

St Andrew's Healthcare Broom Cottage

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

For inspections of all specialist learning disability and autism services

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Broom Cottage is a residential care home providing personal care to up to 5 people. The service provides support to people with a learning disability. At the time of our inspection there were 4 people using the service. Accommodation is provided in one adapted building.

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

The registered manager had identified areas for improvement to promote people having a fulfilling and meaningful everyday life. The provider supported the improvement plan to ensure people's wishes, needs and rights were the focus of everything they did.

Right Support:

Broom Cottage had the external appearance of a large family home and this continued inside where there was space for people to relax, eat and socialise where, and with whom, they chose. People had unrestricted access to the communal areas of the home. People's bedrooms were personalised and people used their private space when and how they wanted to. Staff understood how people made choices and enabled this to happen day to day.

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

Right Care:

People had lived at Broom Cottage for many years together and were cared for by staff who knew them very well. Staff understood people's needs and how people preferred to be supported. Staff supported people to access appropriate health care when required.

Right Culture:

People and others who were important to them, including advocates, were involved in planning their care. Staff knew and understood people very well and were responsive to their needs. Staff understood the principles of person-centred care and the importance of people's needs and wishes being the focus of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 26 April 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Broom Cottage

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Broom Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broom Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 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 looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this service since it registered in 2019. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were helped to keep safe from avoidable harm by staff who knew them well and understood how to protect people from abuse.
- Staff completed training on how to recognise and report abuse and understood how to implement this.
- People's relatives understood how to raise any concerns they might have and were comfortable to do so if they needed to. One relative told us, "We always speak up if we have any concerns, we get in touch and get it sorted".

Assessing risk, safety monitoring and management

- People were supported by staff who knew their needs well. Staff understood the areas of risk in people's lives and how to manage people's safety.
- People, or their representatives if required, were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe.
- Where required, any decisions made on people's behalf were in their best interests and as least restrictive as possible.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs, including one to one support.
- People were supported by safely recruited suitable staff. Staff completed a period of induction to give opportunity to become confident and competent in supporting people safely.
- Staff told us they had time to get know people and understand how best to support them. Staff employed by the provider worked additional shifts where required to ensure continuity of support to people.

Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- Staff understood how to identify when a person needed their as required medicines, for example, pain relief, through observation of body language and facial expression as well as monitoring people's general presentation.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

Learning lessons when things go wrong

- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents for investigation by the management team and lessons learned were identified. Where identified, lessons learned were shared with the team at staff meetings.

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.

This is the first inspection of this service since it registered in 2019. This key question has been rated 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

- People, or their representative where required, were involved in the development of plans to meet their care and wellbeing needs.
- People had personalised care and support plans which contained guidance for staff to follow to ensure people's needs were met in the way they preferred.
- Staff recognised changes in people's risks and referrals were made to the relevant professional for specialist assessment and input, for example, good mental health management, unexplained weight loss and swallowing difficulties.
- The provider implemented a document to record important information about people and their lives. Staff got to know people and what was important to them, including their likes and dislikes.

Staff support: induction, training, skills and experience

- People were supported by staff suitably trained to meet their needs. Staff attended specific training to raise their awareness and understanding in supporting the varied needs, strengths and impairments of people with a learning disability and autistic people.
- All newly employed staff completed an induction which involved shadowing an experienced staff member. The registered manager carried out spot checks and observations of staff competence and practice.
- The registered manager planned supervision meetings for staff as well as catching up with them when in the home. Staff provided mixed feedback about the support they received, some staff members felt supported by the provider, others felt they benefited from informal support from within the team.

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

- People were involved in choosing what they wanted to eat and drink to maintain a balanced diet.
- People were supported by staff on a daily basis to choose the meals they wanted and where to eat them. People were supported to be involved in the planning of menus, going shopping at local shops and cooking meals.
- Staff understood people's dietary needs, for example, to reduce the risk of choking or to manage health conditions. Advice from professionals, such as dietitians and speech and language therapists, was included in people's care plans.

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

- People were referred to health care professionals to support their health and wellbeing.
- Staff understood what support people needed to help them to manage health conditions. Information

and guidance were available for staff to help them understand health needs and their management, for example, epilepsy, mental health conditions and bowel management.

- People had up to date health records in place, these identified health professionals involved in their care. Referrals were made to professionals in response to changes in people's needs or to manage their health conditions. For example, a referral was made to the GP for a person who had gained weight. A person who declined to eat was referred to the dentist for assessment and treatment.

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

- The communal areas in the home were set up to meet people's individual needs for social interaction, including where people needed space and distance to feel comfortable to do this.
- People had personalised their rooms with their belongings, including furniture, photographs and decorative artwork and ornaments. People were able to freely use their rooms as they wished for individual activities or time alone.
- There was a large accessible garden available for people who wanted to use it.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider worked in line with the principles of the MCA.
- Where required, appropriate legal authorisations to deprive a person of their liberty had been applied for and whilst awaiting outcomes of these applications regular progress updates had been sought by the registered manager.
- Where required, mental capacity assessments and best interest decisions had been completed in line with best practice. For example, the information used to assess a person's capacity for making specific decisions was recorded. Involvement from family or professionals was recorded where used.
- People were supported by independent advocates. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them.

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.

This is the first inspection of this service since it registered in 2019. This key question has been rated 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

- People were well treated and supported by staff who knew them well.
- People and their relatives were consistently positive about the caring attitude of staff. One relative told us, "Staff are caring and kind, they always treat [relative] with kindness and respect".
- People were respected as individuals. Staff understood people's likes and dislikes and how they preferred to be supported. One staff member said, "We get to know people really well, we have time to spend with people".
- The provider had policies in place which supported anti-discriminatory practices and staff undertook equality and diversity training. This meant people who were protected under the Equality Act 2010 were able to access care that met their needs.

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

- People, their family or representative where appropriate, were involved in the planning and review of care plans.
- Staff were skilled at identifying and responding to changes in people's behaviours which were indicators of how some people made choices. One relative said, "Staff know [relative] well; [relative] lets staff know what they want". One staff member said, "We pick up on what people are "telling" us, even the small things".
- The provider implemented a system for staff to record and reflect on interactions with people. These records were analysed, and the findings considered in care plan reviews to ensure guidance on how best to support people to make choices was current.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who respected their privacy, dignity and independence.
- People had positive relationships with the staff who supported them. One relative said, "My [relative] has got to know staff and developed a bond with them. [Name] likes staff; staff are wonderful with them".
- People were supported by staff to engage in day to day activities in and out of the home. Staff understood people's individual needs and offered activities at a level suitable to each person. One relative told us, "[Relative's name] loves food but has no interest in doing the cooking. They are involved in doing the shopping".
- People's privacy was respected. Staff understood when people preferred to spend time alone and ensured this happened.

Is the service responsive?

Our findings

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

This is the first inspection of this service since it registered in 2019. This key question has been rated 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 were supported by staff who understood how they preferred to be cared for.
- People were supported by a consistent team of staff who knew them well. Staff had the time to spend with people to get to know them and develop caring and supportive relationships.
- Care records included detailed information on how people made their needs known. There were sufficient numbers of staff deployed to provide individualised support to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was able to produce documents and information in a range of formats. The registered manager had developed the service user guide to be easy read.
- People's preferred ways of communicating were known and understood by staff. Care records contained information on how to best communicate with each person to promote their wellbeing.
- Pictures were used to enhance people's engagement and understanding. For example, the menu board displayed words and pictures to help people make their meal choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with people who were important to them. People were supported to receive their visitors at the home.
- People participated in a range of activities in and out the home in small groups or individually. One relative said, "[Name] loves to walk, they go out often." Another relative said, "Staff always encourage [Name] to show me what they have been doing, for example, painting a picture."
- Staff understood people's needs and developed planners offering a range of activities for each person. One staff member said, "It is not always easy to engage people; we offer different activities and try to make them meaningful for each person. People make choices about what they want to do."

Improving care quality in response to complaints or concerns

- The provider implemented a system to manage complaints and concerns. No complaints had been

received in the service in at least the previous 12 months.

- People, their relatives and staff told us they knew how, and to who, to raise any concerns they had. One relative told us they had no reason to be worried or complain. Another relative said they talked to staff and things get sorted.
- The provider facilitated a monthly community meeting at the home. People were given the opportunity to talk about any concerns they had.

End of life care and support

- There was no one requiring end of life care and support at the location during this inspection. The provider implemented an end of life care pathway to support people and their families through this sensitive time when required.
- Staff received training to provide support to people, and their families, through the stages of dying, death and bereavement.
- The registered manager acknowledged due to the type of service, staff would require support in preparation for, during and after a person requiring end of life care. The registered manager was confident the support systems within the provider organisation would be able to facilitate 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.

This is the first inspection of this service since it registered in 2019. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had identified where improvements were required in shaping the culture of the service to ensure care and support was consistently delivered to be person-centred. The registered manager had taken action to address this and was working with a training provider to develop a programme of development to raise staff awareness of how to empower people; to promote people's independence and enable people to have a fulfilling and meaningful everyday life.
- The registered manager had identified the provider systems did not always produce records in the most person-centred way. The registered manager was working with the provider to develop the systems to be fit for purpose.
- We signposted the provider and registered manager to the information available on our website providing guidance on supporting people with a learning disability and autistic people.
- People, or their representatives, were happy and settled living at the home. One relative said, "We hope this is their home for life."
- Staff members understood the importance of working as a team and valued the outcomes teamwork provided for themselves and the people they supported.

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 responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The provider implemented processes to review the quality of the care and support people received. The registered manager had identified where provider audits could be tweaked to be more in line with the aims of delivering a truly person-centred service. For example, for audit tools to be adapted to ensure terminology used in care records was not based on a medical model.
- The provider facilitated daily catch up meetings with the service to know and have oversight of the day to day challenges at the location.
- The registered manager arranged regular staff meetings. Feedback from staff about how effective the

management of the home was varied. The registered manager proposed learning and development opportunities to improve staff engagement.

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

- The provider supported regular meetings for people to attend and discuss topics on an agenda. People had the opportunity to raise compliments and complaints, talk about the environment, plan events, suggest activities and raise any other business. The records of these meetings were made available in easy read formats.
- The registered manager maintained regular contact with people's families, where required, through regular conversations. One relative said, "We receive regular calls, updates on how [relative] is getting on."
- Members of staff felt involved in making improvements for people. One staff member said, "We know people the best, we communicate on their behalf. We record and report concerns, and action is taken."

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified improvements for the service which demonstrated their desire for people to achieve the best outcomes possible. The provider confirmed they were in support of the plans to develop the service.
- The provider worked in partnership with other professionals such as GP and pharmacist, the community mental health team and local hospital services to support people to access healthcare when they needed it.
- The provider worked with advocacy organisations. This helped to give people using the service a voice and improve their wellbeing.