

Norwood

Broadway House

Inspection report

80-82 The Broadway
Stanmore
Middlesex
HA7 4HB

Tel: 07720948169

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Broadway House is a supported living service providing personal care to 26 people at 9 supported living settings. Support is primarily provided to people with a learning disability and autistic people. People live in individual flats and shared houses.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

Right Support

People were protected from the risk of abuse and harm. A positive and person-centred approach was taken to the management of risks to people. Staff were recruited safely and trained appropriately to ensure they were competent for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People accessed specialist health and social care support in the community. Staff supported people to have an active role in maintaining their own health and wellbeing. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff spoke respectfully about people and treated them with compassion. People's privacy and dignity was respected. Staff understood and responded to people's individual needs. People received care and support from the same staff team so that they were supported by staff who knew them well, understood their needs and considered their wishes, goals and preferences. People's care and support plans reflected their range of needs, and this promoted their wellbeing. People and those important to them, were involved in planning their care. People were fully supported to live a life of their choosing and to increase their independence. Staff worked in partnership with health and social care professionals to ensure people had access to the right care and support.

Right culture

The service was well-managed. There was a strong person-centred culture and ethos that valued the individual. The organisation had a culture which put people and their needs at the heart of the service, and this was widely understood and practiced by staff. The service had enough appropriately skilled staff to

meet people's needs and keep them safe. Staff felt valued and there was a low turnover of staff. Management carried out quality checks and made improvements where necessary. Management evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was Good (published 5 April 2019).

Why we inspected

The inspection was prompted in part due to an incident that occurred at one of the addresses. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found evidence the provider had reviewed their risk assessments in relation to this concern to minimise risks to people. Please see the Safe, Effective and Well Led sections of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains good. This is based on the findings at this inspection.

Follow up

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

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Broadway House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors carried out the inspection. An expert by experience made calls to the people who used the service and their families for feedback on the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 9 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had recently been appointed and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 20 June 2023 and ended on 28 June 2023. We visited the office location and 4 supported living accommodations.

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 (PIR). This is information providers are required to send us annually 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 visited the office and met office staff which included the manager, head of operations, director of service and development and the chief executive. We visited 4 supported living settings and met and spoke with 9 people who used the service to get their feedback about the care provided. Each supported living setting had a locality manager that oversees the day to day running of the service. We met 3 locality managers at the supported living settings we visited and also spoke with 3 care staff.

We had phone contact with 7 family members and 1 person who received care from the service to obtain feedback about their experiences. We also spoke with 6 care staff.

We viewed a range of records. This included 8 people's care records and multiple medication records. We looked at 9 staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures. We looked at training records and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded in people's care records. Risk assessments included information about potential risks and details of existing control measures. Each person had a bathing and showering risk assessment in place. However, there was a lack of information about people's individual preferences and a lack of information about how the water temperature was to be checked to ensure consistency. We raised this with management. They told us they were in the process of reviewing these and all would be updated by 21 July 2023.
- People's care plans contained details about about risks that could arise when people expressed distress or agitation. Information about recognising triggers for a person when they might express agitation and proactive strategies for staff to follow to support the person were documented. Staff received training in supporting positive behaviour and in understanding and supporting people when they expressed distress or agitation.
- Housing services carried out a fire alarm/emergency checks and advised these were carried out on a six-monthly basis.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPs provided details about people's communication, mobility and prescribed medicines that could impact on their ability to leave the premises in the event of an emergency. These also included information about how staff should support people in the event of a fire or other emergencies.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to management. They told us that they would not hesitate to do this and were confident that management would take appropriate action.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help ensure people were appropriately protected from the risks of avoidable harm or abuse.
- People told us that they felt safe when receiving personal care. This was confirmed by family members we spoke with. One family member told us, "We are very confident [person] is safe with the carers." Another family member said, "I feel [person] is safe and secure at the home and [person] is in the best place."
- Staff knew people well and understood how to protect them from abuse. Training records showed all staff had completed safeguarding training and staff we spoke with were confident about raising concerns if needed.
- Systems were in place to help ensure people received the support that they needed with the management of their finances. Checks were carried out to minimise the risk of financial abuse.

Using medicines safely

- Arrangements for the safe administration and recording of medicines were in place. There was a policy and procedure for the administration of medicines. □
- Staff had completed medicines training and were assessed for competency in administering people's medicines safely.
- Medicines in supported living services should be stored in people's own flats in accordance with guidance. We found that medicines were stored in this way at the services we visited. Each person had lockable cabinet in their flat where they stored their medicines.
- Some people were prescribed medicines on a when required basis (PRN). There were appropriate protocols in place to advise staff on what circumstances and how to give these medicines.
- We looked at a sample of medicine administration records (MARs) and found these were completed with no unexplained gaps.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- We discussed staffing levels with management. They confirmed that at present there were sufficient numbers of staff to safely meet the needs of people. They also explained that they had sufficient bank staff reserves so that they did not have to use agency staff to cover staff shifts. This ensured that people received consistency and continuity in relation to their care and support.

Preventing and controlling infection

- Staff had received training in infection control to ensure good hygiene practices were delivered during care and support. The provider had supporting policies in place.
- No concerns were raised in relation to infection control and staff practice.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. Staff told us that PPE was always available to them.
- There were systems to ensure that staff compliance with PPE and infection control practice was monitored.

Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. Management investigated incidents and accidents and put actions in place to help minimise future occurrences. Lessons learned were then shared with staff to improve the service and reduce the risk of similar incidents.
- Staff were encouraged to discuss any safety concerns and review these at meetings. This was to ensure information was openly shared so that people's care would continue to improve in response to any concerns they may arise.
- Management analysed incidents and accidents to identify trends and patterns to reduce the likelihood of their reoccurrence.
- Management were aware of their responsibility to notify the CQC appropriately of incidents that had

occurred.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 care and support records showed that the provider had comprehensively assessed their needs with their involvement and when applicable their family members' participation.
- Care support plans were personalised and reflected people's needs and aspirations. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This helped ensure that their individual needs could be met by staff supporting them.
- Guidance was in place for staff to follow to effectively deliver personalised care and to provide people with the support that they needed to achieve their future wishes and goals.
- People's care and support needs were regularly reviewed with their involvement and were updated when there were changes in their requirements and wishes.
- Nationally recognised assessment and support tools were used and followed, such as positive behaviour support plans.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. Wherever possible, staff were matched with people to ensure people received the right support by staff who had the most experience to meet their individual needs.
- People and family members were complimentary about the skills and knowledge of care workers. One family member told us, "The carers seem to understand [person]. They know how to behave with [person] and how best to care for [person]." Another family member said, "We have great admiration for the way they work with [person] and with how they treat him."
- Staff received ongoing training and management support to help them fulfil their duties and to effectively meet people's needs. They had completed essential training in areas which included moving and handling, safeguarding adults, infection control, medicines and first aid. Staff also received specialised training in supporting people with a learning disability, autism and positive behaviour support. Newly recruited staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Staff received supervisions and appraisals which enabled them to discuss their concerns, progress at work and share their ideas for improvements.
- Staff spoke positively about working at the service and told us that they felt supported by their line manager and management generally. When speaking about management, one staff told us, "They are very, very supportive here." Another staff member said, "I feel well supported. The manager makes my questions feel valid."

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

- People received support to eat and drink in line with their needs and preferences. People had a detailed nutrition and hydration care plan in place which described the level of support they needed, set out clear goals and documented their preferences.
- People were supported to take an active role in their nutrition and fluid requirements. People were encouraged to food shop, devise menus and cook healthy and nutritious meals in order to help with the development of life skills.
- People told us the support they received met their needs. People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have maximum control over their lives.
- People were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld. Assumptions were not made about people's capacity. Staff regularly assessed whether people had capacity to make particular decisions and involved relevant others when required such as health professionals and family members.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Care plans listed in which specific areas of support decisions had been made for a person. This was in line with best practice as it advised staff that a person had capacity to make decisions in other areas.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to access healthcare services and seek out support if they needed it. Where required, staff helped people to attend appointments with health care professionals to support their wellbeing and help them to live healthy lives.
- There was information recorded in care documentation to show staff had contacted other healthcare professionals on people's behalf when they required further advice and support.
- Where appropriate, people's representatives were updated about people's health and wellbeing.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Leadership, management and governance of the organisation was well embedded. This helped ensure the delivery of high-quality, person-centred care. There was a strong commitment to promoting independence, equality and inclusion.
- People and family members spoke positively about staff and the management of the service. They said both were visible and approachable. One family member told us, "Dialogue is always open with management, they are available and approachable. They respond in good time if emailed." Another family member said, "We feel they are a strong team that work there. They are all very caring. [Person] can be challenging and they show great patience with [person]."
- Staff spoke enthusiastically about their work for the provider and expressed a commitment to people's wellbeing. They informed us that there was good communication and worked well together. One member of staff said, "There is good team working. I feel comfortable asking for help and assistance to the team." Another member of staff told us, "My [locality] manager really listens and is very much involved in the running of the service. We work together as a team. This has such a positive impact."
- Communication systems and the structure of the organisation supported staff to focus on the people they supported. Meetings provided the opportunity for discussion that reinforced the values of the organisation.
- Staff delivered good quality support. We saw this reflected during our observations on the day of the site visit.

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

- Inclusivity was an important aspect of the care provided to people. There was a commitment to ensure people, staff and others were involved in the running of the service.
- Staff spoke positively about communication within the service. Staff had regular contact with their locality manager through individual supervision meetings and regular team meetings. One member of staff told us, "There are lots of avenues for communication here so we can talk openly. It is easy to communicate."
- People and family members told us they had opportunities to provide feedback about their experiences and raise concerns. They were encouraged to openly discuss these through review meetings, resident's meetings and satisfaction surveys.
- Strong links with the community meant people were an active part of their community. Regular events were organised which enabled people to socialise and included a carnival and town hall party.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management were aware of the importance of being open, honest, and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us.
- The management team demonstrated a commitment to provide high quality and person-centred care that met people's needs in a timely way.

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

- Staff were motivated and felt valued working at the service. All the staff we spoke with said they had great job satisfaction and were supported to develop their skills, empowering them to drive improvements and new initiatives.
- There was an organisational structure in place. Staff were provided with information on what was expected from them and this was detailed in their job descriptions. They told us they received up to date information.
- Management were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback relating to risk assessments, which they immediately acted on.

Continuous learning and improving care

- Systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at various aspects at each supported living address. Checks included care records, MARs and maintenance. These were carried out monthly by the locality manager. Head office also carried out a comprehensive quality reviews at each supported living address. These audits checked various aspects of the running of the service which included care records, medicines management, staffing and record keeping.
- Important information and updates were shared with staff. Locality managers had regular meetings with their team and also with other locality managers to share information and drive improvement.

Working in partnership with others

- There was evidence the service maintained a good working relationship with health and care services to enable multi-disciplinary teamwork. Management knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority.