Mrs Elizabeth Emery

Broadpark House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced comprehensive inspection took place on 29 March 2018.

Broadpark House is a 'care home' for up to three people with a learning disability. The registered provider lives in the home and together with her husband they provide the care. At the time of our inspection there were two people living at Broadpark House. The two people living at the service were independent and only required occasional prompting and support. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in November 2016 we found breaches of legal requirements. These were regulations:

•□Regulation 17 – Good governance. Due to the unusual nature of the service there were no formal systems and processes in place to assess the quality and safety of the service and there was a lack of policies and procedures in place relevant to the planning and delivery of care and treatment.

•□Regulation 18 – Staffing. Staff had not received any up to date training to enable them to carry out their roles in line with best practice guidance.

•□Regulation 20 A – Requirement as to display of performance assessments. The provider had not displayed their CQC rating, which is a legal requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result the service was rated as 'requires improvement.' This inspection found that these three breaches remained. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) effective and well-led to at least good. However, we did not receive any action plan.

When we visited we met with the registered provider. A registered provider is a person who has registered with the Care Quality Commission to run the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. A registered manager is not required as the provider is registered as an individual person.

Staff had still not received up to date training specific to people's needs; this was also identified at both our

inspections in 2015 and 2016. The provider explained at both these inspections, they would contact the relevant professionals if they noticed changes in a person's physical or mental health.

There were still no policies and procedures for us to view during our inspection, this was the same in 2015 and 2016. For example, a policy on safeguarding vulnerable adults, risk management and infection control. We also found that the home did not have a Mental Capacity Act (2005) policy in place to provide the legal framework to work within to ensure the protection of people in their care. However, the registered provider knew to contact relevant professionals if any concerns became evident which impacted on people.

The service was unusual in so far as it was more of a family home. There were still no formal systems and processes in place to ensure quality for people. The service is run in an informal way through on-going discussions with people on a constant basis.

The provider was not keeping up to date with training, changes in practice, regulatory requirements and had no quality monitoring systems. Therefore they were unable to assess whether or not they were meeting the required standards or provide evidence that risks were being managed.

Prior to our inspection we asked the provider to send us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider did not respond to our request for information.

Since April 2015, providers have been required to clearly display their Care Quality Commission (CQC) rating at any premises from which they provide a regulated activity. We found that the provider of Broadpark House had still not displayed their CQC rating.

The provider has not made the required improvements. They have not responded to regulatory requests for an action plan or other information.

We have contacted the local authority requesting reviews take place for the two people living at Broadpark House. We will also be meeting with the registered provider to discuss the on-going breaches and what actions they plan to take to meet the Health and Social Care Act regulations.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. However, there was no safeguarding policy in place for them to refer to. Measures to manage risk were as least restrictive as possible to protect people's freedom. Staff demonstrated an understanding of the Mental Capacity Act (2005).

Care files were personalised to reflect people's preferences. People were supported to maintain a balanced diet, which they enjoyed. Health professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. People's privacy and dignity were respected.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through informal discussions.

We found three repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Most aspects of this service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. However, there was no safeguarding policy in place for them to refer to.

People's risks were managed to ensure their safety.

The registered provider and her husband provided people with the support they needed.

Staff did not need to administer medicines for people.

The premises were adequately maintained through a maintenance programme.

Staff ensured infection control procedures were in place.

Is the service effective?

Requires Improvement

One aspect of the service was still not effective.

Staff still had not received up to date training specific to people's needs.

Staff demonstrated an understanding of the Mental Capacity Act (2005).

People's health needs were managed well.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive.

Staff spoke confidently about people's specific needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences.

Community involvement was important to people and they were supported in this.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through informal discussions.

Is the service well-led?

Requires Improvement

The service was still not well-led.

The service still did not have any policies and procedures in place.

There were still no formal systems and processes in place to ensure quality for people. The service ran in an informal way through on-going discussions with people on a constant basis.

The provider had still not displayed their CQC rating, which was awarded at both our inspections in 2015 and 2016. This is an offence.

The provider has not made the required improvements.

They have not responded to regulatory requests for an action plan or other information.

Broadpark House

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 was planned to check 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 announced inspection took place on 29 March 2018. The provider was given three days' notice because the location was a small home for adults who may be out during the day; we therefore needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. Prior to our inspection we asked the provider to send us in the Provider Information Return. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We spoke to two people receiving a service, the provider and her husband (referred to as a staff member or staff throughout the report).

We reviewed two people's care files and health and safety records. We asked to see the provider's policies and procedures and quality monitoring systems, however there were none. After our visit we sought feedback from a health professional. We received no response.

Requires Improvement

Is the service safe?

Our findings

People felt safe and supported by staff. Comments included: "I feel safe here, absolutely" and "If I was worried about something I would speak to (registered provider)."

The provider demonstrated their safeguarding role and responsibilities and understood what might constitute abuse and knew how to report any concerns. They knew to contact the local authority to report any concerns if they arose and had done so in the past. They explained the importance of working closely with the local authority and relevant health and social care professionals. However, there was no policy in place for them to refer to. There had been no safeguarding concerns for several years.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for mobility, medicines management and self-neglect. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, risks were managed when people were accessing the local community alone.

The provider and her husband provided the support for people. People felt their needs were met in a timely way. Comments included: "I get support when I need it" and "They (the provider and her husband) are always there when I need them." Sickness was managed between the registered provider and her husband. The registered provider's family members were also available if needed. They had the appropriate checks in place to ensure they were safe working with vulnerable people.

As the service did not employ any other staff, there were no recruitment and selection processes in place. The provider and her family had Disclosure and Barring Service (DBS) in place.

The service did not administer any medicines. People's medicines were self-managed, stored securely in their bedrooms and collected by people from the local pharmacy. They attended GP appointments according to their assessed needs and prescribed treatment. One person commented: "I have managed my medicines for a very long time."

The premises were adequately maintained. General maintenance was completed by the provider's husband or external contractors to ensure the premises were safe. Health and safety checks were completed on a regular basis by the provider and external contractors. For example, water temperatures, fire alarms, fire extinguishers and electrical equipment checks. They checked the temperature of the bath water before one person took a bath.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

Both our inspections in 2015 and 2016 identified that staff had not received any up to date training specific to people's needs and in line with best practice. For example, safeguarding vulnerable adults, first aid and the Mental Capacity Act (2005). This inspection found that this remained the case. There was no training plan in place or anyway to ensure staff were keeping up to date with best practice. As the provider was not keeping up to date with training they were unable to assess whether or not they were meeting required standards of people's care needs.

This was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, the provider had a wealth of experience supporting people in care settings and knew people very well as they had been living at the home for many years. When asked about keeping up to date with best practice, the provider said they would contact the relevant professionals if they noticed a change in a person's physical or mental health.

People commented: "They (staff) know what they are doing. I have no concerns" and "I have been here 41 years. They (provider) has helped me turn my life around." This was due to them experiencing difficulties in the past because of the lack of support and structure in their life.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health and encouraging them to attend GP appointments for health related issues. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported when anxious. Staff explained the importance of discussing their feelings and the reasons for their anxiety. In addition, encouraging them to engage in something positive to act as a distraction.

People confirmed they were supported to see appropriate health professionals when they needed, to meet their healthcare needs. There was evidence of health professional involvement in people's care on an on-going basis. For example, their GP. Records demonstrated how the provider recognised changes in people's needs and ensured other health professionals were involved to encourage health promotion.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw the provider and her husband involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time. For example, relaxing in their bedroom.

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's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). One person was subject to court of protection to help manage their finances. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No one was subject to DoLS and people were free to leave the home when they wanted, whether alone or with support.

People were supported to maintain a healthy and balanced diet. For example, meals were freshly prepared. Comments included: "Always plenty to eat. The food is lovely" and "(Registered provider) always says never go hungry." The provider knew if there were changes in a person's nutritional intake they would need to consult with the relevant health professionals involved in their care.

Good

Is the service caring?

Our findings

People felt well cared for by the provider and her husband. We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. Comments included: "Excellent care"; "They are wonderful" and "I love living here."

People's privacy and dignity were respected. One person commented: "I always have my privacy." People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and ornaments. One person commented: "I have a nice bedroom. I have a wonderful view." The provider promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality, enabling them to live their life as they wished.

At the time of the inspection people were able to manage their own personal care needs.

The provider and her husband adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to access the local community and socialise with people. People commented: "My independence is important" and "I often go into Ilfracombe on my own." The provider recognised how important it was for people to be in control of their lives to aid their well-being. For example, ensuring people had access to as many social opportunities as possible.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. The provider showed an understanding of the need to encourage people to be involved in their care. For example, encouraging people to maintain their personal care and attend appointments with their GPs.

Staff relationships with people were caring and supportive. One person commented: "I am part of the family." The provider spoke confidently about people's specific needs and how they liked to be supported. For example, how they liked to spend their time and what made them happy. People were offered care that was kind and compassionate. People had lived at the home for many years and were seen as family members. The provider demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. They recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they

were treated as individuals when care and support was being planned and reviewed.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health professionals were involved. People commented: "I am able to do what I wish and know they (registered provider and husband) are always there if I need them."

The two people who lived at Broadpark House were independent and only required occasional prompting and support from staff. They were involved in making decisions about their care and treatment through their discussions with staff. Care files included personal information and identified the relevant people involved in people's care, such as their GP. They included information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate support.

Care plans were clearly laid out. They were broken down into separate sections, making it easier to find relevant information. For example, physical and mental health and skin care. Relevant assessments were completed, such as continence management.

People engaged in a variety of activities within the home, such as watching TV and helping around the home and in the local community. People were also very much part of the family and attended social gatherings, including weddings. People commented: "I enjoy watching my television"; "I go out shopping and get all I need" and "I like going out for coffee and sometimes meals." People were known in Ilfracombe, through them going out shopping, coffee shops and out for meals.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's communication preferences. People preferred time informally sitting with staff to verbally communicate their needs and preferences.

There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with them by the provider. For example, changes to meal choices when requested by people. There was an outdated complaints procedure displayed in the kitchen, which did not have the correct details of the Care Quality Commission (CQC). However, it did include the contact details of the Local Government Ombudsman. People confirmed that they would not hesitate to speak to the registered provider if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

Broadpark House has been registered with the Care Quality Commission since January 2011. The two people who live at the home have been living there for approximately 41 years. As a result, they are both seen as members of the family. Our conversations with people showed they were happy living at Broadpark House and they spoke fondly of being part of the family.

At this inspection, there were still three breaches of regulations. This was because the provider failed to take any improvement actions following previous two inspections. They could offer no real reason for the lack of improvement.

There were still no policies and procedures for us to view during our inspection, this was the same in 2015 and 2016. For example, a policy on safeguarding vulnerable adults and risk management.

Prior to our inspection we asked the provider to send us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider did not respond to our request for information.

The service was unusual in so far as it was more of a family home. There were still no formal systems and processes in place to ensure quality for people. The service ran in an informal way through on-going discussions with people on a constant basis. However, health and safety checks were in place.

The provider was not keeping up to date with training, changes in practice, regulatory requirements and had no quality monitoring systems. Therefore they were unable to assess whether or not they were meeting the required standards or provide evidence that risks were being managed.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since April 2015, providers have been required to clearly display their Care Quality Commission (CQC) rating at any premises from which they provide a regulated activity. We found that the provider of Broadpark House had still not displayed their CQC rating, which was awarded at both our inspections in 2015 and 2016.

This was a repeated breach of Regulation 20A of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider has not made the required improvements. They have not responded to regulatory requests for an action plan or other information.

We have contacted the local authority requesting reviews take place for the two people living at Broadpark

House. We will also be meeting with the registered provider to discuss the on-going breaches and what actions they plan to take to meet the Health and Social Care Act regulations.

The registered provider recognised how input from health and social care professionals on a regular basis was important to ensure people received the right care and treatment. Care files evidenced involvement of health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were still no systems in place to assess, monitor and improve the quality and safety of the service. No audits were undertaken and there was a lack of policies and procedures in place relevant to the planning and delivery of care and treatment. Regulation 17 (1) (2) (a) (d) (f) (3) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not displayed their CQC rating, which is a legal requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an offence. Regulation 20A (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had still not received any up to date training to enable them to carry out their roles in line with best practice guidance. Regulation 18 (2) (a)