been needed.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection people gave mixed feedback about their relationships with staff. Feedback given at this inspection was positive about staff and the support they provided. People and relatives told us staff were kind and caring. One person told us, "They [staff] are so patient." One relative commented, "[Name] is happy there. The staff are all nice people."
- From our observations we could see people were comfortable in the company of the staff who supported them. Staff spoke with kindness about the people they supported. One care staff told us, "It's about being real – giving them realistic targets to empower them to have a bigger voice."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- Care plans were developed with input from people and their family members, if appropriate. One person told us, "I like to get involved."
- One person gave an example of how an individual staff supported them, they told us, "She's quite encouraging, she doesn't just support you with what she wants to do, she tells you what's best but allows you to make your own decisions based on this, she's not forceful she's encouraging."
- The service had recently involved people in the interviewing of potential new staff. One person told us, "I think this is a brilliant idea because we sometimes have staff who have no idea in how to cook a simple meal. I want to ask them about their cooking skills because I feel it is important."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to provide care in a way that respected people's dignity and independence and we saw ways in which this was to be maintained was detailed in people's care plans.
- We saw examples of staff respecting people's privacy and asking their permission to visit them in their flats.
- People's independence was encouraged. Where people were able to access the community independently they had been supported to do so. Other people were also supported to learn daily living tasks such as cooking and cleaning.
- People's confidentiality was maintained; records were kept securely in the office of the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- Staff we spoke with displayed a good understanding of people's preferences.
- Previously staff did not always know the details of people's history that would impact on the care they received. This inspection found that staff knew people well.
- Family members told us they were pleased with the care and support their relative experienced.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans.
- The provider was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required. 'Easy read' guidance was in place for people who required it.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, so people could share their views.
- People and relatives knew how to make a complaint should they need to. One relative told us, "They are approachable with any concerns." Another relative commented, "I feel confident to raise any concerns."
- One relative told us they had previously raised a concern and that this had been dealt with.

End of life care and support

- Although no-one living at the service required end of life care, records showed that people had been asked about their wishes and preferences at the end of their lives.
- We were informed that when needed, staff would work with people and palliative care professionals to ensure people's end of life needs were met.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. However, there remained some areas for further development.

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

At our last inspection the provider had failed to ensure governance systems were effective in identifying and mitigating risks to people's health, safety and welfare. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found there had been improvements in the governance systems, however, there remained some areas for further development whilst embedding and sustaining the improvements made so far. Current systems had not identified some of the issues we identified at this inspection, for example in relation to risk assessments and recruitment procedures.
- The service had a range of quality monitoring arrangements in place and since the last inspection had employed an external company to complete some quality assurance audits.
- The registered manager informed us the external company were due to complete an audit the week after our inspection, and that from January 2020 a new system of internal monthly audits was being introduced.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service. Notifications had been sent for events as required.
- The provider displayed their CQC rating at the location as required so that people would have access to this information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the registered manager was approachable. One relative told us, "I'm often going to the office, I can always go and talk to the manager."
- Systems were in place to seek people's views. One person told us, "We usually have resident's meetings, the last one was about a month ago, and that went really well, it was quite long." One relative told us, "They do tenant meetings every month, [name] gets a letter inviting to attend."

- At our last inspection we found that satisfaction surveys had been sent out in September 2018. Where suggestions for improvement had been made, action plans were devised to address these. Recently surveys had been sent to professionals involved in the service, but none had been returned. We were informed that further surveys would be sent out in 2020 to people using the service.
- Regular staff meetings ensured the values of the organisation were reinforced.
- Staff told us they felt supported by management and could approach them with any concerns. One care staff told us, "I get support from management, it doesn't matter what their title is."

Continuous learning and improving care; Working in partnership with others

- The registered manager was receptive to feedback and enthusiastic about making improvements with their systems and records.
- The registered manager showed us via records that they had been working with the local authority to report and address concerns raised about people receiving support from the service.
- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.