

John Tipple

# Broomhaven Residential Care

## Inspection report

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South Yorkshire  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Broomhaven provides residential care services to adults with learning disabilities. It accommodates up to three people. The home is located close to Rotherham town centre and has parking and public transport access as well as local facilities nearby.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Staff routinely promoted choice and independence, and spoke to people with respect, upholding their dignity. Staff we spoke with had a good knowledge of people's needs and preferences, and care plans were highly personalised which indicated that staff understood people's needs well. Care was formally reviewed regularly to ensure it met people's needs, and where changes were required these were implemented.

Staff were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected.

Staff were recruited safely, with appropriate background checks being made. The registered manager was enthusiastic about staff training, and records showed staff received training in a wide range of relevant areas.

Medicines were safely managed, and staff we spoke with had a good knowledge of the medication system in use at the home.

There were appropriate arrangements in place for people to consent to their care and treatment, and staff had received training regarding consent and mental capacity.

The food available in the home reflected people's preferences. People using the service were encouraged to be involved in meal planning and preparation.

There was a complaints system in place. We asked people using the service whether they would feel

confident to complain if they wished to, and they told us they would.

There was a system in place for monitoring the quality of service people received, and making ongoing improvements as part of the monitoring system

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:

The last rating for this service was good (published 8 March 2017)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings, below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings, below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings, below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings, below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings, below.

Good ●

# Broomhaven Residential Care

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The service was inspected by one inspector.

#### Service and service type:

Broomhaven is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced, meaning the staff and management did not know that the inspection was going to be taking place.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person using the service about their experience of the care provided. We spoke with two members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse
- Staff had a good understanding of safeguarding processes, and had received appropriate training in this field

Assessing risk, safety monitoring and management

- Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable. They were completed to a level of detail which meant staff understood what was required to ensure people were safe.
- Risk was discussed during team meetings so staff were fully aware of how to manage risks within the service.
- Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. The registered manager told us about negotiations which were under way to anticipate the future staffing needs of one person using the service, indicating they had a good understanding of allocating staffing on the basis of people's needs to ensure their safety.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home.
- Staff competency in relation to medicines was regularly checked.
- We noted that, where people required medication on an "as required" basis, often referred to as PRN, the provider did not hold information about the circumstances in which it should be administered. Following the inspection we provided the registered manager with guidance in relation to this.

Preventing and controlling infection

- A regular infection control audit was undertaken, and any actions identified were completed quickly and

appropriate policies were in place to support good practice.

- Staff had received training in infection control, and we observed the premises was clean throughout.

Learning lessons when things go wrong

- Team meetings and staff supervision meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.
- Appropriate action was taken in response to any incidents, such as referral to relevant healthcare professionals or changes to risk management systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated good. At this inspection it remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider when they began using the service. This was regularly updated to ensure it continued to reflect people's needs.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff told us there was plentiful training available within the service, and showed us the online system they use for identifying training opportunities.
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. Staff received regular supervision and appraisal
- Our observations showed staff were skilled in meeting people's needs. For example, one person's ability to communicate was enhanced by staff's knowledge of Makaton sign language.

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

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed. Screening tools were used and people were referred to external healthcare professionals where required.
- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of people's preferences in this area.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals.

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

- The premises had been adapted to meet the needs of people with a learning disability, with further plans under discussion.
- The home was accessible to people with mobility difficulties and aids and adaptations were fitted where required to assist people to maintain their independence.
- One person showed us their room, and it was clear it had been decorated in accordance with their preferences and interests.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. People had given informed consent, and we saw this was regularly reviewed.
- Staff had received training in relation to consent and capacity, and the registered manager demonstrated a good understanding of their responsibilities in this area.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised.
- Our observations showed staff were warm and genuine in their interactions with people using the service.
- Staff received training in equality and diversity.

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

- People's views and decisions about care were incorporated when their care packages were devised.
- Regular meetings took place for people using the service where they were encouraged to share their views and opinions about the service. We saw from minutes of these meetings staff took time to set out options for people and supported their decision making.
- We observed staff seeking people's views and opinions as they provided care, checking on their preferences and upholding them.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with said people's dignity was very important to them. In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support as discreetly as possible.
- Staff spoke to people with respect and in a kind manner.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities. The person who was present during the inspection indicated they preferred this.
- Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received. Each person's care plan contained information about how to make a complaint.
- The provider had not received any complaints since the last inspection.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate. Where people were not comfortable in discussing this, it had been sensitively recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to use appropriate sign language to ensure they could communicate with people using the service. There was easy read documentation in people's care plans, and also we observed one person was supported to use an electronic device to aid their communication.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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.
- A wide range of audits were undertaken by the registered manager. These were used by the service to measure health, safety, welfare and people's needs; records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.
- The registered manager understood the responsibilities of their registration and the rating of the last inspection was on display within the premises.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection.

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

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. There was a system of meetings for people using the service, and we saw evidence of the registered manager taking action in response to meeting decisions, so that people's views influenced how the service was operated.
- Supervision records showed staff were engaged in how the service was run, and their views were sought.

Continuous learning and improving care

- Staff praised the learning opportunities available to them. The registered manager told us they encouraged

staff development and training, and minutes of staff supervision evidenced this.

- Staff meetings were used for all staff to discuss and contribute to developments arising from learning opportunities.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.