

Innovations Wiltshire Limited

50 Broadfields

Inspection report

50 Broadfields
Pewsey
Wiltshire
SN9 5DU

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22 October 2019

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15 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

50 Broadfields is a small residential care home providing personal care for up to two people. There were two people living at the home at the time of our inspection. The home was in a quiet residential street in Pewsey with its own gardens.

The service has 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

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. 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 were supported to take their medicines safely by staff who had been trained. There were sufficient numbers of staff available to provide safe care and support. Risks had been identified, assessed and were managed with staff making sure people could maintain independence as much as possible. Accidents and incidents were recorded and reviewed by management, so trends could be identified.

Staff were trained and supported so they could provide effective care and support. People chose their own food and did their own shopping with support from staff. People's needs were assessed and when needed, referrals to healthcare services were made. Staff worked together with healthcare professionals to meet people's needs.

People, relatives and professionals all told us staff were caring. Staff had worked with people to achieve lifelong goals which had resulted in positive wellbeing. People told us how they had been supported to go on holidays to do things they had always wanted to do. People were valued by staff and supported to spend their time how they wished. One person had started a voluntary job and was looking at potential opportunities for paid work. Activities were provided, and people were encouraged to access their local community.

People, relatives, staff and professionals told us the service was well-led. Staff were supported by an on-call system 24 hours a day which they told us helped them feel safe. Quality monitoring systems were in place

and the provider continuously looked to improve. A development director was employed who researched good practice and monitored service developments.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive interventions practices (restraint, seclusion and segregation) when supporting people. This service did not use any restrictive interventions or practices.

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

Rating at last inspection (and update) - The last rating for this service was Requires Improvement (report published 15 November 2018) where we found one breach of Regulation.

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.

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?

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?

Outstanding ☆

The service was exceptionally 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.

50 Broadfields

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 - This inspection was carried out by one inspector.

Service and service type

50 Broadfields is a 'care home'. 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 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 - This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. They were asked to complete it during our inspection. 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 inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff, the registered manager and development director.

We reviewed a range of records. This included two care plans, medicines records and risk assessments. We

looked at three files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance were reviewed.

After the inspection

We contacted four healthcare professionals who regularly visit the service for their feedback. We also contacted one relative on the telephone and a further two members of staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found that medicines were not always being managed safely. Staff were not checking the temperature of medicine storage rooms. At this inspection, this had improved. Staff had installed thermometers and checked temperatures daily. Records of temperatures seen were all within a safe range.
- People had their own medicine administration record (MAR) which staff used to document medicines administered. There were no gaps in the recording. 'As required' medicines all had a protocol to give staff guidance on when to administer this type of medicine.
- People's medicines were regularly reviewed and monitored by healthcare professionals. Where any changes were advised staff worked with professionals and the pharmacist to carry out changes.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments included, "Everything is ok" and "I feel safe here, staff always ask me before they go in my room." One professional told us, "My client tells me they feel safe there and are happy to stay long term."
- People were protected from abuse by staff who had been trained on safeguarding. Staff understood what action to take if they were concerned about a person's safety. Staff had access to contact details for the local safeguarding teams.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. There were numerous risk assessments in place for a range of activities and different areas of the service. This gave staff guidance on how to support people safely. Risk assessments were reviewed regularly. Staff balanced risk management and safety, so people could maintain their independence and take positive risks. For example, being able to go to the shops alone.
- The environment was assessed every three months and health and safety checks were carried out. People had a personal emergency evacuation plan in place and staff tested fire systems regularly.
- One relative told us how the staff carefully planned a holiday for a person. They told us staff assessed all the risks and made sure there were management plans in place. They said, "The staff are so on top of safety, the holiday was really, really well planned."

Staffing and recruitment

- At our last inspection the provider had not always obtained a full employment history when recruiting new staff. At this inspection, we saw that had improved. The provider had obtained all required pre-employment checks for staff we reviewed. This included a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruiting decisions.

- People were supported by sufficient numbers of staff. People were allocated staffing hours which the provider adhered to. This meant people consistently received the staffing hours they were assessed as needing. The service did not use agency staff as there was a core group of permanent staff.

Preventing and controlling infection

- The home was clean and smelt fresh. Staff supported people to do as much light cleaning as they could themselves. Staff used personal protective equipment and had received training on infection, prevention and control.
- Staff followed good food hygiene practice and had received training on food hygiene.

Learning lessons when things go wrong

- Any accidents and incidents had been recorded and reviewed by a manager. This enabled them to check for any trends or themes to reduce the risks of re-occurrence.
- Systems were in place to make sure staff were able to discuss any learning identified. The provider employed a development director who supported staff to implement new systems or changes to practice.

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 Good. At this inspection this key question has remained the same. 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's needs had been assessed by the provider appropriately. Staff worked with other professionals to make sure any changes to needs were identified.
- Assessments covered physical and mental health needs and included an oral health assessment. Guidance for staff on supporting people with their oral health care was recorded in their care plans.

Staff support: induction, training, skills and experience

- At our last inspection we recommended that the provider made use of all opportunities to record staff supervision sessions. At this inspection we observed the provider had recorded all group discussions where staff had opportunity for peer support.
- Staff we spoke with told us they felt supported and had opportunity for supervision. One member of staff told us, "I find supervision helpful, I can request one if I want. It is good to talk through issues you may have. You will only find a solution if you talk about it."
- People were supported by staff who were trained. New staff had an induction and then updates as needed. The provider delivered positive behaviour support training to staff through its own positive behaviour specialists. This enabled staff to discuss specialist techniques and strategies to make sure they understood different approaches.

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

- People planned their own meals and helped to do the grocery shopping. Staff encouraged people to cook their own meals as much as possible. One person told us, "I choose what I want every week, we sit down together and decide."
- People were encouraged to eat a healthy meal. Where needed, support had been sought from a dietician to give guidance on nutrition. One person said, "Food here is really nice because it is fresh."

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

- People were supported by staff who worked closely with a range of healthcare professionals to provide effective care and support. Referrals were timely and appropriate.
- There were daily handovers of information, so staff were up to date with any changes of need or events. The service had a communication book, where staff could record and update each other with any medical appointments people had.
- People had health action plans which recorded all health needs and what support was needed. People also had a hospital communication passport. This was a document that outlined key information for

ambulance and hospital staff about how to care for people.

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. 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 and found it was.

- People were supported to make their own decisions by staff who understood the MCA and had received training on MCA and DoLS.
- Consent for care was demonstrated in people's care plans. The provider used pictorial and easy read MCA documents to help people understand decisions needing to be made.

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

- The home was a small bungalow in a quiet residential street. There were no identifying features outside that indicated this was a care home.
- The decoration was homely and had been chosen by the people living at the home. People had their own rooms and bathrooms which they could personalise.
- People's needs had been in mind when adapting the property. There were private lounges for each person and access to the garden. People had space to be on their own if they chose to.

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 Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were being supported by an exceptional team of staff who were committed to helping people achieve positive outcomes with their care and support. People were encouraged to set achievable personal goals by staff who recognised the value of people's well-being being improved when goals were met. Staff worked hard to help people achieve personal goals by consistently providing encouragement, reviewing support needed and creating a culture of true person-centred care. Staff truly believed people should be able to lead a fulfilling life regardless of disabilities they may have. One professional told us, "Outcomes [for people] have been successful." Another professional told us, "I find the staff both professional and supportive."
- Since the last inspection the provider had built a core group of staff to work at the service to make sure people experienced consistency with their care. The registered manager told us that having a core group of staff had enabled people to develop and live the life they wanted to. The stability in their home life with consistently familiar faces providing support had developed people's confidence and trust in their support. When talking to people about staff it was evident they knew staff well and had built up relationships based on trust and mutual respect. Comments from people included, "Staff are brilliant, I get on really well with them" and, "Staff are kind and polite, and I am able to talk to them if needed."
- Relatives and professionals told us how staff had developed positive relationships with people which had improved outcomes. One relative told us, "[Person] has very good relationships with staff, all the staff are good. [Staff] is a star, so good, [person] really listens to them. I have noticed a difference in [person] for the better, less seizures, less incidents of aggression." One professional told us, "My client has a range of difficulties and issues. One of [the] primary difficulties is being able to trust those involved in looking after [person]. [Person] has developed a very good relationship with a number of staff members and managers over the last two years. It is gratifying to note that [person] is now at the point where [person] feels able to share their concerns with them. In summary I'd say that in the two years [person] has developed so much as a person."
- Without exception staff we spoke with all spoke positively about their work and their aim to make sure people were happy and well supported. The culture at the service was a strong person-centred approach with both management and staff recognising how important person-centred values were. Comments from staff included, "I like working with [person] and [person], we respect each other", "I love my job, I love supporting and helping people. I get satisfaction from seeing people happy" and, "I enjoy my job, it is rewarding."
- We observed staff interacting with people and saw they were treated with respect. People were listened to by staff who encouraged people to share their thoughts. This was done in a way that respected people's

need for space and to talk when it suited them, not when staff thought it was a good time. For example, we observed one person encouraged by staff to share their ideas for the garden. Staff took time to listen to the person making sure they were able to explain what they wanted to do with the space. This was done whilst the person was having a cigarette outside. They wanted to talk about their thoughts while they were outside, so they could also show the staff what they wanted. Staff told us after the interaction they would work with the person and the provider to make the changes in the garden. People were very comfortable around staff and did not hesitate to approach them when they needed support.

- Staff took time to read people's care plans, so they fully knew about people's lives, backgrounds and needs. One member of staff told us they had read the care plans before they started working with people. They said they had to go back and read them a few times to make sure they had read and understood all the information. We observed staff used their knowledge of people's backgrounds and life history to communicate. The knowledge enabled staff to put people at ease and encouraged people to share their views.
- When people experienced distress, staff worked with the relevant healthcare professionals to alleviate the symptoms. This was done without delay. The registered manager told us they were still working with local professionals to make sure crisis plans were in place for people. They were making sure people had professional support they needed in a timely way. Incidents of distress had reduced since our last inspection. The registered manager told us having a core team of staff had made a difference to people. They were being supported by staff who really understood their needs. One professional told us, "I would recommend this placement to others." Another professional told us, "I have full confidence in the staff and management of [50] Broadfields to provide a safe environment and to respond appropriately in times of need."
- People were supported by staff who supported them and each other. Staff spoke about relying on each other, respecting each other and caring about each other. One member of staff said, "I feel very supported in my role, I can ring [registered manager] anytime night or day. There is always someone on call." One member of staff from another country told us they felt very welcomed by their colleagues. They told us how they were given support to integrate in the local community.

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

- People were in control of their care and fully involved in decision making. People chose how they wanted to live their lives day to day and staff supported them where needed. One person told us, "I feel involved with planning my care." There were 'house meetings' held regularly where people could discuss any issues. Staff kept minutes and recorded action they had taken in response. For example, people had discussed items they wanted to buy to improve their home. Staff supported them to buy these items and made the improvement people wanted.
- Staff had time to spend with people, talking and listening to their views. Since our last inspection a lot of time had gone into planning holidays for people. One member of staff told us how they had worked closely with a holiday company to adapt accommodation to meet one person's needs. This included making sure the holiday company sourced additional equipment so people could enjoy their holiday safely.
- People had been supported individually to make decisions about where they wanted to go. People had been able to go where they chose and fulfil lifelong dreams. One person had been able to enjoy a trip to their favourite football team's ground to watch a match. A member of staff with the same interest had gone with them and both had enjoyed the experience together. The member of staff had paid for their own ticket to go to the match which had enabled the person to go.
- We spoke with both people about their holidays and observed they were really happy to have had the opportunity to do things they had wanted to do for a very long time. One person told us, "It was fantastic." It was evident this had been an exceptionally positive experience for them. One relative told us, "Going on holiday has done [person] the world of good." They told us they were very impressed staff had achieved this

goal for the person. We saw pictures of the places visited and could see people were very happy.

- People were encouraged and supported to take positive risks without compromising safety. One person had decided to get healthier. Staff had supported them to join a local gym where they went to exercise and swim. Staff had gradually supported this person to go on their own making sure suitable safety arrangements were in place. Another person wanted to start getting fitter with a gentle approach, so staff were helping them look into starting yoga.
- The provider used easy read and pictorial documents and care planning records to help people understand information about their care and support. Where possible, people had been encouraged to sign their own documents.

Respecting and promoting people's privacy, dignity and independence

- People's personal care records were kept secure. Staff understood the need to maintain confidentiality with regard to personal information.
- The environment was adapted so people had their own bedrooms and living rooms. People had personalised their living areas and were able to receive visitors in private if they wanted.
- People were treated with respect and their dignity was always promoted. We observed interactions that were respectful and saw staff communicated with people in a dignified way.
- People were supported to maintain relationships that were important to them. People had friends living in the locality who they visited regularly. Families were able to visit without restrictions and people visited them often.
- People's independence was promoted at all times. People were encouraged to do as much as possible for themselves. We observed since our last inspection, one person had been supported to take on a voluntary job. They told us they worked two days a week for the local parish council. They had received a letter of commendation from the council for their efforts and enthusiasm. They had also been working with the provider's maintenance person to develop skills in property maintenance. The registered manager told us they were supporting this person to look into opportunities for paid work. A local organisation was helping with this. The registered manager told us, "I am proud of what we have achieved and proud of how well both people are doing. I have had feedback from professionals that both are doing really well, this is lovely to hear."

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 Good. At this inspection this key question has remained the same. 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 received personalised care dependent on their individual needs. Care plans were in place and gave staff good guidance on the care and support required for a range of areas. Care plans had been signed by individuals as an agreement of the information recorded.
- People had regular reviews which they were involved with. These gave people, relatives and the staff an opportunity to discuss what was working well and what was not working as well. This meant changes could be made in a timely way.
- Staff kept daily records which outlined the care and support provided. We observed these were written with appropriate language and in good detail.

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.

- The provider was meeting the AIS. All documentation was provided in an easy read or pictorial format. People's communication needs were recorded and there were communication protocols in place.

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 follow their own interests and be a member of their local community. People used local facilities such as the shops and leisure centre.
- How people wanted to spend their time was respected by staff. One person attended the provider's day service which they enjoyed. They told us they were working with staff there to have a go at activities they wanted to try such as outdoor skittles.
- People enjoyed watching films and the TV. They had their own TV, so they could watch what they wanted independently. One person liked to play video games which they often did with their friends.

Improving care quality in response to complaints or concerns

- Since the last inspection there had been no complaints. The provider had a policy in place and people told us they knew how to complain if they needed to. One person told us, "I would go to [staff] if I was concerned, I can talk to them about anything."

End of life care and support

- No-one at the time of our inspection was receiving end of life care and support.
- People's end of life wishes were recorded in their end of life books. This information was being developed and added to as appropriate.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to take action in response to people's feedback and did not have effective quality monitoring systems in place. In addition, the provider had failed to monitor risks to people and staff. 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.

- Incidents and accidents had been reviewed by a manager and monitored monthly. All incidents and accidents were recorded on a 'manager monthly monitoring form'. This enabled the registered manager to identify any trends or patterns.
- Quality monitoring systems were in place which supported the provider to identify any improvement needed. The development director carried out 'mock inspections' to check the service was meeting regulations. They also helped the service identify areas for improvement.
- The provider had a clear staff structure in the organisation. Day to day management of the service was carried out by a 'house manager'. They were supported by the registered manager who visited the service or contacted the service every day. Staff were clear about their roles and knew how to escalate any concerns.
- We saw there was one incident which the provider had not notified us of. The registered manager took action to address this shortfall immediately. The rating from the last inspection was displayed at the service and on the providers, website as required.

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

- People, staff and professionals told us the service was well-led. Managers were visible, approachable and professional. One professional told us, "In all cases I have found [50] Broadfields staff and management to be responsive to both my client's needs and to any input I have had to make." One member of staff told us, "I can't fault Innovations, communication is great."
- The culture at the service was open and inclusive. There were opportunities for people and staff to share views and thoughts. People and staff were valued by the provider. One member of staff said, "Innovations

will match staff to the client's needs, it is a friendly company, we all work as part of a team."

- The ethos of the provider and the service was to promote a person-centred culture where people could take positive risks and lead fulfilling lives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were all involved in developing the service to make sure it continued to meet people's needs. People were supported to complete surveys every three months to make sure they were happy with the care provided. Staff had opportunity to meet with management and share their thoughts and ideas. One member of staff said, "Management listen to my ideas, they listen to what I had to say."
- Staff were encouraged to learn and develop by being given opportunity to carry out work-based qualifications. The registered manager had been supported to complete a Level 5 health and social care diploma. They told us they had nearly finished the diploma and had found it helpful with their role as a manager.
- A development director was employed by the provider who researched good practice and kept abreast of industry standards and changes. They met regularly with staff to discuss changes to standards and how new guidelines should be implemented in the service.

Working in partnership with others

- The provider and staff at the service had good working relationships with many professionals. One professional told us, "I have regular communication with managers at [50] Broadfields. I have every confidence in their ability. The [service] is very well looked after, and my client is happy there."
- The registered manager and house manager could meet regularly with their peers to share ideas and discuss new developments. All levels of management at the service worked together to support each other.