

Broadham Care Limited

Walcott House

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

The inspection took place on 6 April 2017 and was unannounced.

Walcott House provides care and accommodation for up to nine people and there were nine people living at the home when we inspected whose ages ranged from 18 to 65 years. People had needs associated with learning disabilities and some of these people had complex needs. The service promoted people to be independent and to access community facilities.

At the last inspection carried out on the 11 and 14 July 2014 the service was rated Good. At this inspection we found the service remained Good.

All bedrooms were single and each had an en suite bathroom with a toilet and shower. Communal toilets were also provided on each floor. There were two communal lounges and a dining room which people used.

The service had a registered manager. 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.

Staff were trained in adult safeguarding procedures and had a good awareness of what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed any risks to people were assessed and there was guidance on how those risks should be managed to prevent any risk of harm. People were prevented from accessing a ground floor communal toilet due to risks to people and the area being damaged by one person. However, the rationale for this was not assessed or recorded. The registered manager took action to address this and carried out assessments which were supplied to us after the inspection.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures were adequate and ensured only suitable staff were employed.

Medicines were safely managed.

Staff were trained and supervised so they provided effective care to people.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and treatment was

assessed and applications made to the local authority where people's liberty needed to be restricted for their own safety.

People were involved in choosing and preparing meals with the support of staff.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular checks such as dental and eyesight checks.

People said were treated well by the staff who were patient and treated people with respect. The service promoted people to develop independence and to access community facilities.

Care plans were individualised and showed people received person centred care. Person centred care ensures the person is at the centre of arrangements for their support taking account of their individual wishes, needs, circumstances and health choices. People attended a range of activities based on what they wanted. The service promoted people to access employment.

People had opportunities to express their views or concerns, which were looked into and addressed. There was a complaints procedure if people or their relatives wished to complain.

The culture of the service was person centred. Staff demonstrated values of treating people as individuals and promoting people to have a fulfilled lifestyle. People's views about the quality of the service were sought. Staff views were also sought and staff were able to contribute to decision making in the home.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Walcott 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. The 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.

The inspection took place on 6 April 2017 and was unannounced. The inspection was carried out by one inspector.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with two people who lived at the home. As people had limited communication needs and were not able to tell us their experiences of living at the home we spoke to two relatives of people. We also spent time observing staff and people interacting.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints.

We spoke to the registered manager, the deputy manager and to two care staff as well as the provider's Director of Care.

This service was last inspected on 11 and 14 July 2014 when the service was rated 'good' overall with no concerns.

Is the service safe?

Our findings

People told us they liked living at the service and said they felt safe. Relatives also said people received safe care. For example, relatives made comments such as, "Yes, the staff look after him/her really well and I know he/she is safe." Another relative said of their relative who lived at the home, "She feels safe there." People were able to access community facilities usually with the support of staff. The service promoted people to be independent if assessed safe to do this.

Staff were trained in procedures for reporting any suspected abuse or concerns. Staff said they would report any concerns to their line manager and knew the procedures for contacting the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults, which were displayed in the office.

Risks to people were assessed and recorded. These included details about how people were assessed regarding safety whilst exercising independence, such as accessing areas of the home, going out and managing their finances safely. Other needs were also assessed such as behaviour, self-harm and mental health. Care plans were of a good standard and gave staff clear guidance on how to safely manage identified risks. Charts were used to monitor care needs so action could be taken if any patterns were identified which might require further action to keep people safe. Risks of malnutrition were assessed and action recorded to ensure people were safely supported to eat.

People were not able to access certain areas of the service, such as the kitchen, without staff presence due to safety reasons. There were assessments about this for individual people and the reasons this was in place. We noted a ground floor toilet was locked and could not be accessed by people. The registered manager told us this was for safety reasons as one person would damage the toilet and could harm themselves. The registered manager also said different arrangements had been explored. However, there were no recorded assessments or reasoning or records of monitoring the person's behaviour with regard to restricting access to the toilet. The registered manager took action to address this and carried out assessments which were supplied to us after the inspection.

Relatives said there were enough staff to meet people's needs. Staff were provided so people's needs were met. For example, two people had 'one to one' care with staff throughout the day. Staffing was provided as follows: at least five care staff from 7am to 10pm each day plus the hours worked by the manager. On the day of the inspection there were seven care staff and staff told us there were often six care staff on duty. We observed there were enough staff to meet people's needs, such as providing one to one support to people and there being enough staff to take people out to places of their choice. Night time staffing consisted of two staff. The staff considered there were enough staff to meet people's needs.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

We looked at the service's medicines' procedures. Staff were trained in the handling and administration of medicines and this included a competency assessment before staff were deemed able to do this safely. Medicines administration records (MARs) showed staff recorded their signature each time medicines were administered. The MARs showed people received their medicines as prescribed. There were regular audit checks to ensure people received their medicines safely and as prescribed.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical wiring, gas heating and electrical appliances. Comprehensive checks were made on the safety of equipment such as wheel chairs, laundry and the temperature at which medicines were stored as well as a health and safety check of the premises. Hot water was controlled by specialist mixer valves so people did not get scalded by hot water. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises.

Is the service effective?

Our findings

People and their relatives said the staff provided them with the right support. For example, one person said, "The staff are good." Relatives said staff were skilled in providing people with the right support. A relative commented, "The staff understand his needs. He's properly looked after. Staff know when he becomes anxious and deal with this well."

Newly appointed staff received an induction to prepare them for their role. This consisted of a 12 week induction plan which included assessments of newly appointed staff competencies. Records of staff induction were maintained. All staff had registered for the Care Certificate and had either completed this or were completing it. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Staff told us they had access to a range of training courses such as in first aid, the Mental Capacity Act 2005, mental health, challenging behaviour and epilepsy. Staff described the training as of a good standard and equipped them for their role. Records showed staff completed a range of relevant training. Staff also completed nationally recognised training in care such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. Twelve of the 18 staff were either trained to NVQ level 2 or 3. The registered manager and deputy manager had completed level 5 Diploma in Leadership and Management. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us they received regular supervision from their line manager and felt supported in their work. Records of staff supervision and appraisal were maintained.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had policies and procedures regarding the Mental Capacity Act 2005 and the associated Code of Practice. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed regarding specific decisions. Where appropriate, applications were made for people's liberty to be restricted for their own safety. At the time of the inspection two people were subject to a DoLS authorisation and six further applications had been made. Records also showed when staff made decisions on behalf of people, which were made in their 'best interests' and protected their rights.

People's nutritional needs were assessed and referrals were made to a dietician or speech and language therapist (SALT) where this was needed. Advice from the SALT was recorded in care plans so staff had guidance on supporting people to eat safely. People were involved in the menu planning with the input of staff and also prepared food with the support of staff where this was appropriate. Staff were observed offering people choices of food at lunch time. Food stocks included fresh fruit and vegetables. A relative commented on how the staff supported people well with healthy diets which had positive results.

People's health needs were assessed and recorded. Relatives said staff supported people to attend appointments with their dentist, GP and specialist medical practitioners.

Is the service caring?

Our findings

People said they liked living at the service. For example, one person said the staff treated them well and that they considered the service to be their home. Relatives also said the staff treated people well. For example, one relative said, "The staff treat him with respect – very much so. They talk to him appropriately and respect his independence. There are no unnecessary restrictions. He can express himself." Another relative said, "Staff have good relationships with people and care about them."

We observed staff were skilled in communicating with people and relatives said staff knew how to find out what people wanted. Care plans included comprehensive details about how staff should communicate with people.

Staff demonstrated values of compassion and kindness as well as treating people with respect. For example, one staff member said they treated people in the way they would wish one of their family members to be treated. Staff said it was important to be patient with people and to listen to what people said. Staff were observed to treat people with patience and understanding. This included interacting with people in a warm way and responding to people in a friendly and loving way when they approached staff. Staff knew people's needs and how to respond to behaviours. Care plans included details about circumstances when people became anxious, agitated or distressed along with information on how to alleviate this. A relative said staff dealt well with these situations. A relative said their relative who lived at the home had settled well and that their mood had improved, adding, "He's happier. His mood has improved. He likes the routines. His life is here."

People were able to access most areas of the home and were comfortable coming into the office to speak to staff. A relative said how people were able to move around the home and that independence was promoted with access to community facilities. People were supported to make choices in how they spent their time and this was reflected in person centred care plans.

Each person's care plan was personalised to reflect how the person's needs were to be met. Monthly People had signed their care plans to acknowledge they were consulted and had agreed to the contents.

People's cultural and religious needs were assessed and recorded. Privacy was promoted by each person having their own bedroom and en suite bathroom. People were assessed so their preferences for either a female or male care staff to provide personal care was met.

Relatives told us they were able to visit the home whenever they wished and said they had a good dialogue with the staff. The registered manager told us how staff supported people to maintain contacts with family members by providing transport for people to visit their family.

Is the service responsive?

Our findings

People said they got the support they needed and enjoyed living at the service. There were arrangements in place where people met on a regular basis with a named assigned staff member called a keyworker. These meetings involved discussion about any changes to people's care or preferences. Relatives said the staff were responsive to people's daily changing needs. People and their relatives told us how a range of social and occupational activities were provided, which included work experience. One relative said they wished more activities were provided such as an annual holiday. This was raised with the registered manager who said holidays and day trips were offered to people but people did not always wish to go on them. The registered manager added that the service were always looking to improve outings and holidays for people and that there were plans for people to be offered a holiday in the near future.

People's needs were assessed prior to being admitted to the service so staff could determine if the person's care needs could be met. Assessments of care needs were comprehensive and reviewed at regular intervals. Care plans were person centred and placed people's individual needs and preferences as the focus of any support. The care plans included guidance on how to meet people's needs as well as full details on needs such as mental health. Care plans reflected person centred care with heading such as, 'Ways in which I communicate my feelings,' 'What I need to stay healthy and safe,' and, 'What is important to me.' Care plans included pictorial diagrams so people could understand them more easily. Staff described the standard of care as good.

Details about occupational and social needs were assessed. Each person had a weekly timetable of activities which were bespoke to each person. These included attendance at local colleges, day centres and work placements. An art therapist visits the service and supported people to complete art work which was displayed in the home and had been included in a recent exhibition. We observed staff supporting people with impromptu activities as well as supporting people to go out to community facilities.

People were asked if they had any concerns or complaints at their monthly meetings with their keyworker. This involved the use of a form with pictorial diagrams to aid communication with people. Relatives said they were able to raise any issues or concerns they had with the staff or registered manager and that these were dealt with. Whilst relatives said they knew what to do if they had a complaint it was unclear how relatives knew about the complaint procedure as it was not supplied to them or displayed. Following the inspection the registered manager confirmed action was taken to ensure each the complaints procedure was displayed. The last complaint was made in 2014 and there were records to show this was looked into and addressed.

Is the service well-led?

Our findings

Most of the people who lived at the service had limited communication and the staff used monthly keyworker meetings with each person to find out their views about living at Walcott House. Records of these meetings were maintained and showed various subjects were discussed and pictorial diagrams used for easier understanding. Relatives were asked to give their views on the service by completing a satisfaction questionnaire. We saw copies of these which showed relatives made positive comments about the professionalism of staff, the activities and food as well as good communication from the staff towards themselves. Relatives told us their views were sought and listened to. For example, one relative told us, "The staff are always willing to listen to my views and what I think. There is a good dialogue with the management and staff and any issues or concerns are always dealt with." Relatives said they felt involved in what was happening at the service and said they received a Newsletter about any events or changes.

The culture of the service was person centred to reflect what people needed and what they preferred. Staff told us the importance of listening to people and to meeting individual needs.

The service had a registered manager and there was system of management which included a deputy manager and senior staff who took responsibility for managing the service in the absence of the registered manager and for making decisions as part of the daily care and support for people. Staff said they felt supported by the management and were able to ask for training and support which was responded to. For example, one staff member said, "We have staff meetings and can ask for items to be included. We are listened to and are consulted about any changes." The provider's Director of Care told us the organisation was committed to providing a good standard of care, listening to people and having good communication with relatives as well as taking steps to promote staff retention and welfare.

There were a number of systems of audit to check the safety and quality of the service. These were comprehensive and showed care needs were monitored as well as health and safety at the service. The checks consisted of audits by the registered manager and one of the directors of the provider. Records of the audits were maintained and showed where shortfalls were identified action was taken to address them.