

City Care Partnership Limited

Broom Lane

Inspection report

4-10 Broom Lane
Levenshulme
Manchester
M19 2TL
Tel: 0161 975 9392
Website: www.citycarepartnership.co.uk

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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	

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection on 16 July 2014 was unannounced. The one previous inspection of Broom Lane in April 2013 found no breaches of regulations. The service had opened in July 2012.

Broom Lane is a purpose-built supported living scheme for young people with a diagnosis of autism. 18 people can be accommodated. At the date of our visit there was one vacancy. There are three buildings on the same site. Two buildings contain independent flats; one set of flats is for people able to live more independently, the second set is for those with more complex needs. The third

Summary of findings

building is a shared house with five bedrooms, two of which have self-catering facilities. This house is described as a “transition and assessment” service. The flats in the other buildings are intended for long term occupation. The service is in the centre of Levenshulme with easy access to Manchester city centre and Stockport.

There was a registered manager who had been in post since the month before the service opened in July 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that the service kept people safe, and that staff were well trained to deal with the particular needs of this group of people. We found that the service provided good care specifically related to the varied needs of people living in Broom Lane. Ample activities were arranged, according to people’s abilities. The service had a problem with high staff turnover, but was adopting strategies to deal with the issue.

Summary of findings

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 was safe.

The buildings in Broom Lane were designed to help keep people safe. People told us they felt safe. People living there could not relate any example of bullying or unfairness, but one relative told us about one incident.

Staff were trained in methods to support positive behaviour and to use physical restraint as a last resort. When restraint was used, it was reported and lessons were learnt. The managers reported any safeguarding incidents to the relevant authority and to CQC, although we found one recent incident had not been reported. Mental capacity assessments were completed when needed in relation to treatment such as dental care and managing medication, in line with the requirements of the Mental Capacity Act 2005. Medication was administered and recorded safely.

There was a rigorous staff selection procedure to try to ensure only suitable staff were appointed. The provider was taking steps to address a high staff turnover, which led to some families identifying staff shortages at times.

Good



Is the service effective?

The service was effective.

There was rigorous ongoing training which included methods to ensure staff completed it. Staff were supported by regular job consultations and appraisals.

Some people catered for themselves, doing their own shopping and cooking. Others received much more support. People were encouraged to eat a healthy varied diet.

People accessed health services regularly and specialists as needed. Some people received an annual learning disability health check.

Good



Is the service caring?

The service was caring.

Prior to the inspection we had received highly positive feedback about the care provided from the relative of someone using the service. This was matched by what we observed on the day of our inspection.

Staff were trained in behaviour support techniques, and responded well to the people living in Broom Lane. Staff were trained in techniques to reduce tension.

We found that people's rights to privacy were respected, and people using the service were supported in a dignified way, as far as was compatible with their needs.

Good



Is the service responsive?

The service was responsive.

We found that care files were comprehensive and kept up to date. We found evidence that not all people were aware that they had a care plan.

Good



Summary of findings

Communal meetings were not held, but people were asked individually about issues affecting them. Families were encouraged to be involved in their relative's lives.

People could participate in a wide range of activities and sports. These took place mostly off site, accompanied by staff as required. People were free to opt out of these activities.

Family forums were held to allow family members to contribute their ideas to the running of Broom Lane.

Is the service well-led?

The service was well-led.

The provider had a clear vision for maximising the potential of people with autism, which we saw influenced the staff at Broom Lane. The management team encouraged staff at all levels to contribute to the running of the service.

The biggest problem affecting the service was a high rate of staff turnover. The provider and local management were actively addressing this issue and seeking ways to improve staff retention.

The management had recently introduced a new quality assurance process intended to measure the effectiveness of the service over time.

Good



Broom Lane

Detailed findings

Background to this inspection

This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had personal experience of caring for someone with autism who used this type of service.

Before the inspection we reviewed the 'provider information return' which was a document completed by the registered manager in June 2014 giving information about the service. We examined previous inspection reports, and considered all the information held by the Care Quality Commission. This included the service's Statement of Purpose. This is a document setting out the aims and objectives of Broom Lane. We contacted the local authority which commissions care at Broom Lane. We had also sent out questionnaires to people living in Broom Lane prior to the inspection, but only one of these had been returned.

On the day of our visit the registered manager was on paternity leave. We were shown round by one of the area

team leaders who has responsibility for one of the buildings, and by the principal service manager who came over from the provider's head office. We spoke with six people living in Broom Lane, five members of staff, and one tutor who visited four days a week. After the inspection we contacted by telephone two parents of people living in Broom Lane for their feedback about the service.

We examined two care files in detail alongside incident reports, and discussed some recent safeguarding referrals with the principal service manager.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The three buildings in Broom Lane had been specifically built to cater for the needs and safety requirements of young adults living with autism. The flats in the building designed for the people with the more complex needs were larger than standard housing association single person flats. This was intended to allow each person more space and encourage a sense of relaxation and wellbeing. The layout of the shared house was arranged so that staff could back away from confrontation, if they needed to, and usually had an exit route, for example into the garden. This would minimise potentially dangerous situations and keep people safe, by enabling staff or others to withdraw from conflict. People had key fobs to enter their own flats or rooms. Staff had key fobs programmed to access only the parts of Broom Lane they were working in, which added an extra level of security for people living there.

All six people living in Broom Lane who spoke with us said they felt safe there. When asked, none of them were able to give an example of being bullied or being treated unfairly. However, when we spoke to the parent of one person after the inspection, they related an incident when their relative had felt insulted by comments made by a member of staff. The parent said that their relative had complained about one of the incidents to a manager. We discussed this allegation with the registered manager who said they had been present when the comments were made, explained the context and considered that the comments had been misinterpreted by the person they supported.

All staff were trained in a system called 'positive behaviour support'. This system involved developing an understanding of the behaviour displayed by an individual which may be perceived as challenging, implementing a personalised and continuing system of support, and seeking to minimise the use of physical restraint. Three of the staff members we spoke with stated that restraint was a last resort. This was confirmed by one parent. We knew from notifications that restraint was used occasionally, in order to protect the person concerned, or other people using the service, staff and members of the public. Staff were all trained in CITRUS (Creative Intervention Techniques in Response to Untoward Situations). The techniques were intended to prevent, manage and if necessary restrain aggression safely. This meant that people were kept as safe as possible even when acting in a

physically aggressive manner. Whenever restraint was used an incident report was compiled which included lessons learnt. This included an attempt to identify triggers of the aggressive behaviour on each occasion. We had seen such incident reports prior to the inspection as they were submitted along with notifications.

Staff were trained in safeguarding. Those we spoke with demonstrated a good understanding of the various types of abuse that might arise in this setting and knew how to report it. One member of staff said that they had not witnessed anything that concerned them since working at Broom Lane, but that they would have no hesitation in reporting such an incident if it happened.

We saw that mental capacity assessments were completed to show whether or not people were able to make decisions, for example in relation to treatment such as dental care and managing medication, in line with the requirements of the Mental Capacity Act 2005. We saw completed MAR sheets. These are Medicine Administration Records used to record medication when given. We saw on one sheet that where the sheet was initialled to record that medication had been given, another member of staff had countersigned. There were a few gaps without the countersignature. We enquired about this and we were told that because of pressures on staff time the policy of countersigning had been relaxed. Best practice would be to retain countersignatures in order to minimise the occurrence of medication errors.

We saw that there was a rigorous process of selection of staff which included a three stage interview, including a day shadowing staff on site. This was followed by a six month probationary period. This was intended to ensure that only suitable staff were employed. Agency staff had to go through the same selection process and only regular agency staff were used.

We knew from the provider information return that there was a high turnover of staff which resulted in staff shortages. We were told by staff that sometimes people worked only a few days before leaving, and staff suggested that in some cases this was because of the level of behaviour that could sometimes be exhibited. One person said: "Sometimes there is a staff shortage and we have to share." However, four other people said they thought there were enough staff most of the time. One parent said that there had been a high turnover of staff for the whole two years since Broom Lane opened, and that her relative

Is the service safe?

became unsettled when staff were constantly changing. But another parent said that their relative had had three constant members of staff since the day they moved in when the building opened. They believed that there were sufficient staff to meet their relative's needs and confirmed

that staff were "well trained before they come in." We met several long-serving staff who had worked for the provider for as long as 15 years, although of course only for two years at Broom Lane since it opened.

Is the service effective?

Our findings

We asked four members of staff about their ongoing training. All were satisfied that they had appropriate and relevant training. One described their training as constant, with workbooks to complete in every area. Staff were encouraged to attend refresher courses, although one staff member told us it could sometimes be difficult to book on to the course they wanted. Records were kept by the provider of people's progress with training and they received reminders of deadlines for the submission of work. Training in 'positive behaviour support' was provided by NHS Wales. The training was tailor made to ensure that staff were enabled to meet the needs of the particular client group.

Staff described the induction period of three months as "brilliant", and said they had been introduced to working at Broom Lane by shadowing existing staff in a way that had really enabled them to understand what the job was about. Agency staff received the same training. We considered that the rigorous selection and intensive induction of new staff demonstrated the service's commitment to employing only staff suited to an often challenging environment.

People in the role of 'apprentice assistant team leader' had an extensive programme of training. This was an in-house course comprising 17 modules. This ensured that people acquired the knowledge and skills they needed to act at their level of responsibility. Staff took part in 'job consultations' every four to six weeks. These were meetings with their line manager to reflect on events that had occurred and to discuss any areas for development. One staff member told us that job consultations could also be arranged at short notice to discuss a specific performance or disciplinary issue. This meant that any issues affecting people living in Broom Lane were addressed promptly. One member of staff described regular job consultations as an opportunity "to reflect performance, air concerns, and discuss things about people".

Staff also had six monthly and annual appraisals which were opportunities to assess longer term development needs and career aspirations. These would help staff to remain motivated.

We saw that there were varied arrangements for people to eat meals, depending on which part of Broom Lane people lived in and how much support they needed. People living

in the more independent flats went shopping for their own food, either with a member of staff or unaccompanied. Their flats had fully equipped kitchens and they cooked their own meals, with observation and support when needed. We saw one person making themselves scrambled eggs for lunch.

One parent said that their relative had a healthy diet. The staff supported them to shop daily and this had encouraged them to try new things. The parent drew a contrast with the previous placement where staff said that their relative was too difficult to take shopping. Their diet was now much more varied as a result.

Those people who needed more support with daily living who were living in their own flats ate their meals separately. Staff told us this was best suited to their needs and behaviours.

In the shared house there was a communal kitchen and a dining room where some meals were eaten together. We saw there was a rota for some people to cook meals, and help with the washing up. The people occupying the two bedsits with cooking facilities tended to eat their meals alone. Because some of the people could not communicate verbally, aids such as pictures of food were used to enable people to make menu choices. The kitchen was open all the time so people could help themselves to drinks at any time.

In each person's care files was a health action plan which described in detail that person's health condition and needs. We saw that staff regularly consulted this and other files, and new staff were given time specifically to read the files before working with people. People told us that they had regular health checks with their GP, which was confirmed by staff. One parent told us that their relative had an annual learning disability health check. This is a voluntary check offered by the NHS to people with a moderate, severe or profound learning disability, to try to identify early any illnesses or conditions that the person may not be able to report themselves.

The provider employed its own Clinical Psychologist and speech and language therapist to provide support to people as required and to advise staff.

We were told that the transition and assessment unit was intended to accommodate people for a maximum of two years. Some people had moved on but for others there was

Is the service effective?

no realistic alternative. The team leader explained that people would not be forced to leave at the end of two years, but it remained policy to find alternative accommodation, either within or outside Broom Lane.

Is the service caring?

Our findings

Several months before the inspection a family member of a person living at Broom Lane wrote of their own accord to CQC: "I am writing to express my gratitude for a service [my relative] currently uses. ...[my relative] has extremely challenging behaviour and very complex needs and has often become unwell with some suspected mental health issues. His carers at Broom Lane, Levenshulme have been some of the most patient, caring and supportive people I have ever had the pleasure to come across. There is an immense need for quality services for people like [my relative] and I feel that if some providers could see what City Care provide and how they support families as well as individuals standards could only rise." We observed that staff behaved in a friendly and natural manner towards the people they were supporting. All six people who talked with us told us they got on well with staff and that they were treated with respect. We saw that staff, once established in their post, clearly knew the people well and were aware of their individual needs and characteristics. Specially tailored visual aids were used to assist communication with people who had little or no verbal communication skills. For example a chart was used for different times of day with pictures of activities to enable people to see what they would be doing in that part of the day. Staff used 'positive behaviour support' to deal with situations of behaviour described as challenging. Staff told us that medication would be used only rarely to reduce agitation or a high level of arousal. We did not see any example of medication being used in this way in the care files we looked at. Everyone had their own apartment or room and could choose to go there if they needed a bit of space. A section of garden was also accessible to all and some people also chose to use this as a calming area. A parent reported that staff managed their son's challenging behaviour well. They had witnessed one incident where staff were calm and relaxed, and encouraged their son to sit down, and start a counting routine so that they "could bring themselves down". The parent had been so impressed that they phoned the manager to praise the staff. The same parent said: "Everybody there is absolutely lovely". They added

that this was in contrast to previous negative experiences. She described how her relative now allowed staff to cut their toenails; this was a big step forward as they had previously lost confidence, due to abuse suffered at their previous two placements. On the other hand another parent related experiences at Broom Lane where they considered their relative had been treated disrespectfully. We discussed these experiences with the registered manager, who was aware of all but one of the issues and had been proactive in resolving them. The one exception was an alleged event which the registered manager undertook to investigate further. We met two people who had expressed a wish to live together as a couple. The principal service manager explained to us that the service had been involved in a long process of seeking permission for this to happen from the care managers, commissioners, and other interested parties. The couple had recently moved into a shared apartment, and told us they were very happy with the arrangement. This showed that the provider was willing to advocate on behalf of people using the service.

All six people we spoke with told us they could maintain their privacy and keep their possessions safe. This was confirmed by one of the parents we spoke with. They stated that their relative's money was well managed and accounted for, and that they had been able to buy furniture for their apartment and other personal possessions. The parent described this as very positive since their relative had left the place they had previously lived with no possessions and no savings.

All rooms and apartments were equipped with vanity blinds so that outsiders could not see in. These were controlled electronically, either centrally or within each room. This helped to maintain privacy.

One person had recently moved from the transition and assessment unit to their own apartment in another building within Broom Lane. With support, they now had a paid job working part time on a checkout in a local supermarket. This showed that Broom Lane fully supported people living there to achieve their maximum potential.

Is the service responsive?

Our findings

Each person living in Broom Lane had a care file kept in multiple folders. These included a person centred care plan, a health action plan, a medication folder, a risk assessment and management plan, incident reports and daily logs. We saw that all these were regularly updated and were working documents.

We asked five people about their care plans. Three people were not sure whether they had care plans. One person thought they had a care plan. The fifth person said they did have a care plan and had been involved in developing it. This variation suggested that not everyone understood about their care plan, and possibly that greater efforts could be made to involve people in the process.

The staff explained that communal meetings were not appropriate to the needs of people living at Broom Lane. Instead, their views were sought individually. Each person had a 'Tenant's Voice' booklet; this was an easy-read document with line drawings where people could record various aspects of their care. The speech and language therapist assisted with completion of these booklets. There were pages such as "What I want to talk about today" and "About my health", which allowed the person concerned to express issues and concerns. The booklet could be used to review a care plan. We saw that these were completed on a regular basis. Each person also had an 'aspirations' document which set out long term goals and shorter term targets. One person said: "Things change when I'm reaching my targets."

The principal service manager told us that the service encouraged family members to be closely involved in the life of people living in Broom Lane. They told us: "Family involvement is massively important to us." Most but not all families took up this invitation. A family member said that they were involved in all meetings, medical appointments and changes regarding their relative. They said the manager also rang up periodically to ask how things were going from their perspective and to keep them up to date with what was happening. This showed that the management valued the input of families and encouraged their involvement.

Each person had an individualised weekly schedule of activities. This depicted in pictures the activities they would

be involved in. We saw one person's schedule had been reviewed and updated in February 2014. They also had a single page version of their activities which was dated August 2012 and was out of date.

Many of the activities took place offsite; they included shopping (both locally and in the Trafford Centre), football, sauna, hiking, swimming, snooker, go-karting, jet-skiing, and cycling. There were also trips, sometimes unaccompanied, to the pub, park, college, and cinema. One person had recently completed a 97-mile bike ride. We saw people going cycling and horse-riding during our inspection, accompanied by one or two members of staff depending on need. The provider had an activity centre (serving other sites as well as Broom Lane) and some of these activities were based there, for example hiking. Other activities were organised on the Broom Lane site, such as film nights, and barbecues. Broom Lane had its own spa which was currently out of action. One staff member said that it had not been used as well as it could be.

A few individuals with particularly complex needs had an on-site education programme with a visiting tutor, four days a week. This included computer-based learning. We spoke with the tutor who was an experienced teacher of children and young adults with learning disabilities. The tuition had lapsed between July 2013 and February 2014, when this tutor started. The tutor's perception was that incidents of challenging behaviour had reduced since the tuition resumed.

One person talked about their holiday in Benidorm. Two other people were shortly going for a holiday to Center Parcs. One person wanted to visit relatives in Alabama next year and plans for this were under way. We asked six people whether they ever got bored; one person out of the six said they did. Another person said they sometimes got bored in college. Another person said: "I think this is good. I can do most of what I want. I'm happy to stay here".

One parent told us that their relative did not currently engage in any activities outside Broom Lane, but said that this was because they declined to participate, not due to any fault of the staff. However, they enjoyed arts and crafts. The psychologist had devised a programme with them where the goal was them going out of their apartment into the community.

Another parent said that activities could sometimes be affected by a shortage of staff. They said that their relative

Is the service responsive?

was often prevented from taking part in an activity of their choice due to the unavailability of a staff member. They added that previously they had received a list at the start of the week of when staff members would be available, but this was no longer provided.

People we interviewed said they would be comfortable raising concerns with a member of staff they liked, but did not give any examples of when they had done so. One person said “Staff try to find a solution or I might talk to my family first for advice.” A detailed complaints procedure was

set out in the provider’s statement of purpose and was available in the office at Broom Lane. Four complaints and 12 compliments had been received in the 12 months prior to June 2014.

Family forums were held where family members could meet and air their views, and make suggestions about improvements to the service. No minutes of these meetings were available on the day of our inspection. The provider’s website stated that the purpose of the family forum is to “give us the opportunity to hear the ideas, suggestions and concerns of families outside of the formal reporting structure.”

Is the service well-led?

Our findings

The registered manager was on leave on the day of our unannounced inspection, but the principal service manager evidently knew the service well, and was able to answer most of our questions. Where he could not, he supplied answers immediately after our inspection. We spoke with other team leaders and assistant team leaders to gain an understanding of how Broom Lane was managed.

The culture of the organisation, as promoted on its website and in its statement of purpose, was to “Manage risk, Maximise life”. The aim was to empower people by exposing them to new experiences in a managed way. This was demonstrated by the wide range of activities. The staff we spoke with endorsed this culture and demonstrated a genuine enthusiasm to improve the lives of people living with autism.

We observed that the three parts of the service were very different, because of the different needs of the people living within them. One group were able to lead semi-independent lives, with minimal and occasional support. Another group needed much closer intervention. The third group, in the transition and assessment service, required almost constant staff supervision. Although the different groups required differing levels of support, the culture of maximising life chances permeated through the whole service.

The provider appointed support staff to the role of “apprentice assistant team leader”. People in this role took on responsibility in their area within Broom Lane and had an intensive programme of training which lasted a year. They also followed an intensive in-house course of training. Their role included assisting the team leader with job consultations. We spoke with one member of staff who had been promoted to this role several months ago. They said that although it was a demanding programme they felt very well supported both by their team leader and by the registered manager.

There was a very high turnover of staff. In the year to June 2014, 21 staff had left out of a total of approximately 40. This included five staff who had been dismissed, due to performance issues. The rest had left for a variety of reasons. The vacancies had largely been filled, although there were 2.5 vacancies at the date of our inspection. The

rapid turnover of staff was unsettling for people living in Broom Lane. As one parent explained to us, it is one of the characteristics of many people on the autistic spectrum that they take a long time to get to know and to trust other people. Four of the people we met stated that the frequent changes of staff members were difficult to cope with. Staff indicated the same, because of course new members of staff needed time for their induction and to contribute fully to the staff team. We learnt that some staff had left after only a few days in post.

One consequence of this was the need for overtime. We saw that some staff were unhappy about being placed on overtime shifts without prior consultation. This had been raised as an issue to be discussed at an upcoming team meeting in one of the houses.

The principal service manager made it clear to us that he and the management of the provider were now very aware of the problem of staff turnover and seeking ways to address it. He admitted that it had been a developing problem and that efforts to improve staff retention had begun only in the last few months. There had been a staff survey in April 2014 with a 65% return rate, which was an attempt to gauge staff morale and identify any issues that might affect staff retention. The plan was to develop a staff charter which would seek to address those issues. Staff were offered the opportunity to feed back anonymously, if they preferred. As positive reinforcement, the provider had introduced ‘worker of the week’ and ‘worker of the month’ awards, in order to boost morale.

We considered that the problem of staff retention was now high on the management’s agenda. Although it remained a problem, the positive attempts to address it demonstrated a strong and adaptable management culture.

We knew from our records that the registered manager submitted notifications of safeguarding incidents to the Care Quality Commission. These notifications usually included detailed incident reports which set out the incident which had occurred and also lessons learned by staff. This showed that the service not only reported incidents appropriately but systematically sought to prevent recurrences of adverse events.

We became aware from one care file of a recent incident of physical contact between two people living in Broom Lane which had been reported to the local authority as a safeguarding concern. A strategy meeting had taken place,

Is the service well-led?

attended by two staff from the service. However, the incident had not been reported to CQC, as required by regulations. We discussed this with the principal service manager, and a notification was submitted retrospectively. We considered that in other respects the incident had been dealt with appropriately and the safety of the individuals protected.

Another recent innovation was a quality assurance tool which the provider called “Period Service Review”. This would involve regular assessments of every significant aspect of the service against a set of quality standards.

These would then be measured over time. The aim was to achieve a precise view of how well the service was performing and how well it maintained or improved its performance over time. This system was portrayed as being an improvement over the quality assurance system that had operated up to recently. It was too early to determine whether this was the case.

Our overall impression was of a service which was well managed and which was aware of and addressing areas which needed attention. As one of the people living there said to us: “Best place we’ve ever been”.