

# Catalyst Choices Community Interest Company Broomfields Sheltered Housing

## Inspection report

Broomfields Sheltered Housing/Extra Care  
Bridge Lane  
Appleton  
Warrington  
WA4 3AT

Tel: 01925261071

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27 March 2018

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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

This inspection took place inspection on 22 and 27 March 2018. The inspection was announced.

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service. People using the service lived in either a flat or bungalow located on one site.

Not everyone using Broomfields extra care service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Six people were in receipt of personal care services at the time of this inspection.

In addition to Broomfields extra care, the service also operates a supported living service for 24 people living in rented accommodation in and around the Warrington area. People's accommodation included houses and bungalows where up to three people lived together.

A registered manager was in post. 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.

The last inspection of the service was carried out in February 2016 and at that time the service was rated as good overall. Following this inspection, the rating remains good.

People were supported to have choice in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that policies and guidance were available to staff in relation to the Mental Capacity Act.

People told us that the staff were caring and supportive and felt listened to. Staff received regular support and training to keep up to date with best practice.

People were encouraged and supported to pursue their hobbies and interests with the staff team.

People felt safe using the service. Policies and procedures were in place in relation to safeguarding people from abuse. People's care planning considered risks to people and plans were in place to minimise these risks.

Safe recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

People had access to and were aware of the services complaints procedure. A system was in place to manage and monitor complaints and compliments about the service.

People told us that staff asked them if they were ok and happy with the service. In addition, regular reviews and meetings took place to help ensure that people received the care and support they required.

Information was made accessible to people by being produced in different formats which included the use of photographs, different sized print and pictures.

People were supported with their eating and drinking needs when needed. Specific guidance was available to staff in relation to people's dietary needs.

People told us their privacy and dignity was protected and promoted.

Accidents and incidents were clearly recorded and reviewed by the registered manager to evidence any trends or patterns that may occur.

Systems and audits were in place to regularly check that people were receiving the care and support they required.

Following a period of transition. The service were in the process of developing and producing new policies and procedures to offer advice and guidance in relation to safe, effective care and support.

The service maintained links with other services within the area to promote change and good practice.

## 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.

Procedures were in place to protect people from harm.

Systems were in place to support people to take their medicines safely.

Safe recruitment procedures were in place.

Systems were in place for the management of accidents and incidents

### Is the service effective?

Good ●

The service was effective.

People's rights were respected under the Mental Capacity Act.

People were supported by staff who received training for their role.

People's dietary needs were planned for.

People's needs were fully assessed prior to using the service.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Positive relationships had been formed between staff and the people they supported.

Accessible information was available to people.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to access the local community and

pursue their hobbies and interests.

People received the care and support the required and were happy with the service,

People knew who to speak to if they were unhappy about the service they received.

**Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post.

Systems were in place to obtain the views of people using the service and the staff team.

The service maintained links with other services within the local area.

Following a period of transition, the service were in the process of developing new policies and procedures to implement.

# Broomfields Sheltered Housing

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over a two day period. Visits took place on the 22 and 25 March 2018. The visits on both days were announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people using the service and staff would be available to speak with us.

This inspection was carried out by one adult social care inspector.

During the visit to the offices we looked at a selection of records and documents relating to the service. We looked at records that included assessments of risk and care planning documents, medicines records, complaints management as well as policies and procedures. We looked at the recruitment records of one recently recruited staff member, and rotas. In addition, we spoke with 13 people who used the services either by visiting them in their home or within a communal area at the extra care service.

We spoke with and spent time with nine staff members, the registered manager, office based staff and a director of the service.

Prior to the inspection we assessed all of the information we held about the service. This information included information sent to us by the registered provider. We contacted the local authority commissioning team who told us they had no concerns about the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. People's comments included "Yes, it's safe here" and "Staff look after us well and keep us safe".

Policies and procedures were in place in relation to safeguarding people from abuse. A copy of these procedures were accessible to staff. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, a policy and procedure were in place in relation to staff receiving gifts and legacies. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. At the time of this inspection no safeguarding concerns had been raised.

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and to reduce the level of risk a risk identification form was completed for each person. This form gave the opportunity to record areas of risk that related to a person's living environment, health and safety, food hygiene, personal care and finances. This information formed part of people's care planning process and documents.

Systems were in place to help ensure that people received their medicines when they needed them. Prior to staff taking on the role of administering people's medicines they undertook training. Every three years this training was repeated and their competence in this area was checked. Training records demonstrated that where required, staff had undertaken this training. A medicines policy and procedure were in place. Two levels of medication support was offered within the service. Level one for when a person required prompting to take their medicines and level two when a person needed full assistance with their medicine administration.

People's care planning documents contained information about any medicines that they required support with, the times of administration and the dosage. Medication administration record (MAR) would be completed by staff at the times medicines were administered. People's medicines and records were checked on a regular basis to ensure that people received their medicines as they should. In addition to these checks the registered manager undertook regular audits to monitor that staff checks had been effective and when required improvements had been made.

Robust recruitment procedures were in place to help ensure that only suitable applicants were employed by the service. All applicants were required to complete an application form and references were sought to confirm they were of good character. In addition, a check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people. Prior to an offer of employment applicants had to attend a face to face interview. Since the previous inspection one staff member had been recruited. We looked at their recruitment information and found that the appropriate procedures had been followed.

Sufficient numbers of suitably trained staff were employed to meet people's needs. People who accessed

the extra care service had planned visits from a staff team who were based at that location. Staff were on site from early morning until late evening to deliver care and support to people.

People living in the supported living service were supported by a set team of staff throughout the day and night. People told us that they always knew who was coming on shift next. They told us that they enjoyed having the same staff supporting them on a regular basis. In the event of staff sickness or planned holidays staff from other areas of the service would provide 'cover'.

Procedures were in place to inform staff of how they needed to report an accident or incident that had occurred. An accident reporting form gave guidance and clear information as to how to report an accident or incident. All accidents and incidents were analysed monthly by the registered manager. Accident forms gave the opportunity to record the details of the persons involved, a summary of actions taken following the incident and any further action to be taken. All types of incidents were recorded which included 'near misses', to prevent a situation re-occurring. When required, a body map was completed to give further details of the location of any injury.

Where required, Personal Emergency Evacuation Plans (PEEPS) formed part of people's care planning documents. These documents recorded the needs of people and what support they required in the event of having to leave their home in an emergency. In addition, a grab and go file and emergency box was available to help ensure that people could be supported to evacuate safely. Within the supported living services, a business contingency plan was in place. This plan gave information as to what actions needed to be taken in the event of for example, a fire or flood or a shortage of staff. Control measures in place included always having phones charged for use and a list of emergency contacts readily available.



# Is the service effective?

## Our findings

People told us that their needs had been assessed prior to using the service. They told us that they had felt included in this process. People told us that they were supported by the staff team to make choices in their day to day lives.

Prior to a person using the service an assessment of their needs took place. Information relating to this assessment was gathered by the service and/or obtained from health care professionals, for example, a social worker and speech and language therapist. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service were able to meet these needs. People's needs were assessed in areas which included physical and psychological care, eating and drinking, mobility and safety. Information gained from the assessment process was used to develop people's care planning documents to ensure that staff were aware of what and how care and support was to be delivered. In the event of a person's needs changing further assessments took place to ensure that staff were aware of any changes to the support people required. One person who had recently moved into the supported living service told us that they had fully participated in their assessment process. They told us that prior to moving into their home, staff had spent a lot of time getting to know them to make them feel comfortable.

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.

In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection nobody accessing the service had an order under the Court of Protection. The registered manager demonstrated a clear understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times. In addition, the majority of staff had received training in the subject of the Mental Capacity Act.

Information relating to one person having a Power of Attorney in place to make specific decisions on their behalf that they were unable to was available. However, this information was not clearly recorded in the person's care planning document and therefore not available to staff supporting the person. We discussed this with the registered manager who made a commitment to ensure that the correct information was recorded.

People told us that staff encouraged them to make their own decisions. They told us that they were able to choose their meals, what they wanted to do with their time, what supermarket they visited to shop and where they wanted to go on holiday. People's care planning document contained information about how individuals' what, if any, support they needed when making decisions.

People's care planning documents contained information as to what their needs were in relation to their nutritional needs. In addition to this, information was also available to inform staff of people's preferences whilst eating and drinking. For example, one person's care plan stated that they "Also enjoy a glass of weak beer, [Name] does not like spicy food, salad or fruit". Further dietary information from health care professionals was recorded which stated "[Name] should be encouraged to eat a high protein diet". This guidance was in response to a specific dietary health need. To support the person further with their dietary needs and health, staff supported the person to be weighed on a monthly basis. For another person, to assist in monitoring and promoting good health all meals and snacks were recorded throughout the day. This information assisted staff and health care professional involved in their care to plan the care and support the person needed.

People told us that their health care needs were met. They told us that they visited the dentist and their GP on a regular basis. People also told us that if they felt unwell staff would always call their GP for an appointment. In addition to these services people also had access to community based health care professionals, for example, occupational therapists and speech and language therapists. During our visits to people's homes two people were receiving visits from a speech and language therapist.

All staff at the extra care service had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in health and social care. All newly recruited staff throughout the service had the opportunity to access the Care Certificate training. In addition, all existing staff had the opportunity to access the training and information as part of their refresher training. Training records demonstrated that staff had undertaken training in relation to moving and handling, emergency first aid, fire awareness, safeguarding and the Mental Capacity Act. In addition, where required, specific training was organised for staff, for example, in relation to dementia, epilepsy, eating and drinking and autism.

Staff meetings took place throughout the service. During the inspection a staff meeting was taking place at the extra care housing service. The meeting included a planned visit from a health care professional to discuss the national pressure area prevention campaign 'React to Red'.

Staff told us that they received regular supervision from a senior member of staff. They felt that they were well supported in their role.

## Is the service caring?

### Our findings

People told us that they felt the service was caring. Their comments included "They look after me well" and "Can't find better anywhere else, I know what good care is."

Time spent with people and the staff supporting them showed that positive relationships had been formed. People told us that they often laughed with staff and said, "They maintain a sense of humour, I pull their leg", "Staff are friendly and funny" and "It's like greeting a friend when they arrive." Staff understood people's needs and wishes and were quick to offer support when required. Strong relationships had been formed and people told us about common interests they had with staff.

Staff were respectful of people. For example, when having a discussion, staff gave people time to respond and listened to what they had to say. People told us that when delivering personal care staff were always respectful and maintained their privacy wherever possible. People's comments included "They [Staff] always respect my privacy. They always put a towel over my bottom half when washing my top half" and "Staff give me privacy when I am in the bathroom."

People told us that prior to moving into the service they spent time with other people in the house and the staff team. They told us that this was beneficial to them as it helped them settle in their new home. Another person told us that since moving into the service they had "Come on leaps and bounds" and that they felt well cared for and was "Sleeping good." People felt that staff enabled and promoted their independence. One person told us that staff tell them "We are dying to help you but we know you want to keep mobile."

People's care planning documents informed staff of people's religious needs and wishes. This information also included when and who support the person to follow their faith. One person told us that they attend their church on a weekly basis with the support of a family member.

Policies and procedures were in place to offer guidance and direction to staff in relation to equality and diversity. In addition, staff had been issued with a pocket guide titled 'The Catalyst Way'. This information provided clear information and guidance on the services vision and values that staff were required to adhere to. For example, the information encouraged the building of strong and lasting relationships and embracing change.

Both aspects of the service had specific information available for people being supported. People using the extra care service were provided with a handbook that contained detailed information as to what services and standard of service people should expect. Information included the hours the service was available, facilities within the service and information about the housing trust responsible for the property. In addition, a comprehensive list of contact numbers for local service and health care provision within the area. When required information about the service was made available in large print on different coloured paper to help ensure that as many people as possible had access to the service.

Information for people using the supported living service had access to written, pictorial and photographic

information. For example, in addition to the written complaints procedure a pictorial version was in place. This information was clear, concise and encouraged people to talk to staff if they were happy, sad or angry. A number of people's care planning documents contained pictorial information to support individuals' understanding and to promote inclusion in the planning of people's care.

## Is the service responsive?

### Our findings

People told us that they had a care plan and that they were involved in the planning of their care and support. People told us that they had regular reviews of their care and support.

Each person had a care plan that identified their needs and wishes. Different formats were in use within the service to meet the different needs of people using the extra care service and those people using the supported living service. The care planning process for both sections of the service gave the opportunity to record people's physical, psychological, cultural and personal care needs and how these needs were to be met. People's care planning documents were reviewed and updated on a regular basis to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. Any risks identified during the care planning process were assessed and wherever possible minimised. All care planning documents were reviewed and, when required updated on a regular basis. The service was currently reviewing the care planning recording process to promote a more person centred approach for people

People's care plans contained specific information when required, as to how their needs were to be met to promote their wellbeing. For example, one person's care plan, in relation to their positioning whilst in bed stated "Head to be raised in bed due to [medical need]. Bed wedge to be used to raise [name]." this information was vital to ensure the person's comfort and safety whilst in bed.

The registered manager recognised the importance of staff understanding the specific needs and wishes of the people they supported. In order for staff to understand the needs and wishes of one person, staff had watched a DVD that had been produced to help their understanding of the person's history, likes and dislikes. This information was also utilised by the person and staff to further develop their person centred care plan.

To help ensure that people's needs and wishes were known and communicated effectively, several documents were in use to promote awareness to others health care professionals involved in people's lives. For example, Health Care Passport were in place. These passports contained guidance of how a person wished and needed to be supported in the event of being admitted to hospital. In addition, another document titled 'All about me and how to get to know me' were in use to communicate people's specific needs and wishes.

People using the supported living service had a weekly support plan that detailed their schedule for the week. One person showed us their plan which demonstrated appointments, leisure pursuits and activities planned for that week.

People told us that they had regular access to the local community and maintain a community presence with the support of staff. They gave examples of visiting local shops to purchase the weekly groceries for their home. Others shared their preferences of local pubs and cafes to have a meal out. People told us that holidays were important to them and that they had a choice of where and when they went on holiday. For

example, one person told us that they had planned to go on a coach holiday with the support of a member of staff. Another person told us that they were going on holiday with family members.

People told us how they pursued their own lifestyle choices whilst living in the supported living service. One person told us that they had a job in the town centre which they used public transport to get to. Another person told us of their hobby of using their computer to access social media sites. In addition, the person had a garden shed where they enjoyed working with wood. Other people spoke about attending local activities and pursuing their interests in sports, for example, rugby, football and cycling.

The registered manager spoke about involvement in a local project to support and enable people to expand their knowledge and experiences. For example, the project offered one to one support to enable people to develop their confidence and find new skills by accessing opportunities which included work experience.

A complaints procedure was made available to people who used the service. The procedure informed people of how to raise a concern or complaint about the service they received. People told us that they knew who to speak to if they had a concern or were unhappy about something. Many people told us specific names of the staff members they would speak to if they were unhappy and were confident that they would be listened to. One person told us that their support staff had helped them to make a complaint on one occasion and they had found this support very helpful.

The registered provider had a clear system in place to record all complaints and concerns raised regarding the service. As part of the registered managers regular monitoring any concerns and complaints would be explored to identify any future learning for the service and in order to minimise the concern being raised again.

## Is the service well-led?

### Our findings

Since the previous inspection a new manager was in post who registered with the Care Quality Commission in December 2017. The registered manager had worked within the services for several years and demonstrated a detailed knowledge of the needs and wishes of the people supported.

There was a clear management structure. The registered manager had overall responsibility and was supported by a team of senior staff working in both areas of the service. Senior managers from the registered provider Catalyst Choices, were accessible to the registered manager at all times for advice and support.

Policies and procedures were in place and available to all staff within the service. These documents gave staff guidance and direction for their role. At the time of this inspection the registered provider was in the process of re-defining these documents under the provider of Catalyst Choices. The current policies and procedures were those of Warrington Borough Council's following a service level agreement to utilise them for a transition period of three years. As this service level agreement was coming to an end, the provider had developed a 'business performance and excellence group' to develop the service's new policies and procedures. The service was currently in the process of looking at how they manage data within the service to ensure that they would be compliant with new General Data Protection Regulation (GDPR) being introduced.

Regular audits of care plans and medicines records were carried out by staff to ensure that all records were up to date and accurate. Following reviews and audits that had initiated change or identified areas of clarification all staff are formally informed. For example, following clarification needed in relation to managing people's medicines all staff received written clarification on what processes in follow. This enabled staff to be clear on their role and directed them to specific information in the medicines procedures.

In addition to auditing carried out by staff, the registered manager completed their own auditing schedule for the service over a twelve month period. For example, twice a year staff training was audited and planned refresher training was booked. An on going plan for continual improvement of the service was in place and managed by the registered manager.

In addition to regular planned meetings for people using the service, people using the service, their relatives, health care professionals and staff had been asked to complete a survey about the service. The results of the surveys were analysed and a letter of response had been sent to people using the service and staff from the registered manager.

We found an emphasis on staff recognition and support within the service. The Catalyst Choices Awards were planned each year as a celebration of the service to thank everyone for their contribution. In addition, individual awards were given for recognition.

Each member of staff had access to a pocket size guide in relation to 'The Catalyst Way' a guide to the services vision and values. A staff council had been established for staff representatives to attend. In addition, staff had access to a confidential helpline to access support for both employment and private issues. A work place development officer was also available to support staff, this person could and would be able to refer staff for private counselling if required.

To assist with future developments and information gathering representatives of the service regularly attend provider forums relating to learning disability and autism. In addition, the registered manager attended Warrington care managers forum to learn and discuss development within the area.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. For example, paper records were stored securely. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

No statutory notifications had been received from the service since the previous inspection, however, the registered manager had a clear understanding of notifying the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating at the service was displayed within the office location.