Cambian Care Services Limited

Broughton House and College

Inspection report

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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

This inspection took place on 6 January 2016 and was unannounced.

Broughton House and College specialises in the care of people who have a learning disability. Number 12 High street provides accommodation for up to 5 people who require personal acre and support. On the day of our inspection there were five people living at the home on a permanent basis.

At the time of our inspection there was a registered manager in post. 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.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place.

There were sufficient staff available to support people, this was usually on a one to one basis. A recruitment process was in place.

Medicines were stored and administered safely. Medicine administration records (MAR) were completed fully.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to other healthcare professionals such as an occupational therapist and GP.

Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to leisure activities and excursions to local facilities. People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. We saw that people were involved in making decisions about their care and how their day was managed. Staff felt able to raise concerns and issues with the registered manager. People were encouraged to raise issues both formally and informally.

The provider had a complaints policy in place and used a variety of methods to gain people's views about the service.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

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.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

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

Is the service caring?

Good

The service was caring.

There was a pleasant atmosphere in the home and staff were kind and caring to people.

People were involved in making decisions about their care.

People's privacy and dignity was protected and staff were aware of people's need for privacy.

Is the service responsive?

Good

The service was responsive.

People had access to leisure pursuits and participated in the local community.

People had their needs regularly assessed and reviewed. People were regularly involved in these reviews.

People were supported to raise issues and concerns and be involved in the running of the home.

Is the service well-led?

Good

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

Broughton House and College

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 planned to check whether the provider was 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 inspection took place on 6 January 2016 and was unannounced.

The inspection team consisted of two inspectors. Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, the deputy manager,one member of care staff and two people who used the service. We looked at two care plans in detail and records of training, complaints, audits and medicines.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Staff were aware of the signs of abuse and of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. We saw from the training record that staff had received this training. They said there was a policy which stated that they had to report any incident within an hour and said they would report concerns to the manager or their deputy. They also told us if necessary they would go to the provider and social services. One person told us they had reported a concern to the deputy manager and the issue had been dealt with. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. Information on triggers and other factors to be considered was included in the risk assessment. For example, risk assessments were in place for people accessing the local community. The provider consulted with healthcare professionals when completing risk assessments for people, for example, the occupational therapist. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Staff told us that they knew the people they cared for well and could anticipate issues and avoid them escalating. They gave an example of a person who could exhibit challenging behaviour in public places on visits and the responses they gave to the person to avoid the issue occurring and escalating. Accidents and incidents were recorded and investigated to prevent reoccurrence.

There were sufficient staff to meet people's needs. People we talked with said there was always staff there when they needed them. Staff said they felt there was enough staff to provide the support people needed. They said there were normally able to work on a 1:1 basis with people as there were five staff and five people using the service. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

We observed medicines being administered to two people and saw the appropriate checks were made against the Medicines Administration Record (MAR). Staff gained the cooperation of people to take their medicines providing explanations as necessary. MARs contained a photograph of the person to aid identification and a record of allergies. We checked the MARs for all the people using the service and found that they had been completed consistently. There was no evidence of gaps in administration.

Staff who administered medicines told us they had completed training in medicines management and had annual competency checks. One staff told us they had had their competency checked within the last two months and the new unit manager was undertaking competency checks of all staff. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed. Medicines were stored safely in line with requirements in locked cupboards.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. A person who suffered with epilepsy and experienced frequent seizures said staff knew how to look after them when they had a seizure and they had confidence in the staff looking after them.

Staff told us they had completed their mandatory training which included areas such as, food hygiene and infection control. However, they said most of the training was computer based and they felt staff gained more benefit from face to face training. One staff member gave an example of how they had felt they had gained much more from recent specialist training which had involved discussion and practical involvement. We spoke with the registered manager about this who told us that they were looking at having more face to face training. We saw evidence of plans for this. Staff also told us that they would like more access to additional training for their personal development. An induction programmed was in place and the assistant manager said they had completed the provider's management induction course and found this useful. Staff told us they had supervision every six weeks and these were generally helpful. One staff said, "We always have a voice in supervision." We saw that appraisals had also been completed on a yearly basis. Appraisals are important because they facilitate discussion between staff and their manager about performance and future training requirements to ensure staff are appropriately trained and supported.

People who used the service told us that they enjoyed the food at the home. We saw there was a menu displayed and we saw there was a five week menu cycle. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. They told us that food was prepared by staff and people using the service. They said it was easy to ensure their individual preferences were catered for. We saw there were always alternatives to the main meal shown on the menu and staff said if a person did not want anything on the menu they would take them to the kitchen and let them identify what they would like to eat.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met, for example people with diabetes. One person had a severe food allergy and information about this was clearly displayed to remind staff. The staff we talked with were very aware of this and the implications for the person. Nutritional assessments had been completed for each person. Information about people's dietary preferences were also available in their care records.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. One person told us they had been to the hospital for investigations of a health problem and they said they had also been to the dentist recently. We saw that people had accessed health screening and the provider made appropriate referrals when required for advice and support. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. Each person's health needs were documented in a separate folder which included a hospital passport for use in the case of an admission to hospital to provide information about the person and their support needs. There was a plan for the management of people's health issues such as epilepsy. Where plans indicated that specialist equipment was needed this was in place.

We saw people being offered choices, for example, if they wanted assistance and what support they wanted. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. When people did not have the capacity to make decisions about specific aspects of their care and support, mental capacity assessments had been completed and a record of how the best interest decision had been made was documented. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We saw evidence of DoLS applications having been submitted and DoLS authorisations being granted for people as they were the subject of 24 hour observation and they did not have the freedom to leave the service unaccompanied.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Both people we spoke with told us they were happy at the home. They told us that they liked the staff and no one was unkind to them.

We observed staff interacting with people in a caring and supportive manner. They knew the people they cared for and tried to ensure they acted in accordance with their wishes by communicating with them. They encouraged people to interact and gave them reassurance to reduce any anxiety they experienced. People were relaxed and comfortable with the staff. We observed they looked to the staff for reassurance and support when they were unsure and this enabled them to have the confidence to undertake activities and participate more fully.

We saw that caring relationships had developed between people who used the service and staff. We observed that people asked staff for support with daily tasks and advice and that staff responded in a positive manner. There was a pleasant atmosphere in the home. People were encouraged to maintain their independence by being responsible for managing aspects of their daily life for example, assisting with preparing meals, shopping and visiting the local community.

We saw people being involved in the running of the home, for example, laying tables, cleaning cupboards and ironing. This provided an opportunity for people to feel of value and have a meaningful life. We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example, on the day of the inspection people had been to the supermarket to do the food shopping and choose what food they would like for their meals.

We found that the care planning process centred on individuals and their views and preferences. Staff explained how they involved people in the review and planning of their care. Reviews of care plans were carried out with the person and other professionals and relatives if people wished. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care.

We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. We saw that people had keys to their rooms where appropriate and staff supported them with the use of their keys. For example, one person showed us their bedroom and afterwards staff asked them if they wished to lock their bedroom. Bedrooms had been personalised with people's belongings, to assist people to feel at home. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example, during our visit people were asked what they wanted to do. People told us that they were looking forward to a trip to a local pantomime and we saw that people were given a choice as to whether or not they wanted to go.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example, people told us that they went to the leisure centre to swim.

The home had access to transport and used this to maintain links with the local community. We saw that people accessed both the village facilities and the local town. People enjoyed a large variety and range of activities including visiting a hydrotherapy pool, sports, baking and cooking and walks. We saw evidence that people's individual interests were identified and that activities reflected these. Each person had an activities timetable which they were involved in developing. The people we spoke with were enthusiastic about the activities on the timetable and said they looked forward to them. Their reactions and comments indicated that the activities gave structure to their day which contributed to their well- being.

We talked with a member of staff about ways they identified people's interests and activities they enjoyed when they had limited communication. They gave an example of one person who had come to the service recently and they said they had tried taking them to everything and giving them the opportunity to join in and identify the activities they enjoyed. They said that even if someone did not want to join in an activity they sometimes enjoyed watching and they enjoyed the bus journey and the other aspects of the trip. They told us they tried to take people out into the community as much as possible, "So they have the opportunity to experience things."

The registered manager told us that people were involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. They explained that this didn't need to wait for a formal review and could be prompted by either staff or people. We looked at care records for people who used the service. Care records included risk assessments and personal care support plans. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. For example, where people had specific needs such as the need for specialist medicines and support this was detailed in the care records to ensure that staff were aware of how to provide care to people. People and their relatives were involved in the reviews. When we spoke with staff they were able to tell us about the changes and the choices people had made.

We saw pictures and symbols were used in a number of documents including an abbreviated care plan, menus and activity schedules to assist people to understand their care plans. However we noted that some of the pictures were very small and were not of familiar objects such as photographs of the meals provided. We saw a communication aid had also been used with a person in order to seek their views on a range of

issues relating to the service. However it was recorded that the person did not appear to fully understand the activity and the views obtained may not have been reliable. We spoke with the registered manager about this who said that thy would look at alternative resources. We were told staff tried a range of different approaches to aid communication with people using the service and gave an example of how one person had been provided with computer which they were using successfully to aid their communication. A communication grab sheet was available in each person's care record to provide key information about the person's communication support needs.

Information about how to complain was available in words and pictures and displayed in the home. A meeting was held on a regular basis where people were encouraged to discuss issues and concerns. The manager kept a log of complaints and reviewed this on a regular basis in order to identify any trends. At the time of our inspection there had been no recent complaints.

Good

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff told us they felt the management team listened to their concerns and acted on them where possible. Meetings were held on a regular basis to discuss issues which impacted on all areas of the running of the home. The registered manager told us that staff were encouraged to raise issues at these meetings.

Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they would feel comfortable raising issues with the registered manager and the provider. The provider encouraged regular feedback and used a variety of methods to ensure that people were able to comment on the service. Methods included questionnaires.

Surveys had been carried out with people who used the service and relatives. We looked at the results of the survey and saw that the comments were positive. Meetings were also held for people who used the service to enable them to be involved in the running of the home. We saw that at previous meetings issues such as menus and the Christmas concert had been discussed.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as medicine records, cleaning and accident reports. We saw the records of the checks identified when actions were required and when they were completed.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. The home had developed links with the local community and supported people to use the local amenities. The registered manager told us that this included the village facilities such as the village shop and doctors surgery and also the local town facilities such as the leisure centre.