

Broad oak Group of Care Homes

Patrick House

Inspection report

2 Patrick Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7JY

Tel: 01159818733

Date of inspection visit:
15 May 2017

Date of publication:
19 June 2017

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

Patrick House is located close to the city of Nottingham. The service is registered to provide accommodation and non-nursing personal care for up to six people. This is for people living with a learning disability, autism or mental health need. At the time of our inspection there were six people living at the service.

At the last inspection, in December 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. They were supported by staff who were aware of their role and responsibilities to protect people from avoidable harm.

Risks relating to people's needs including the environment, had been assessed and planned for and were regularly monitored and reviewed. Procedures were in place to report any accidents and incidents and these were investigated and acted upon appropriately.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their individual needs. People were supported to receive their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Mental health training was identified as a requirement; the registered manager took immediate action to arrange for this to be provided.

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. People were supported to maintain good health and nutrition and food preferences were respected and provided.

People continued to receive good care from staff that they had developed positive relationships with. Staff were caring and treated people with respect, kindness and dignity. Staff supported people to maximise their independence. People had access to information about independent advocacy should they have required this support. People were involved in discussions and decisions about how they received their care and support.

People continued to receive a service that was responsive to their individual needs. Staff had information available to support them to provide an individualised service based on people's needs, preferences, routines and what was important to them. Staff had limited information about people's mental health needs but the registered manager took immediate action to address this. The provider's complaints policy and procedure had been made available for people.

The service continued to be well-led. People, relative's and staff were positive that the leadership was good. Communication was open and transparent and the provider had quality assurance processes in place that

encouraged people to give feedback about the service. The provider had effective arrangements for monitoring and assessing the quality and safety of care and support people experienced.

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?

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.

Patrick 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. 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 was a comprehensive inspection that took place on 15 May 2017 and was unannounced.

The inspection team consisted of 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 improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

On the day of the inspection we spoke with five people who used the service. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, one senior care worker and two care workers. We looked at records relating to three people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

After the inspection we contacted the relatives of two people by telephone for their feedback about the service their family member received.

Is the service safe?

Our findings

People told us they felt safe. One person told us "I feel very safe living here, there are always staff around for you and I have a key to my bedroom." Relatives told us they were confident their family members were safe. One relative said, "Staff ensure people's safety, if there is any upset between residents for any reason staff respond and support people."

Staff demonstrated they had a good awareness of how to protect people from harm. One staff member told us, "Some people need support due to their high levels of vulnerability; security is an important safety consideration." Staff told us that they had received adult safeguarding training and records confirmed what we were told. The provider had a safeguarding policy and procedure available for staff and information was available for people and visitors of how to report a safeguarding concern.

People told us they were not unduly restricted and risks associated to their needs had been assessed and planned for. Some people told us that they accessed the community independently saying, "I just tell the staff where I'm going and what time I'll be back." Some people required support from staff to keep them safe in the community. People told us that this did not affect their opportunities to access the community when they wished.

Staff told us they had sufficient information about any risks associated to people's health and well-being and that people were involved in discussions about how risks were managed. An example was given about how a person had a health condition that meant they had to have a particular diet. This person told us that whilst they were aware of the risk factors of not eating healthily, it was their choice and they understood the risks. Records confirmed what we were told.

Where people had risks associated with their health and wellbeing, care records showed these were reviewed to ensure they reflected people's current needs. Risks associated to the environment and premises were also planned and monitored. There was information available to staff for dealing with emergencies. Additionally health and safety and maintenance checks for around the service were completed which served to ensure people were kept safe.

People were supported appropriately by sufficient skilled and experienced staff. People spoke positively about the staff, and said they were always available to meet their needs and spent time with them. Relatives were confident that the staffing level provided was appropriate. We observed there to be sufficient, experienced and skilled staff available to meet people's needs.

Staff did not raise any concerns about staffing levels. The registered manager said they monitored people's dependency needs and changed the staffing levels to reflect what was required to support people. Some people received additional staff support and records confirmed this was provided. Records also confirmed the provider had effective recruitment procedures. These ensured as far as possible that only staff suited to work for the service were recruited.

People received their prescribed medicines safely. People told us they were supported by staff with their medicines. Staff told us about training they had completed in managing medicines and this included a competency assessment. Records confirmed staff had received appropriate training and the checks completed on the ordering, storage, administration and auditing of medicines were found to be effective and safe.

Is the service effective?

Our findings

Staff were supported by the registered manager in the way of an induction, ongoing training and opportunities to discuss their work, training and development needs. People spoke highly of the staff and felt they understood their needs and supported them effectively. Relatives were positive their family members were supported appropriately. One relative said, "Staff really understand [name of family member], they need to feel that they've been heard and kept busy for their mental health needs and staff know and understand this."

Staff were satisfied with the support they received from the registered manager describing them as, "Supportive, approachable and very good at their job." Staff records confirmed staff received an induction when they commenced their employment. They also received ongoing training to keep their knowledge and skills up to date with latest best practice and legislation. Whilst the training plan showed staff received opportunities to complete training in a variety of areas including first aid and learning disability and autism awareness, mental health was not included. We were aware that some people were living with specific mental health conditions which meant staff required training to fully understand what this meant for people. We discussed this with the registered manager who agreed to arrange mental health training as a priority.

People told us they felt involved in how they were supported and that staff requested consent before care and support was provided. One person said, "Staff give choices, ask us how we want to be supported, we talk about our support plans and I've signed them to say I agree." Records confirmed what we were told.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found examples where the principles of the Mental Capacity Act 2005 (MCA) had been followed when decisions were made for people who could not make them for themselves. We also found the registered manager had made applications to the authorising body for deprivation of liberty safeguards (DoLS) where there were some restrictions on people's freedom and liberty.

People had their nutritional needs assessed and met. People spoke positively about the choice of meals they received. One person told us, "We talk about the menu choices in meetings; we go shopping with the staff, the foods lovely."

Staff told us how they provided people with nutritionally well balanced meals. Some people had health conditions that affected their diet. Staff were knowledgeable about these and gave examples of how they supported people. We saw the menu was on display advising what the meal options were. People were

observed throughout our visit making themselves snacks and drinks. People's health needs were assessed and planned for. People told us that staff supported them to attend health appointments. Records confirmed people's health needs were known and regularly reviewed and staff supported them to access primary and specialist healthcare services.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. People were complimentary about the staff. One person said, "The staff are always happy, they are fantastic, they are always around for you and any problems we can talk to them." Another person told us, "The staff are good, supportive and really helpful towards me." Relatives were positive about staff. One relative said, "Staff go out their way to support [name of family member]. Another relative said, "Staff are like family not strangers, they are easy to talk to and absolutely excellent."

Staff were very knowledgeable about people's needs, preferences, routines and what was important to them. This included people's diverse needs, demonstrating an understanding of people's differences and respecting these. Throughout our visit, it was clear from observations of staff engagement with people that positive relationships had developed. People were at ease in the company of staff and light hearted humorous exchanges were shared.

On the day of our inspection some people attended community activities with support or independently, staff showed an interest enquiring about the activities people had been involved in. People told us how staff had shown kindness and thoughtfulness in their approach. One person said a staff member had taken them out on their birthday. This person said, "We [staff member] and I went out for a meal, it was great I really enjoyed it."

We observed staff communicating and engaging with people and found them to use effective communication and listening skills. Staff were seen to be patient and considerate to people's needs, encouraging them to express themselves and make choices. When one person became anxious and agitated about a particular topic, a staff member was seen to pick up on this and provided reassurance.

People told us that they were encouraged to be as independent as possible and it was clear that this was important to people. One person said, "We're very independent, do our own cleaning and laundry, but if we get stuck staff help." We saw throughout our visit people participated in various domestic tasks such as washing and drying dishes, doing their laundry and cleaning their rooms. Staff were always nearby or they supported the person if this was required.

People had access to independent advocacy services. These services support people to be involved in decisions about their care and support and defend people's rights. On the day of our visit the registered manager said that one person was being supported by an independent advocate.

People were treated with dignity and respect. People told us, "Staff treat me with dignity and respect all the time. If I'm angry or upset they listen and respect me."

Relatives told us there were no restrictions on when they visited and that they were always welcomed. Some relatives told us they required support from staff to keep in contact with their family member and that this support was provided. This relative said, "Nothing is too much trouble for staff, they are wonderful."

Is the service responsive?

Our findings

People experienced care and support that met their individual needs and preferences. People told us about how they liked to spend their time and what was important to them such as interests and hobbies. One person told us, "It's fun living here, we go out on activities, go on holiday, do what we want to do." Another person said, "Some activities I do independently and others the staff support me with. I like the gym and horse-riding and get to do these."

Relatives were positive that their family members was supported to live their life as they wished and said staff were responsive and supportive. One relative said, "[Name of family member] is kept active and busy, they are asked what they would like to do and are supported to do activities of their choice."

Staff gave examples of how they supported people to make choices and lead the life they wanted to. One staff member said, "We try and promote and support people with what they want to do."

Care records confirmed people had an assessment of their needs completed before moving to the service. Support plans were developed with people to advise staff what their needs were and the support they required. People told us they were involved in opportunities to discuss and review their support plans with staff. Some people were living with specific mental health needs and information was limited for staff about what this meant for people and what action to take if they became unwell. We discussed this with the registered manager who took immediate action and forwarded us information after our visit to confirm appropriate support plans had been developed.

Care records showed that people's diverse needs were considered and planned for. Some people attended a place of religious worship and staff were aware of the importance of this for these people. One person told us about their food preferences that were important to them due to their cultural background. We saw the menu reflected those peoples' choices. Relatives told us that staff had a good understanding of people's cultural needs and ensured these were met. Staff demonstrated a good awareness of people's different needs and how they respected and were responsive to people's unique needs.

We found support plans were presented in an easy read style that supported people with communication needs. This meant people were enabled to be fully involved in discussions and decisions about their care and support. Information about how people wanted to be supported was detailed. For example, plans contained details about what people could do for themselves and things they wanted or needed support with. People experienced care that was in-line with their preferences. For example, we observed people participating in activities as described in their support plans that they enjoyed and was important to them. Some people attended a community woodwork activity, they told us they met up with friends and told us of the items they had made. Some people accessed the local community independently to go shopping and others went with staff. We saw a person enjoying an art activity that they told us was important to them.

People who used the service had access to the provider's complaints procedure. People told us they felt confident to raise any concerns if they had any. Relatives told us they were aware of the complaints

procedure and whilst they had not needed to use it, would do so if necessary. The registered manager told us and records confirmed no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

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.

People were positive about living at Patrick House and all said that they were happy, settled and that staff were good. Relatives said Patrick House provided a service that met their family members' needs. One relative said, "The communication with staff is very good. The staff interaction with people is really positive. It's home from home, relaxed and has a good atmosphere."

Staff spoke very passionately about their job, clearly showing respect for the people in their care. Staff were positive about the support the registered manager provided and felt involved in the development of the service. There were regular staff meetings and records showed that the staff team worked well together and were clear about their role and responsibilities.

Systems were in place that monitored quality and safety and helped drive improvements. Audits were completed daily, weekly and monthly and included reviews of the environment, people's care records and medicines. Additional audits were completed regularly by the provider's representative to ensure the provider had oversight of the service, and that any required improvements were acted upon.

The provider enabled people to feedback any views about the service. This was in the form of resident meetings. People told us about the topics that were discussed and said they felt listened to and involved in the running of the service. One person told us how they had discussed fire training in a meeting and that they attended this training with staff because, "I wanted to know what to do if there was a fire." Quality assurance surveys were completed six monthly. This gave people, relatives and staff an opportunity to share their experience about the service. We saw the latest feedback dated November 2016 was all positive.