Active Care Homes Limited

Broomhouse Mews

Inspection report

97A Broomhouse Lane
Edlington
Doncaster
South Yorkshire
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Tel: 01709863733

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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 comprehensive inspection took place on 25 and 30 January 2018 and was unannounced on the first day.

Broomhouse Mews 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 can accommodate up to two people. It is situated in Edlington close to Doncaster.

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

At the last inspection in January 2016, the service was rated Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Broomhouse Mews' on our website at www.cqc.org.uk'

The service had a registered manager in post at the time of our inspection. 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.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

Staffing levels ensured that people's care and support needs continued to be met safely and safe recruitment processes continued to be in place.

People continued to receive their medicines in a safe manner and received good healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met.

Infection control was adhered to by staff. However the registered provider did not have formal systems in place to monitor or review that infection prevention and control was effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People had good relationships with the staff, who were caring and kind. Staff respected people's privacy and dignity and promoted their independence.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

We saw that the registered provider continued to effectively monitor and audit the quality and safety of the service and that people who used the service and their relatives were involved in the development of the home and were able to contribute ideas.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Broomhouse Mews

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. This inspection took place on 25 and 30 January 2017 and was unannounced on the first day. The membership of the inspection team comprised one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke one person who used the service, and one relative. We spent time observing how staff interacted with the person they were supporting. We spoke with the registered manager, a team leader and one support worker. We also spoke with two health care professionals by telephone following our inspection, to gain their opinion of the care provided to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included one person's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. We asked people if they felt safe and they indicated positively, both verbally and through gestures. A relative told us, "The service is fantastic, I am 100% sure my [relative] is safe."

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. People who used the service told us they felt confident to raise any concerns that they might have about their safety. One person told us, "I will speak to [the manager] but also to other staff if I had any problems."

Staff we spoke with knew how to recognise and report abuse. Staff told us they had received appropriate training and were aware of the correct procedures to follow. Staff told us the registered provider had a policy in place to protect people from abuse.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. This promoted independence and ensured their rights to freedom were respected. The risk assessments had been kept under review and health care professionals we spoke with told us the staff managed risks well. One health care professional told us, "The staff always seek appropriate guidance to ensure risks are managed. The support provided is excellent."

Risk assessments also included financial management to ensure that people were protected against the risk of financial abuse. Measures included obtaining two staff signatures when purchases were made and ensuring that monies were carried securely when outside of the home.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had been received health and safety training including participating in regular fire drills and fire training.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and their competency assessed. Medicines were stored securely in locked cabinets. Arrangements were in place for medicines that required cool storage. Temperatures of the medicine cupboard and fridge were monitored and recorded and were within safe levels.

We saw that staff worked well together as a team and people's needs were met in a timely way. We spoke with staff who told us that there were enough staff to meet people's needs. Health care professionals told us there were a very good stable staff team supporting people, which helped provide a consistent approach that helped the person they were supporting.

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people. We looked at three staff's personnel files and found the recruitment process continued to be followed.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Infection prevention and control was managed well by staff. We identified some improvements were required in the bathroom and these were addressed on the second day of our visit. However, there was no formal process to monitor or review the processes to ensure the infection control measures were effective. We discussed this with the registered manager who agreed to look at this with the registered provider to ensure a policy and procedure was implemented.

Good

Is the service effective?

Our findings

People received care that was effective. People told us they liked living at Broomhouse Mews. One person said, "The staff are nice." A relative we spoke with told us the staff understood people's needs and worked effectively to ensure they were met. One relative said, "I love everything about it."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. Health and social care professionals' feedback was very positive. One said, "The staff work well together and manage people's needs very well."

Staff told us they felt supported by their managers and told us they continued to receive regular supervision sessions. These were one to one meetings with their line manager. Staff also continued to receive an annual appraisal, where their performance and development was discussed. All staff we spoke with said they were confident to speak with their line managers about any issues they might have. One staff member said, "The manager is very supportive and we all work together well as a team."

People were cared for by staff who had received training to meet people's needs. Staff told us the training was very good and they attended regular training and records we saw confirmed this.

We saw that people continued to be offered a nutritious and balanced diet, which met their individual needs and preferences. People contributed to the menu choices and these would change each week depending on what people's choices were. One person said, "I go shopping, I can choose what I want."

The 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 interest and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications for DoLS had been made for everyone living at Broomhouse mews. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked

capacity to make a specific decision then best interests would be considered.

Good

Is the service caring?

Our findings

People who used the service told us they staff were kind and caring. One person said, "I like all of them [the staff]. I am happy."

Relatives we spoke with praised the staff. One relative said, "The staff are fantastic, I can't fault them. They are very caring, kind and considerate."

Our observations showed that staff treated people with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered people's bedrooms or bathroom and toilet doors. The people who used the service and the staff looked comfortable together. There was a lot of laughter, joking and friendly healthy banter between them. One person said, "I'm happy with everything."

we looked at one person's care plan. The plan detailed what was important to that person including their preferences, choices and goals. People told us they were involved in their care plans if they wished. One person said, "I know where my plan is but I don't want to see it."

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links..

Staff were aware of people's preferences and daily routines. Staff addressed people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. One person showed us their bedroom. They were evidently proud of their bedroom, which had been personalised with photographs and objects of interest.

Staff we spoke with understood the needs of the people they supported and were passionate about ensuring they received the best possible care and support. They explained how if they supported people appropriately that meant the person was happy and achieved a positive state of well-being and with a positive state of mind they could be as independent as possible.

Good

Is the service responsive?

Our findings

People who used the service received care that was personalised. People were involved in making decisions about their care and support. We saw evidence of this in care files.

People we spoke with told us they were involved in their care planning. The plans included a personal history, individual preferences and peoples interests and aspirations. They had been devised and reviewed in consultation with people and their relatives, where appropriate. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people in line with their care plans.

Heath care professionals we spoke with also confirmed that staff were responsive to people's needs. One heath worker told us, "There is good consistent care, they [the staff] manage peoples needs very well."

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

People were supported to engage in a varied range of activities and hobbies. Activities people took part in were socially and culturally relevant and were appropriate. People we spoke with told us they went out every day if they wished, they were able to choose what they wanted to do. One person told us, "I like to go shopping, I like music."

Relatives we spoke with confirmed that there was a wide range of activities and that they were tailored out each individual. One relative said, "The staff are very good at organising activities and [relative] enjoys all the activities they take part in."

At the time of our inspection, the registered manager informed us that there were no on-going complaints. Staff told us they were confident that any concerns raised by people using the service would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised. We discussed if people knew how to make a complaint and if they felt encouraged to speak up. People told us they would raise issues with staff if required. A relative said, "I know what ever I raise would be death with I have no issues at all."

Good

Is the service well-led?

Our findings

There was a registered manager. The management team continued to demonstrate effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. From talking with staff, it was evident that the registered manager and the registered provider were committed to providing care that was tailored to the person in a homely environment.

The relative and health care professionals we spoke with all commented on the management of the service. Everyone we spook with said the service was well run and put the needs of people who used the service first.

We saw evidence that people were involved and consulted about the quality and running of the service. From meeting minutes and speaking with relatives it was clear that people's thoughts and ideas are acted upon. Relatives confirmed they had regularly communicated with the registered manager and staff and they felt they were listened to.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service was of good quality. Audits completed by the registered manager were for areas such as medication and care plans. However, there was no formal procedure for infection prevention and control. This was discussed with the registered manager and they were seeking advice form the infection control nurse specialist to ensure this was put in place.

The registered manager continued to demonstrate clear leadership throughout the home and staff were aware of their role and responsibilities and when to take something to the next tier of management. Staff we spoke with felt they worked very well as a team.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.