

Broadoak Group of Care Homes

Patrick House

Inspection report

2 Patrick Road
West Bridgford
Nottingham
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Tel: 01159818733

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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

About the service

Patrick House is registered to provide personal care for up to six people with a learning disability. At the time of the inspection six people were living at the service. Accommodation is provided over three floors, accessed by stairs. A communal lounge and kitchen dining area are based on the ground floor.

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

People told us they liked living at Patrick House. They told us they felt safe and respected by staff. People were supported to lead active and independent lives, in line with their needs and wishes.

People's care plans contained guidance for staff about how to provide support safely and to minimise risks to people whilst promoting their independence. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.

Systems were in place to make sure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff provided to meet people's needs. We observed staff were available to support and advise people throughout the day and as people needed this.

The provider had recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with regular training, annual appraisals and supervisions, which supported them to conduct their roles effectively.

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 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 were involved in menu planning and shopping for food, to promote choice and independence. Staff

were aware of people's dietary requirements and preferences.

The provider had a complaints procedure in place. Information about how to complain was provided to people. People living at the service said they could talk to the registered manager and staff if they had a complaint or any worries.

The registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis. Staff displayed a commitment to their role. They told us they loved their jobs and would recommend Patrick House as a place to work and a place to live.

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

Rating at last inspection: The last rating for this service was good (published 20 June 2017).

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Patrick House

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 undertaken by one inspector.

Service and service type

Patrick House 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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Nottingham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this 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 the six people who used the service about their experience of the support provided. We also spoke with two support workers, the senior support worker, the registered manager and area manager.

We reviewed a range of records. This included two people's care plans, eight medication administration records, staff training, supervision and recruitment records. We also looked at other records relating to the management of the service, such as quality assurance audits, policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check it was safe and clean.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "I am very safe here. I love living here." And "I feel safe. I can talk to staff if I am worried about anything."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. Staff knew about whistleblowing and knew they could go to external organisations to report concerns.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, for example, accessing activities in the local community, or risks associated with a health condition. Care records contained clear and detailed guidance for staff about how to support people to reduce the risk of avoidable harm whilst promoting independence and choice.
- Risk assessments were regularly reviewed to make sure they were relevant and up to date.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.
- The service was adequately staffed. Enough numbers of staff were provided to meet people's identified needs, including agreed hours to be spent individually with a staff member.
- During this inspection, we saw staff were always available for people using the service, and available to provide support and advice as people required.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff.
- Staff were trained in medicines management.
- People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when. People told us they received their medicines

safely. One person told us, "Staff give me my medicines every day."

- The provider had a policy in place regarding the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely.

Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and were following the infection control policy and procedure.

Learning lessons when things go wrong

- There was regular management monitoring and analysis of any health or safety incidents involving people. This was used to check for any trends or patterns that may help to improve people's support.
- Staff said they felt comfortable speaking up when things may have gone wrong, and how they could learn from it this would be discussed.

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

- Prior to people moving into the service, a needs assessment was carried out. This was done in consultation with people, their advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's support needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. Good communication between management and support staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. Staff told us they were happy with the training they were provided with, and they discussed training needs at each team meeting. One staff commented, "We can always ask [registered manager] if we want more training, and he will source it. I really enjoyed the mental health awareness training and learned a lot."
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed. We noted annual appraisals had not taken place in 2019. The registered manager gave assurances that these would be booked to take place during December 2019. We saw previous appraisals had taken place late in 2018.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were provided with a choice of meals.
- People's care records contained clear information about their dietary needs and preferences.
- People were happy with the food provided and were involved in menu planning and food shopping. One person told us, "We write a list of the food we want and go to the shops for it. I'm going for a food shop today with staff." Another person told us they always decided what they wanted to eat.

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

- People had access to a range of healthcare professionals such as GPs, opticians, dentists and hospital specialists.
- Care plans showed where healthcare professionals had been involved, staff followed their advice.
- People we spoke with confirmed they had attended hospital appointments to see health specialists. One person was supported to attend a medical appointment during our inspection.

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

- A system was in operation to maintain the environment.
- Communal areas provided a pleasant living space for people to enjoy. People had been supported to personalise their own rooms with items that were familiar to them.
- All areas of the building were accessible to 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).

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. People were supported and encouraged to make their own decisions about their lives
- People's care records contained information on mental capacity.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff always treated them respectfully. Comments included, "They [staff] are really nice. The boss [registered manager] is lovely." And "Staff are always respectful."
- Staff treated people as individuals and their choices and preferences were respected. We observed staff discussing the days plans and respecting people's choices. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- Where people had contact with family, the service welcomed them to support people to maintain important relationships. People were supported to independently access community resources and join social activities with their families.
- People living at the service and staff told us they would recommend the service to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff spoken with displayed a commitment to the service and pride in their work.
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People living at the service had regular meetings with their key worker. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon. One person told us, "I meet with [name of staff] every month and we talk about my care plan."
- We observed people led independent lives with support from staff. People's rights were promoted, and staff supported any decisions people made.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf. We saw information on advocacy services was on display on the service user notice board, so they had access to this important information.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff asked for permission before entering people's rooms, staff listened to people and took time to make sure

their choices and decisions were supported. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.

- People's care records were secure so only people who needed to read them could access them.
- People were encouraged to maintain their independence. Care records gave clear guidance to staff to promote a person's independence. Our observations during the inspection showed people led independent lifestyles, with support from staff, and made decisions for themselves.

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 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 support, which met their needs and took into consideration their preferences and choices. People told us they were happy with the support provided to them.
- Care plan documents included personalised information about individual needs, choices and preferences so that important information was available. Care plans were regularly reviewed to make sure they were up to date and reflected current needs. The registered manager was updating the format of people's care plans to improve how the information was set out.
- Staff were attentive to people. For example, we saw staff respond to people's questions and requests, and observed staff joining in conversations with people.

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.

- Staff understood the importance of maintaining communication with people. We saw staff were patient with people and gave them time to say what they needed to.
- Some written information, such as the services complaints procedure, was available in alternative formats which included larger print, to support people's understanding. The registered manager confirmed that information would be made available in alternative formats should people need this.

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 enjoyed social activities according to their preferences. For example, some people attended local social clubs, voluntary groups, and visiting the city centre.
- A variety of leisure opportunities were available at the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which had been made available to people.
- People told us they would be able to make a complaint to the registered manager, who would listen to them. People said they had no complaints or concerns about the support they received.
- The registered manager told us there were no current complaints.

End of life care and support

- Care plans included information on people's wishes regarding end of life care so that these could be respected.
- The registered manager and staff were aware of the need to work with relevant health care specialists at the end of life, should this need arise.

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 good. At this inspection this key question has remained the same. 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

- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "He [registered manager] is brilliant. He is really supportive," And "He [registered manager] is the best manager I have had."
- Staff morale was positive, and staff told us they enjoyed their jobs and were proud to work at the service. Staff at all levels were clear about their roles and responsibilities.
- Staff worked effectively as a team. Staff told us they could rely on each other.
- The registered manager monitored the quality of the service and acted when issues were identified. Checks and audits on all aspects of the running of the service were regularly undertaken by the registered manager. This ensured the home was safe and well managed.
- The area manager also undertook provider audits, but these had not been undertaken at the three-monthly frequency identified on the quality audit matrix. However, the area manager visited the home a minimum of once each week to meet with people using the service, the registered manager and staff. The area manager gave assurances that future provider audits would be recorded in line with the identified frequency.

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

- We observed an inclusive culture within the service. The registered manager showed an open and transparent approach and promoted a person centred and empowering culture. Everyone knew the registered manager by name and spoke very positively about them. Throughout our inspection, people freely approached the registered manager to chat with him and discuss their plans for the day.
- Everyone we spoke with said they would recommend the service. Staff told us they felt everyone was well looked after. All staff said they would be happy for a family member to live at the service.

How the provider understands and acts on duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider was aware of their responsibility to send us written notifications about any important events when they happened at the service to help us check the safety of people's care

when needed.

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

- People living at the service and staff were given the opportunity to give feedback on the service. We saw the minutes from meetings with staff. The registered manager met regularly with the staff team.
- Regular meetings were held individually with people to provide them with opportunities to share their views about the running of the service. We saw minutes from these which showed a variety of topics were covered so that people had a voice.
- The provider had arrangements in place to send out annual quality assurance questionnaires to people living at the service, their representatives and staff. The results of the surveys were analysed to identify any actions needed in response to people's views. We found the results of the most recent survey were positive.

Continuous learning and improving care

- The quality monitoring systems in place identified areas to develop and improve.
- The management and staff team worked positively with key organisations such as the local authority and GP practices to benefit people using the service and improve service development.

Working in partnership with others

- People were supported by a range of professionals.
- The registered manager had links with the local community and key organisations to ensure people had advice and information relevant to them. This benefited people living at the service.