

Mr Alan Philp

Broomhill Lodge

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 

Overall summary

This inspection took place on 11 August 2015 and was unannounced. At our last inspection in May 2014 we found the provider was meeting the regulations we inspected.

Broomhill Lodge is registered to provide accommodation and support with personal care for up to eight adults with learning disabilities.

There was a registered manager in place. 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.

People using the service told us they were happy living at the service. Relatives told us they were very happy with the support and care provided.

There were enough staff to support people at the time of the inspection. People were supported by staff who had the skills to meet their needs. Staff had received training and felt supported in their roles. There were systems in place to recruit staff who were suitable to work in the service.

People's medicines were managed safely and staff followed the organisation's guidance in administration, storage and disposal of people's medicines.

Summary of findings

People were at the centre of their care and staff were responsive to their needs. Care plans focused on the individual needs and recorded people's personal preferences. They could access health care professionals when they needed them.

People were supported to maintain independence and control over their lives by staff who treated them with dignity and respect. People were supported to make decisions and choices about the care they received. Staff understood and promoted people's rights and knew how to protect people against the risk of abuse or harm. Staff were kind and caring and had developed positive working relationships with the people they supported.

People were encouraged to participate in a range of activities.

The registered provider had a complaints policy in place and quality of the service was regularly monitored. Feedback was encouraged from people, visitors and professionals and used to improve and make changes to the service. Staff knew how to raise concerns on behalf of the people they supported.

There was a positive and open culture in the service. The registered manager was approachable and supportive and ensured people were well cared for. People and their relatives spoke positively about the registered manager.

Summary of findings

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 safe. People were safeguarded from abuse. Staff received training and were aware of how to keep people safe from harm.

Risks associated with people's care and support were identified and managed appropriately.

There were sufficient staff to meet people's needs. Robust systems were in place to ensure safe recruitment of suitable staff.

People's medicines were managed in a safe way.

Good



Is the service effective?

The service was effective. Staff received training and support to make sure they were competent and could meet people's specific needs.

There were policies and procedures in relation to the Mental Capacity Act (2005) (MCA). All staff had received training in the MCA.

People were offered choices of meals and drinks that met their dietary needs.

The management and staff worked with other agencies and services to ensure people received the support they needed to maintain their health.

Good



Is the service caring?

The service was caring. Staff were kind and caring and had a good understanding of people's individual needs and preferences.

Staff took time to speak with people and gave them time to express themselves. We saw staff engaged positively with people.

People were treated with respect and their independence, privacy and dignity were protected and promoted.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and reviewed. People's needs were recorded and staff were provided with information to enable them to meet people's wishes.

People were able to make decisions and choices about their life and were provided with a range of activities.

There was a system to manage complaints and people felt confident to make a complaint if necessary.

People were supported to maintain relationships with friends and relatives.

Good



Is the service well-led?

The service was well-led. The registered manager understood their role and responsibilities and promoted a positive culture within the service.

Good



Summary of findings

Staff and relatives found the management approachable and open. Staff felt supported by the registered manager.

Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

Broomhill Lodge

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.

This was an unannounced inspection carried out on 11 August 2015 by one inspector.

Prior to our inspection we reviewed all the information we held about the service which included statutory notifications and information we had received from other professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at two care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures, fire safety records, risk assessments, satisfaction surveys and minutes of meetings.

On the day of the inspection we spoke with two people who used the service and the registered manager. After the inspection we contacted two relatives and two staff to obtain their views of the service. All feedback we received was positive.

Is the service safe?

Our findings

People felt safe living at Broomhill Lodge. One person told us, “I feel safe here.”

People were protected from the risk of abuse by staff who understood their responsibilities to protect the people in their care. Staff told us about the action they would take to keep people safe. A member of staff told us, “We are here to protect people.” Staff had a good understanding of the safeguarding procedures. Training records showed staff had undertaken training in safeguarding people and this was refreshed on a regular basis. We saw that training was planned for November 2015. Staff knew about the policies and procedures that were in place with regard to protecting people from harm.

The service had a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Staff were aware that they could report any concerns they had to outside agencies such as the police or local authority. This helped to ensure people were protected from the risk of harm or abuse. Staff did not raise any concern to us about the service. One staff member said, “I will talk to other outside agencies if I have to.” They gave us example of which other agencies they would contact.

We saw risks to people’s safety had been identified and where possible agreed with the person. This included personal safety, medicines and community activities. The risk assessments provided staff with information about how to support people. These were reviewed regularly and changes were communicated promptly to staff and recorded in the person’s care file.

We saw when people had an accident or were involved in an incident this was recorded along with the actions taken to prevent these happening again. The registered manager monitored incidents and accidents regularly to see if there were any noticeable trends. Incidents were discussed with all the staff after the event. The registered manager gave us an example of the discussion they had with staff following a recent incident with one person while they were undertaking an activity in the community.

The provider had taken steps to provide care and support in an environment that was adequately maintained. Regular maintenance checks were carried out on the building and equipment. From the records we looked at,

we saw fire alarms were tested on a weekly basis and a regular fire drill was undertaken. The fire safety equipment had been serviced yearly. There were individual evacuation procedures in place for each person at the service. We noted the provider had a contingency plan which outlined clear instructions for staff to follow should there be an emergency, this included alternative accommodation with contact details. This helped to ensure people were living in a safe environment as far as possible.

People and their relatives felt there were enough staff on duty. We looked at the last three weeks’ staff duty rotas and saw staffing levels indicated that there was the number of staff as mentioned to us by the registered manager. Staffing levels were planned based on people’s dependency levels which ensured there were sufficient staff to meet people’s needs. The registered manager mentioned to us that the staffing level would be reviewed when the service was full. At the time of our visit there was one vacancy and one person was being assessed for admission to the service.

The provider had an effective recruitment and selection processes in place. People were cared for by staff who had been through a robust recruitment procedure. This included obtaining references for prospective staff to check on their previous employment and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. We looked at two staff files and found that necessary checks had been undertaken before staff started work.

People told us they always received their medicines as prescribed. One person said, “I get my medicines on time.” We looked at how people were supported with their medicines. We saw people received their medicines when they needed them and these were stored securely. Records were completed correctly and showed that people had received their medicines when they were required to have them. The registered manager carried out regular audits to ensure the safe ordering, management and storage of medicines. Staff ensured that people’s allergies were recorded and highlighted appropriately on the medicine administration records. We saw staff had training in administration of medication. These arrangements helped protect people from the risks associated with medicines mismanagement because the staff had been trained to administer medicines safely.

Is the service effective?

Our findings

People received effective care and support from staff who had received training. One person told us, “The staff look after me well.” Relatives told us they were happy with the way staff supported and cared for their family member.

People were supported by staff who knew them well and had been working at the service for some time. Staff told us the training was good and gave them the skills and knowledge they needed to support people. We looked at staff training records and saw that staff received a range of training that the provider considered mandatory. This included moving and handling, infection control, safeguarding people, food hygiene and fire safety. We noted future training sessions had been organised for those staff needing refresher training for example fire safety awareness was planned for November 2015. We saw staff had completed an induction when they began working at the service.

From the records we looked at we saw staff received regular supervisions with the registered manager. Staff told us they met with the registered manager on a regular basis. This helped to ensure staff were supported to ensure they could meet people's needs. However we noted the completion of the supervision records was not always detailed and very limited information was recorded about the discussion that took place. The registered manager agreed that supervision sessions needed to be more robust and comprehensive. We saw staff had received an annual appraisal.

Staff asked people for their consent before offering them support. We heard staff always asking and involving the person in their care routines. The registered manager and staff understood the principals of the Mental Capacity Act (2005) (MCA). They were able to explain the importance of protecting people's rights when making decisions for people who lacked mental capacity. The registered manager was aware of the recent changes to the law regarding Deprivation of Liberty Safeguards (DoLS) and had a good knowledge of their responsibilities under the legislation. CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications had needed to be submitted, the registered manager described the processes they would follow if people did not have capacity to consent and the steps that

would need to be taken to lawfully deprive a person of their liberty. We saw staff had received training in the MCA and were aware of the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The registered manager gave us an example where relatives had been involved in a best interests meeting held for their family member about an operation. During the meeting discussions took place around the person's present situation and what was being proposed and any benefit of having the operation. The outcome of the meeting was discussed with all the people involved in the person's care.

People told us they thought the food was “very good”. One person told us, “I like my fish and chips but do not like corned beef.” People were supported to have enough to eat and drink and to maintain a balanced diet. We saw people involved in choosing their own food and were supported and encouraged to be as independent as possible in making drinks for themselves or preparing their breakfast under supervision. Where people had specialist diets, staff knew how and when to provide them for example one person needed their food cut into small pieces as they were at risk of choking. People had access to specialists, such as the speech and language therapist and dietitian, to help them with their eating and drinking. People had their weight recorded monthly and were encouraged to eat healthy food.

We saw evidence people saw health care professionals when they needed to and were referred to specialists promptly. The registered manager and staff worked closely with external professionals to ensure people's health was safeguarded. Records showed people had seen healthcare professionals in response to changing needs and management of their existing conditions. Referrals had been made to specialist health care professionals for example to the mental health professionals, dietitians and occupational therapists. People had also seen dentists and opticians. Staff kept a record of the outcome of professional visits and any changes were recorded and discussed during staff handovers. Staff we spoke with were familiar with people's individual support needs and were responsive to people's needs.

Is the service caring?

Our findings

People told us staff were kind and good to them. A relative we spoke with described staff as, “very kind and fantastic”. One relative told us, “The staff are very kind and helpful.”

Staff respected people’s privacy and dignity. One person said, “Yes the staff respect my privacy.” Staff were able to share examples of how they promoted people’s privacy and dignity. For example, knocking on people’s doors prior to entering and ensuring people’s bedroom curtains were closed when assisting with personal care.

Throughout the inspection we saw staff were respectful and polite in their approach. We noted staff spoke with people before offering support so they understood what was happening. We saw staff were kind, caring and compassionate towards the people they supported. They were patient and caring and took time to listen to people and allowed them time to express their needs.

People were able to express their views and were involved in making decisions about their care and support. For example, when they wanted to get up, how they wanted to spend their time, the activities they wanted to do and what food they wanted to eat. Staff took time to explain options and choices to people in a way they understood.

Each person had designated key workers that were responsible for reviewing their care on a regular basis.

Where appropriate, relatives had been involved in helping people to make decisions. Relatives told us they were involved in their family member’s care and support. Staff knew the people well, they were aware of their likes and dislikes. They used this knowledge to effectively support and care for people using the service. They understood the things that may upset people, and the things that made people feel happy. This information was also recorded in each person’s care plan. For example we noted that some people living at the service liked ‘Doctor Who’, watched it on TV and visited a Doctor Who museum recently. We spoke to one person who confirmed to us they thoroughly enjoyed the experience. Staff made sure people were able to enjoy their favourite television programmes.

People were helped to maintain relationships with people who were important to them. Family members told us that they were able to visit their relatives at any time, and were able to spend time privately.

People were encouraged to do as much for themselves as possible. People’s wishes and preferences were sought and recorded. We saw care files contained information on how people wanted to be supported with personal care and to what extent. There was evidence in the care plan files, and through our discussions with staff that people were consulted and involved in all aspects of their care and support. Where people were able to read and sign the plans they had done so.

Is the service responsive?

Our findings

People told us they were happy at the service. We saw people were relaxed and responsive in the company of staff. One person told us, "I like it here, the staff are very good." People mentioned to us they liked all of the staff and the staff were always kind to them.

We saw each person received support and encouragement from staff to lead active and interesting lives. People had their needs assessed prior to them moving into the service where they and their relatives were involved in. We looked at the care and support two people received. Each person had individualised care plans. These contained information about their life history and included their personal preferences. Information such as, how they liked things done and how they communicated in relation to their everyday care needs was recorded. Care plans contained information about each person's diagnosis or condition.

Care plans were meaningful to people who used the service and had photographs and pictures. We saw care plans were reviewed regularly. This helped to ensure staff had access to the most recent information regarding people's care needs so they were able to adapt the care and support they offered accordingly. People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. People met with their key workers regularly to discuss their care and to agree on how it could be best delivered to meet their needs. These meetings were recorded and we sampled some of them and noted they were comprehensive.

The service had a programme of activities each day of the week. The programme included drama, arts and crafts,

swimming, bowling and cycling. People were encouraged to join in the activities of their choice. The registered manager told us that activities were designed to meet specific needs and people's personal histories were considered when planning activities. For example, one person enjoyed drama and they were able to access external classes to do this activity. People we spoke with told us routines in the service were flexible. People could choose when they wanted to get up and what they wanted to do when they were not attending their regular activities.

People we spoke with did not raise any concerns to us. There was a complaints procedure in place and information on how to make a complaint was displayed in the communal area. People and their relatives were aware of how to make a complaint and were confident they would be listened to. One person said, "I will speak to my keyworker or the manager if I am not happy." One relative told us, "If I have any concerns I will talk to the manager or one of the staff."

We noted the complaints policy was available for people to access in a format people could understand. We looked at complaint records held and saw that there had not been any complaints since our last inspection. Relatives told us they had never needed to make a complaint. There was good communication between relatives and staff at the service. This ensured they were kept up to date on their family member. Discussions held with the registered manager showed they were familiar with the complaints process in the event of receiving a complaint. We saw meetings were held for people living in the service. This provided an opportunity for people to express their views about how the service was run and raise concerns if necessary.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. People told us they were happy with the way the service was managed. One person told us, “The manager is very good.” Relatives felt there was good communication between staff and themselves. People and their relatives told us the registered manager was approachable and said they could speak to them. One relative commented, “The manager is very approachable, we can discuss anything and we are always informed about any changes.”

Staff told us they were encouraged by the registered manager to report any concerns they had or any ideas to improve the service being provided. They said they had regular staff meetings. One staff member said, “We can discuss our ideas and make suggestions.” We saw that staff views were sought and welcomed.

The registered manager had clear visions and values and shared these with staff. Staff were clear about what the service should deliver and how. Staff we spoke with were committed to working as a team. They spoke positively about their roles and understood what was expected from them in relation to supporting people and promoting a positive culture and environment. They told us about the arrangements in place to support them and said they were listened to and their view was sought on how the service was run. This helped them with monitoring the care and support provided.

The registered manager completed regular audits to assess the quality of the service and to enable appropriate action to be taken. These included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from a representative of the provider on a monthly basis. We looked at the most recent audit and noted there were no immediate concerns identified.

There were systems in place to obtain feedback about the service. Surveys were completed by people and their relatives to gain an understanding of their views of the service. We reviewed the responses to the most recent surveys carried out in May 2015 and saw that mostly positive views were expressed. One relative commented, “We are pleased and happy with all aspects of the care and guidance carried out at Broomhill Lodge, we feel that [my relative] is in good hands.” Another comment was “We have always been pleased with the way [my relative] has been looked after at Broomhill Lodge. We are always kept up to date and if there are any problems we are in constant touch with both the manager and his key worker.” This meant people could be confident the quality of the service was being assessed and monitored.

We looked at people’s personal records and saw they were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Staff were aware of keeping people’s information confidential and we saw records were always kept locked when not in use.