Broadham Care Limited

# Gresham House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Outstanding ☆ |

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|---|---|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Outstanding ☆ |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Good ● |

# Summary of findings

## Overall summary

The inspection was carried out on 11 August 2017 by one inspector and an expert by experience. It was an announced inspection. Forty-eight hours' notice of the inspection was given to ensure that the people who lived in the service were available and prepared to receive unfamiliar visitors. Some people needed support to communicate. Gresham House provides support and accommodation for up to 12 adults with a learning disability. There were twelve people living there at the time of our inspection including one person who was away.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained: Good in regard to the questions: Is the service safe, effective, and well-led? And was: Outstanding in regard to the questions: is the service caring, and responsive?

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks for people while their independence was actively promoted.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

People were appropriately supported with the administration of their medicines, with attending appointments and were promptly referred to health care professionals when needed. People were supported with their nutritional needs to maintain good health.

The service was exceptional at helping people to express their views so they understood things from their point of view. They used creative ways to make sure that people had tailored and inclusive methods of communication. Clear information was provided to people about the service, in a format that was suitable for people's needs.

Staff went 'the extra mile' to enhance people's experience in the service. Staff promoted people's independence, encouraged them to do as much as possible for themselves and make their own decisions.

People received care and support that was thoroughly personalised. Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued. The arrangements for social activities were flexible and met people's individual needs. People's care and support was planned

proactively in partnership with them.

The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was an effective system of monitoring checks and audits to identify any improvements that needed to be made and maintain compliance with regulations. The registered manager and deputy manager acted on the results of these checks to improve the quality of the service and support.

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.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice.

Medicines were administered safely.

### Is the service effective?

Good

The service remains: Good.

All staff had completed essential training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

### Is the service caring?

Outstanding

The service was outstanding.

The service was exceptional at helping people to express their views, so staff understood people's perspectives. They used creative ways to make sure that people had tailored and inclusive methods of communication.

Clear information was provided to people about the service, in a format that was suitable for people's needs. Staff treated people with kindness and respect.

Staff promoted people's independence, encouraged them to do as much as possible for themselves and make their own decisions.

## Is the service responsive?

**Outstanding** ☆

The service was outstanding.

People received care and support that was thoroughly personalised and their preferences were taken into account.

Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.

The arrangements for social activities were flexible and met people's individual needs. People's care and support was planned proactively in partnership with them.

Staff responded promptly to changes in people's medical, social and psychological needs.

## Is the service well-led?

**Good** ●

The service remains: Good.

There was an open and positive culture which focussed on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement. Staff had confidence in the manager's leadership and in the management team.

There was a robust system of quality assurance in place that included the regular auditing of all aspects of the service, to identify where improvements could be made.

# Gresham 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 was carried out 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.

The inspection took place on 11 August 2017 and was announced. We gave some notice of our inspection to make sure people we needed to speak with were available. The inspection team included one inspector and an expert by experience, who had experience of this type of service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with five people living at the service, and contacted four of their relatives. As some people needed support to communicate, we also 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 consulted three local authority case managers to gather their feedback about their experience with the service. We spoke with the compliance director, the registered manager, the deputy manager and three members of care staff. We looked at five sets of records relating to people's support, and a range of assessments of needs and risks. We reviewed documentation that related to staff management and to the monitoring, safety and quality of the service. We looked at four staff recruitment files. We sampled the service's policies and procedures.

At our last inspection in July 2015, the service was rated: Good.

Good

# Is the service safe?

## Our findings

People told us they felt safe living in the service. When asked whether they felt safe, they replied, "Yes, I feel safe. What makes me safe are the staff", "I do feel safe because when I get angry I get myself unsafe. The staff help me calm down", and, "Occasionally I get a little stressed, the staff help out." A relative told us, "I feel that [X] as a vulnerable young man, is being supported in a safe and nurturing environment."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse, clear about their responsibility to report suspected abuse, and aware of the service's whistle blowing policy. A safeguarding alert had been raised appropriately by the service when concerns had arisen for a person's safety. The safeguarding policy reflected updates in relevant legislation and included a flowchart of actions that staff could follow if they had any safeguarding concerns. The safeguarding and whistle blowing policies had been updated in April 2017 so staff had up to date guidance to refer to.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately documented and fully completed. These included criminal records checks, two professional references and a full employment history. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties. People were invited to attend prospective staff interviews and were involved in choosing who might be supporting them.

Staff rotas confirmed there was a sufficient amount of staff deployed to keep people safe at all times including evenings, night time and at weekends. The management team and senior staff were on call out of hours so advice or help was constantly available if needed. The registered manager told us that agency staff were used only when permanent staff were unable to cover each other's absence. Bank staff and the same agency workers who were familiarised with people's individual needs were used to ensure continuity of support.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out an analysis of any accident or incident on the day to identify any common trends or patterns and ensure future risks were minimised and establish if any lessons could be learned. They updated people's care plans accordingly and shared their findings with the compliance director who oversaw the quality monitoring of Gresham House and seven sister services.

Medicines were stored, managed and administered safely. We observed medicines being administered by senior staff who were subject to bi-yearly competency checks. They wore personal protective equipment and a tabard that instructed staff not to disturb them during the task. Staff training included how to respond in the event of people experiencing a seizure. The medicine administration records (MARs) indicated that people received their medicines at the requested time. Protocols were in place for medicines that were to be

taken 'as required', such as pain relieving medicines, with pictorial charts for staff to use with people and asses their level of discomfort. A protocol for administering medicines in case of a seizure was in place and bespoke to a person's specific needs. Stocks of medicines and MARs were checked twice daily by the registered manager or the deputy manager to ensure they were correct. An external pharmacist carried out annual inspections. Their last report dated in November 2016 had recommended that storage temperature requirements be displayed to inform regular checks of storage temperature, and that two staff signed any hand written entries on the MARs. These recommendations had been implemented. In addition, the compliance director carried out their internal inspection of all aspects of medicines management. Their last inspection was dated June 2017 and their findings had not identified any shortfalls and had confirmed that compliance of regulations was maintained.

Individual risk assessments were in place that reflected individual needs. People were involved with their individual risk assessments when they were able to and willing to be. These were written in a pictorial form to help them understand. These included, assessments for people who may experience seizures, who may feel or experience specific anxieties, who needed equipment to help them move around, who had access to kitchen and/or the community, and who may display behaviours that challenge. Control measures to minimise risks were clear, appropriate and were followed by staff in practice. For example, a risk assessment regarding a person's possible anxiety during transportation included instructions to staff about how to reduce these anxieties by explaining there was breakdown assistance on standby, by sitting next to them in the vehicle, and by not having more than three people in the car. Another risk assessment for a person's risk of experiencing a seizure included control measures such as staff training, medicine control, a monitor in their room to alert staff at night, and alerting swimming pools lifeguards when the person went swimming in the community. A person had been provided with a specialised mattress and pressure relieving aids to minimise the risks of skin damage when they were unable to reposition themselves independently.

The premises were secure, with an enclosed garden, a locked gate and a front door that were activated through the use of a combination or a portable security device. Visitors were requested to sign in and out of the premises. The premises were safe for staff and people because all fire protection equipment and fire alarm were regularly checked, tested and serviced. There were smoke detectors and fire doors in place. Staff were trained in fire awareness. People and staff participated in quarterly mock fire evacuations. A person living in the service had produced an informative video procedure of what to do in the event of a fire, which had been shared with all people and staff in the service. Each person had a personalised evacuation plan that detailed their ability to respond to the alarm system, their awareness of procedures in case of emergencies, and any equipment they may need during an evacuation. These were reviewed whenever there were any changes.

Comprehensive checks of the environment were carried out to ensure the service was safe for people. These included weekly health and safety checks and daily visual inspection of each room in the service. The provider had commissioned an external health and safety assessor to assess any environmental risks in the service. Their last report dated July 2017 and had recommended fire stopping foam to be inserted into gaps in one area. This had been implemented. In addition, the compliance director and registered manager completed yearly assessments to check all aspects of the environment such as the boiler, water temperature, cleaning and hazardous products, the kitchen, the hoist, laundry appliances, and any hazards that may cause slips, trips or falls. Each portable appliance had been checked to ensure they were safe to use. The service held a current emergency contingency plan that addressed IT outage, loss of utilities, fire, disease and extreme weather. An outbreak of a particular infection had been well contained in the service.

Good

# Is the service effective?

## Our findings

People and their relatives were positive about staff effectiveness and capability. When asked whether staff helped them to get what they needed or wanted, people replied, "Yes" and, "They help me stay calm." Relatives told us, "The whole team are wonderful with [X] and always keep us informed and updated in all aspects regularly. They always respond professionally and efficiently to any requests or queries" and, "Transitions and changes are carefully planned for and [X] is supported to ensure minimal disruption to his day." A local authority case manager who oversaw a person's wellbeing in the service described the staff as "consistent".

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction over twelve weeks that included shadowing more experienced staff and being allocated a mentor. The registered manager or deputy manager monitored new members of staff' progress until they could demonstrate their competence. Checks were carried out to ensure new staff members interacted positively with each of the people who lived in the service, and were knowledgeable about each person's care plan and individual needs. Staff were encouraged to study and gain qualifications in health and social care and were enlisted in a studies programme following a six month probation period. Staff were up to date with essential training to include safeguarding, health and safety, fire, mental capacity, equality and diversity, moving handling, medicines, first aid, infection control and managing distressed behaviours. Additional training was provided that enabled staff to meet people's specific complex needs, such as epilepsy, autism, and managing behaviours that challenge. A system was in place that indicated when refreshers courses were due and this was followed up.

All staff received regular one to one supervision sessions every six to eight weeks and participated regularly in staff meetings. The registered manager told us, "Supervision can also be a form of therapy sessions as this is where we can go through any problem that may have an impact on their work. It's about knowing your staff team and giving them encouragement." All staff were scheduled to participate in annual appraisals of their performance.

People were supported with their nutritional needs to maintain good health. Staff were trained in food hygiene and knew of people's food allergies, specific dietary requirements and preferences. These were clearly outlined in people's care plans, the content of which was known to staff. One person had a specific food intolerance and was provided with a particular type of diet. People were involved in menu planning and advised by staff on the best ways to maintain a healthy diet and exercise portion control. People told us about the food, "The food is alright, I cook my own sometimes. I buy my own snacks at the weekend and have cake on Wednesday" and, "The food is nice. It's tasty, there's lots of it." A person was helped with eating by a member of staff who was mindful of respecting the person's pace. Staff told us, "We prepare what they want, and they can always change their mind and have anything else, we also involve them with the preparation as much as possible." Staff encouraged a person to prepare a specific meal; cooking and baking was included in activities for people who wished to develop their skills.

People were weighed monthly or sooner if needed to check any weight loss or gain. A dietician had visited

the service and had provided advice regarding the promotion of a healthy diet. As a result of their advice, a person who had experienced weight gain now had their main meal at lunchtime and snacks in the evening. This had enabled the person to lose some weight and regain energy levels.

Access to healthcare and other professionals was effectively facilitated. People had been referred appropriately with their consent to a speech and language therapist, a physiotherapist, a psychologist, a consultant neurologist, a psychiatrist and community nurses. Staff called a GP promptly when people were unwell. People had health action plans in dedicated folders, where regular health checks were recorded.

Any changes in people's health or behaviours were communicated amongst care staff effectively. A system of three staff shifts handovers over 24 hours ensured effective continuity of care and support. At handovers, staff provided an update on each person living in the service including their mood and current behaviours. At these handovers shifts coordinators also checked daily petty cash, an events diary and a communication book.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example about having a seizure monitor in their bedroom, self-medicating, purchasing a wheelchair, consenting to their photographs being used in newsletters and internal presentations, and for consenting to personal care. When people were assessed as not having the relevant mental capacity, meetings to reach a decision on their behalf and in their best interests were carried out appropriately and documented. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual. The CQC had been appropriately notified when DoLS applications had been authorised.

Outstanding ☆

# Is the service caring?

## Our findings

People experienced a high level of care and support that promoted their wellbeing and encouraged them to enjoy a fulfilled life. All the people and their relatives we spoke with told us that they liked the staff and appreciated the way care and support was delivered. Relatives described the staff approach in emphatic terms, saying, "We feel that [X] is cared for and supported brilliantly by all the staff", "The whole team are wonderful with [X]", "Since [X] has been at Gresham House, their confidence has increased and they are demonstrating a greater independent social awareness. They have greater communication skills and is generally a much happier (person). I feel that these achievements have come about as a result of the hard work and dedication of the team at Gresham House" and, "The care and support given to [X] has been exceptional and far beyond our expectations and wishes."

The service was exceptional at helping people to express their views, so staff understood people's perspectives. The staff used creative ways to make sure that each person used individual methods to meet their communication needs. For example, when a person had expressed their fear of fire after seeing a televised news information programme that showed a fire disaster, staff had sat down and discussed with the person and others how they could gain reassurance. They had been encouraged and helped by staff with creating a video about fire safety awareness in the service. The person had enthusiastically engaged in this project, had selected photographs and had been helped to sequence these in a presentation that was led by his voice and his choice of music. It addressed 'dos' and 'don't', what to do in case a fire breaks out, how to get out safely, and showed the location of the assembly point. This creation had a positive impact on the person's confidence who told us this had helped them feel safe. The video had been shown to all people in the service as part of a 'client training programme' at residents meetings. The use of technology was encouraged and people were helped to use a laptop and a computer.

Further videos were used in the service as a way to communicate several procedures to follow. For example, the compliance director had created a video about how to complain, which was fully pictorial and auditory, explaining 'what to do if someone is not nice to you, is noisy, or if you are not happy with your meals', and 'who to tell'. The compliance director had created another video about safeguarding, explaining different types of abuse that included discrimination. They told us, "Plans are in place to introduce video processes to some support plans; an example of this is that we are working with one person who has communication needs in adapting a video in how to style her hair and apply her make up. We also plan to video residents meetings so that people will be able to play these back at their own leisure, as well as sending parents a video of their child doing an activity." We spoke with a person who had wholeheartedly embraced the concept and who had produced a video showing them enjoying a bike ride; two people had participated in a video showing them carrying out domestic tasks. These videos were available for people to view on their laptop or on the service's computer.

The environment supported communication.Clear information was provided to people about the service, in a format that was suitable for people's needs. In the foyer, there was a notice board with photographs of staff showing who was on duty that morning and afternoon. The board included a picture of the day's menu with two alternatives. Also, the name and photographs of four people who had chosen to be 'clients

representatives' and who had taken on checking responsibilities concerning the service, the quality, health and safety, and fire. People held a copy of their individual activities programme in their bedroom, and each was produced in a format suitable to each individual. A person used a picture exchange communication system (PECS) which is a form of augmentative and alternative communication. They had a notice board in their room that displayed numerous PECS pictures and symbols. A 'service user guide' that was easy to understand included photographs of each area of the service and explained each of their function. It stated, 'Each client's quality of life is important to us and by helping you develop your personal skills, we can build on your confidence and self-esteem. We can do this by supporting you to become actively involved in the day to day running of the service, from choosing what to do and what to eat, to helping with the housework.' Staff implemented these values in practice.

Staff went 'the extra mile' to enhance people's experience in the service. For example, when a person had displayed signs of anxiety about having a blood test, staff had held one to one sessions, once a week for the month prior to the test with the person. The sessions had involved using a tourniquet controlling the degree of pressure on the person's arm; encouraging the person to use a stress ball as a distraction; using desensitising cream on both their arms. As a result, the person had become confident and less anxious about having their blood taken.

When the registered manager interviewed prospective staff, people were asked to sit at the interviews and encouraged to ask questions such as, 'how would you arrange a holiday for me', and reported back to the management team afterwards whether the applicant had engaged with them directly and respectfully; showed interest; gave them plenty of time to answer their questions; and whether they were liked. The registered manager told us, "Their point of view is paramount and we would never hire anyone where one resident has any hesitation." People were consulted to check whether they remained satisfied about new staff during and after staff probation period, to ensure staff continued to meet their expectations.

The service used a Disability Distress assessment tool that helped identify distress cues in people who may have severely limited communication. Staff recorded facial signs, skin appearance, vocal sounds, speech, habits and mannerism, body posture and observations, when the person was content or distressed. It included a clinical decision distress checklist and a monitoring sheet. The goal of using this tool was to reduce the number or severity of distress signs and associated behaviours. We observed a member of staff converse with a person who was unable to verbalise. They were able to understand what the person wanted to say by observing their facial expression, body language and stance, interpreting what the person wanted to convey and checking they had understood correctly. They told us, "We know our residents very well, each one has a certain way to tell us what they need and we know each of their ways."

Staff promoted people's independence and encouraged them to carry out tasks autonomously such as making drinks, preparing food and cooking, processing laundry, planning their activities and taking care of their environment. Staff helped people set goals they wanted to achieve and placed emphasis on developing people's skills and confidence. A person's goal was to swim with a member of their family and staff had taken the person swimming regularly to build their confidence, in order for them to achieve their goal.

People and staff interacted positively and it was evident that they had developed close, positive and appropriate relationship based on mutual trust and respect. Staff paid attention to people's psychological and emotional needs and adjusted their approach to meet people's needs. We observed staff playing a board game with people, smiling and laughing appropriately, giving them 'high fives' to encourage them and recognising their success in the game. Staff helped a person access an organ and made sure it was set correctly before they played the instrument. Another person had asked a member of staff to read to them.

The member of staff explained they will be able to do so in a short while. After ten minutes, they sat with the person saying "A promise is a promise" and asking the person to turn the pages as they read. People appeared very comfortable in the presence of staff and a person placed their arms around the shoulders of a staff member giving them a hug. Staff were friendly and respectful in return.

Staff promoted people's privacy and respected their dignity. Staff had received training in respecting people's privacy, dignity and confidentiality. Staff did not enter people's bedrooms unless they were invited to do so and each person living in the service was able to lock their bedroom and hold on to their keys. Staff were able to override this security system in case of emergencies. When people wanted a quiet time by themselves this was respected and staff oversaw their wellbeing in a respectful manner. A person had wished to stay in the visitors lounge and watch movies on their laptop. As this person needed one to one attention from staff, a member of staff accompanied them discreetly and unobtrusively so the person could enjoy calmness away from the rest of the household.

People were fully involved in decision making about their care and support. They participated in the planning of their care and regular reviews as much as they were willing and able to. Creative ways were used to engage people in reviews of their care. People and staff sat to look at videos of their activities, photographs, and people were encouraged to say what had been enjoyable or what had worked well for them, and what did not. One person's video of them vacuuming their bedroom was used at the review of their care to ensure they enjoyed the task and wished to continue. A relative told us, "Transitions and changes are carefully planned for [X] and they are supported to ensure minimal disruption to their day. [X]'s views are welcomed in 'client meetings' and actioned as appropriate. Their medical needs are supported and I am kept well informed of all appointments and any changes to their care."

Outstanding ☆

# Is the service responsive?

## Our findings

People's feedback about the responsive approach of the service described it in very positive terms. Relatives told us the support staff provided exceeded their expectations. They said, "I feel [their loved one] is being supported in a safe and nurturing environment and encouraged to achieve their full potential. As a parent, I feel that my [loved one] is receiving the highest standard of care which is centred around their needs and takes into account their individuality", " [X] has very complex needs and has been fortunate enough to access so many different activities and social occasions together with others from Gresham House. The whole team is wonderful with them and always keep us informed and updated in all aspects regularly" and, "The age/gender mix of staff creates an amazing team. They are always cheerful and have good relationships with all who live at Gresham House."

Professionals visiting the service told us it focused on providing person-centred care and achieved exceptional results. A local authority case manager who oversaw a person's wellbeing in the service told us, "[One person] came from a placement that was very chaotic and refused to go to day services or out, also displayed aggressive behaviours. Since [X] moved to Gresham House they have been the best engaged I have seen them for ages, their room is personalised and very clean and tidy; she access the community for day services and other social engagements and now rarely displays challenging behaviours." The person showed us their bedroom with pride. Staff told us how the person's behaviours had improved as they had been encouraged to go out and take part in activities outside the service.

Staff fully involved people in the planning and reviewing of their care. Support plans showed that people were consulted and were active participants at each monthly review of their care, or sooner when their needs had changed. When a person had wanted to abandon an activity and try another, this was facilitated. Staff responded promptly to changes in people's medical, social and psychological needs. Changes in health were appropriately recorded, communicated with staff and responded to, such as when they may have an infection, an inflammation, or may need routine injections. Action was promptly taken by staff who referred people to GP, community nurses, psychiatrists and neurologists appropriately. A chiropodist and a visiting optician visited the service, and people were referred to a local dentist when necessary, and escorted by staff.

People were given the opportunity to choose a key worker. These key workers were responsible for helping and supporting people to maintain good health and wellbeing, achieve aims and goals, and participate in community based activities.

Staff used innovative and individual ways to respond to the way people felt and to what was important to them . As a result people felt, empowered, valued and that their feelings mattered. Staff were aware of people's likes, dislikes, anxieties or fears. They knew how to meet these preferences and were innovative in suggesting additional ideas that they themselves might not have considered. For example, a person who was prone to recurrent infections needed to increase their fluid intake although they had anxieties about drinking hot beverages during the day. This person was particularly fond of jewellery. Staff thought of placing five bracelets of the person's choice on their wrist, representing one bracelet for each drink the

person made for themselves. Each time the person prepared and drank a beverage, they could remove one bracelet at a time and see their progress in a visual and concrete way. Another person was scheduled to undertake a major scan on hospital. To prepare them , staff showed them a video on the internet, took them to visit the scan room beforehand, suggested they listened to their favourite music during the scan, helped them compile a 'playlist' and made sure each visit was followed by a relaxing time in a coffee shop for a drink and a cake, to make it a more pleasant experience. Staff anticipated the person's mood and had asked the patient liaison service to ensure the same nurse was on duty for continuity of care. As a result of the staff's considerate and responsive approach, the person's fears were alleviated.

The service was flexible and responsive to people's individual needs and preferences. When a person had stayed in hospital for a prolonged period, the provider had ensured staff were available to stay with the person in the ward for 'as many full shifts as necessary' and provide support for the person as well as respite for the parent who stayed at their side. This had provided continuity of care so the person could recognise staff familiar faces and be reassured as a result. The parent told us, "Unfortunately [X] had a long stay in hospital and the staff from Gresham House were very supportive to both [X] and us, as her family. They visited the hospital regularly, attended relevant meetings when required and supplied additional equipment required when discharged. [X] is cared for and supported brilliantly by all the staff. They always respond professionally and efficiently to any requests or queries."

The arrangements for social activities were flexible and met people's individual needs. Relatives spoke to us about their loved ones' "varied and full social calendars". One relative told us, "They are kept stimulated, interested and involved in all sort of activities, and always given the choice." People's activities programmes were bespoke to each person and filled with their favourite occupations that included horse riding, bowling, karaoke, reflexology, trampolining, sensory sessions, music, dancing and visiting nightclubs where people could socialise with others who may have a learning disability. When people had a particular interest in cooking, staff had helped them research the internet and books to create their own recipe book. Staff responded to people's mood and adjusted activities on the day to meet their current disposition. They told us, "Nothing is set in stone, if they want to change their mind on the day and do something other than what was planned, so be it." A person was restless and staff offered them to go for a walk with them. People were able to have holidays of their choosing throughout the year, that included a major holiday in the UK or abroad, shorter holidays and week ends away.

Staff made sure people were protected from social isolation and recognised the importance of social interaction. People were supported to make friends. Families and friends were welcome at any time People socialised with people they met on outings, on holidays, at social clubs or during activities, as well as others from residential or supported living services. They regularly invited friends for tea, coffee, cake or to attend celebrations. People had participated in numerous outings, described in a seasonal newsletter with photographs of people seemingly enjoying themselves. People told us how they had enjoyed going by train to London, sightseeing, watching street artists, visiting the London Eye and Big Ben before watching a theatre show and having a meal. There were regular trips organised to the zoo, an aerodrome, leisure and theme parks, seaside, a national 'pinetum & forest' and a local castle. The service had secured annual passes so frequent visits could be quickly arranged.

People were actively encouraged to take on responsibilities when they wished to do so, and to give their views about how the service was run. When people had expressed a wish to become more involved with the running of the service and take on responsibilities relevant to their individual interests, the provider had created 'quality checkers' roles. People who applied were interviewed and explained clearly what the role entailed. Successful applicants were provided with badges and entrusted to making quality checks in the service or/and in sister services and discuss their findings. Three persons living in the service had become a

fire checker, a quality checker, and a health and safety checker. The fire checker and the health and safety checker ensured all fire procedures were followed and health and safety checks were carried out in the service. These checks included vehicle checks, security checks around the building, and ensuring that all letters got posted, and all plants were watered. The quality checker showed us their checker quality badge and took visible pride in his work. They had completed checks of food, drinks, and activities in the service and visited sister services to compare what they had to offer. All quality checkers consulted their peers and were supported by staff in their tasks if necessary. The quality checkers met quarterly across the services and with the quality director to discuss their findings. These meetings were minuted in an audio tape which was made available to all people who lived in the service.

At the last meeting, the quality checkers had discussed the forms used to carry out these checks and confirmed they were user friendly; they had suggested more checks regarding the decoration, the tidiness of the services, security, laundry arrangements and proposed a health and safety training for people who lived in the service. These suggestions had been followed up and included in the checks scheduled ahead. This allocation of responsibilities meant that people were involved and had a say in how several aspects of the service were run.

In addition, a 'client council meeting' had been scheduled in October 2017 for people to meet with the provider's directors from all sister services if they wished. A poster asked people 'Are you interested in knowing more about Broadham Care and have more say in how the things are run in your house? To ensure the invitation was meaningful and inclusive, the poster included a note for staff to ensure they had read this notice to those people who may have problems understanding it.

The service operated a 'helper of the week' scheme. This had been discussed with people to ensure whether they wished to participate. Once a week, the registered manager and the deputy manager sat with people and talked with them about who had been the most helpful in the service. The helper of the week had their name put up on the information notice board and was celebrated by staff.

The service regarded complaints as part of driving improvement, although there had not been any complaints received since our last visit in 2015. People were encouraged to speak out and presented with a video about the complaint process to help them understand. A relative told us, "As all the staff and the management team are so quick to respond whenever there may be any problems, we just don't have cause to complain."

Every four to six weeks, the registered manager and the deputy manager met with people to check they were satisfied with the service and every aspect of their care and support. In addition, they had a one to one meeting with each of the people living in the service, to give them an opportunity to express themselves freely. At a recent meeting, one person had expressed their desire to have a driving experience and staff were researching how to make this possible and include this in their activities programme.

People received care and support that was thoroughly personalised. Care plans included an 'essential lifestyle plan' that included, 'Who I am', 'Getting to know me', 'Ways I communicate my feelings, 'My likes and dislikes' and 'What is important to me'. The way people preferred their routine was detailed and it was clear that staff and people had spent time together writing these plans and updating them. One person liked fun fair rides, being woken up at a precise time, and eating a certain dessert; another liked airplanes and disliked dogs. A person liked to watch cars being washed and was taken by staff to car wash venues and invited to help staff with washing the service's vehicle. When people had expressed a preference for staff gender, this was included. We saw this was implemented by staff in practice. People were placed at the heart of the service and were involved with their support plans as much as possible. For example, there were

specific support plans to address particular conditions or behaviours, such as a support plan on anger management which included clear guidelines for staff about triggers, the person's involvement, and a plan of action with expected outcomes. The person involved told us they knew about this plan and that they had discussed it with the staff to confirm they were in full agreement with what had been written. Risk assessments had been discussed with each person or in a group, for example for talking about the risks of horse riding.  Care plans were fully accessible to people; one person enjoyed reading what staff had written about them in their daily logs.

Good

# Is the service well-led?

## Our findings

There was a registered manager who had been in post since 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team included a managing director, a care director, an HR manager, the registered manager, and a compliance director. The registered manager was supported by a deputy manager and four senior members of staff. People, their relatives and staff told us they appreciated the registered manager's style of management. When asked whether they liked the management team, a person told us," The managers are all right, I've never had to complain, I would talk to the staff and managers if I needed to". Relatives told us, "We think the leadership team headed by [the registered manager] and [the deputy manager] have exactly what we feel necessary for our [loved one] to live there safely and very happily", "Although there have been many changes to staff over the years that [X] has been living there, the management team, who have consistently been in post, have ensured that this has not had a detrimental impact on successful outcomes for the clients" and, "[X] has a good relationship with the staff, in particular the Manager and Deputy Manager. I have a good relationship with the management team and I feel confident in approaching them and discussing any concerns or worries I have regarding [X]." A local authority case manager who oversaw a person's wellbeing in the service told us, "From my knowledge of the service and the support team there I would have no hesitation in recommending it as an option for anyone who needed 24 hour residential care."

A positive person-centred culture was promoted by the provider, the directors and the management team. The compliance director talked to us about the ethos of the organisation which placed people at the heart of the service and focused on their empowerment. They told us, "We have taken great strides in communication methods and are developing video communication as people respond well to these methods and can be fully engaged in the process." Staff carried with them a card reminding them of the provider's client charter. It was called, 'The Credo' and reminded staff to uphold seven principles of good care practice. The registered manager shared with us their philosophy of care. They told us, "We make it a service, not a care service. We allow our residents to achieve new goals and promote their independence."

Staff told us the management team operated an open door policy and were open to suggestions and ideas. They told us, "[X] is the best manager I have ever worked for. She is helpful, gives advice, and her door is always open" and, "This is very well run. The staff are a happy bunch because they feel well trained, supported and valued; the residents can be as independent as they can, they are able to make their own choices. Everything about this place is lovely; the two managers are very fair, we all get on well, any issues can be raised." The registered manager worked alongside staff as part of the team at least three to four times a month. A member of staff told us, "She is one of us, she understands the challenges we sometimes face, and the deputy manager too as he was promoted from the staff team."

On-going improvement was seen as essential. A robust quality assurance system was in place that included

full audits of the service twice a year and themed audits every couple of months. The compliance director visited the service and sister services at least twice a month to carry out a wide range of checks and audits to ensure compliance with regulations was maintained. This included 'Walk about' checking standards of cleanliness, fire precautions, window restrictors, hot water, security, furniture, garden and kitchen; 'Back to basics' checks on staff practice, staffing levels, care documentation and activities; medicines administration procedures; and themed audits such as a catering audit. The managing director and care director were regular visitors to the service and at times came unannounced to observe practice and meet with people and staff. They knew each person by name and kept abreast of developments in each of the provider's services. In addition, the registered manager and deputy manager carried out a range of weekly and monthly audits such as of medicines, care records, health and safety checks, supervision and appraisal, and staff training. They reported their findings to the head office and the compliance director. The human resources manager audited personnel files and their last audit showed a 99.5% success rate.

Each time an audit was completed where a shortfall had been identified, an action plan was written and monitored until satisfactory completion. For example, a 'client file audit' had identified that one mental capacity assessment was missing in a person's file; and another file was lacking a missing person information sheet. A health and safety audit had identified a thermostat needing replacing and a leak in the loft. These shortfalls had been remedied.

The managing director and registered manager met quarterly to discuss the service. Staff meetings were held every six weeks with senior staff and people who lived in the service. Staff were invited to bring a question or an idea at the meeting. At the last meeting, staff had suggested a new activity that may appeal to a person who lived in the service, such as soft rock climbing with protective straps. As a result, this option was being explored. They also suggested an increase in regard to expenses and this was being considered by the provider. A satisfaction survey had been sent to people's relatives in May 2017. The results of the survey indicated a high level of satisfaction and comments such as, "Gresham is a wonderful care service", "The care and support from all the staff is exceptional; the range of activities and day planning is very well thought through."

Links with community were promoted. People had been provided with bus passes so they could use public transport freely with one member of staff. They were encouraged to socialise outside the organisation, such as meeting others in night clubs and social clubs, and were able to invite friends over whilst staff ensured their safety as much as possible. They held garden parties and pizza-making sessions with peers from sister services.

All documentation relevant to the running of the service and of people's care was very well organised, segregated in coloured folders for easy access, appropriately completed and regularly updated. Policies were bespoke to the service, easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements.