

# Broadham Care Limited







# Martham House

## 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	

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Martham House is registered to accommodate up to nine people with learning disabilities, focusing on people with autism

specific disorders. The premises are purpose built and comprise nine en-suite bedrooms, bathrooms, kitchen and communal areas. There were nine people living at the home on the day of our inspection.

The registered manager and deputy manager were present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

# Summary of findings

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. Each person had a comprehensive set of support plans and risk assessments tailored to their individual needs. These plans highlighted any additional areas of support needed and involved the opinions of experienced staff, professionals and members of the family. People and their relatives confirmed that they had been involved, or had the opportunity to be involved, in assessments, care planning and reviews. One person told us “I have a care plan and staff talk about it with me.”

People told us they felt safe. Relatives said they felt confident and reassured that their loved ones were safe. One relative told us “Having a child in care, they are always going to be on your mind. However, I can honestly say that I now have the peace of mind knowing my son is safe and secure here and his needs are being met.”

The deputy manager told us that an individual’s dietary requirements formed part of their pre-admission assessment and people were regularly consulted regarding their food preferences. Menus and people’s individual nutritional requirements were regularly discussed during residents’ meetings. Healthcare professionals, including speech and language therapists and dietitians, had been consulted as required.

People were provided with choices such as whether they wished to join in with an activity and they told us their choices were respected. They had the opportunity to take part in a range of social and recreational activities, reflecting their interests and preferences, both in and outside the service.

Due to the complexity of their behaviours and needs and to ensure that individual behaviours were managed

appropriately, there were detailed support plans in place which had input from the local physical and learning disability teams and behaviour specialists. People were also registered with local GPs and had access to other health care professionals, including speech and language therapists, practice nurses and physiotherapists, as required.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up to date and staff were encouraged and supported to develop their practice knowledge and skills of staff.

Staff told us that communication throughout the home was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they had received comprehensive training and support and consequently felt confident in their roles. Staff also told us they received regular formal supervision and felt valued and supported by the manager and deputy manager, who they described as “brilliant” and “very approachable.”

As well as regular “clients’ meetings” and satisfaction questionnaires, we saw examples of various internal quality monitoring audits, which the manager carried out on a regular basis, including care planning, medication and staff training. The manager told us that they operated an ‘open door policy’ so people who used the service, staff and visitors to the home could discuss any issues they may have.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were protected from abuse and avoidable harm. They told us that they felt safe living at Martham House. People had individual assessments of potential risks to their health and welfare and these were reviewed regularly.

There were sufficient staff, with the necessary skills and competencies to meet people's complex care and support needs. Recruitment practices were safe and relevant checks had been completed.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how to involve appropriate people, such as relatives and professionals, in the decision making process if someone lacked mental capacity to make a decision. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Good



### Is the service effective?

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

Support plans were detailed and incorporated individual health and personal care needs. Plans were reviewed regularly to ensure that people's identified needs were monitored and managed..

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The staff worked effectively with healthcare professionals and were pro-active in referring people for further diagnosis and treatment.

Good



### Is the service caring?

The service was caring. Staff involved and treated people with compassion, dignity and kindness.

Communication between staff and people was good. Staff were caring towards people and their relatives and spoke with them in a kind, sensitive and respectful manner.

People were treated as individuals. Their privacy and dignity was respected. They were regularly asked about their choices and individual preferences and these were reflected in the care and support they received.

Good



### Is the service responsive?

The service was responsive. It was organised to meet people's changing needs. The views of people using the service, their relatives and other visitors were welcomed and informed changes and improvements to service provision.

As far as practicable, people were involved in making decisions about their individual care and welfare. Their individual – and often very complex - care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment they received.

People were protected from social isolation by staff being aware of individual interests and preferences and ensuring that activities reflected personal choices.

Good



# Summary of findings

A complaints procedure was in place and people told us they knew how to make a complaint if necessary. They were also confident that any concerns would be listened to and acted upon.

## Is the service well-led?

The service was well led as the manager and deputy manager assured the delivery of high quality personalised care that supported learning and promoted a stimulating environment and an inclusive culture.

Effective systems were in place to gather the views of people using the service and their relatives, including regular 'clients' meetings.'

Leadership was visible and efficient. Staff were supported to question practice. They told us the management of the service was good, always approachable and very supportive.

We saw evidence the service worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

**Good**



# Martham House

## Detailed findings

### Background to this inspection

The inspection team consisted of an inspector, an expert by experience, (with personal experience of living with a learning disability) and their supporter. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with four people living at the home, three care staff, the registered manager, deputy manager and the Compliance Director. As part of the inspection process, we also spoke with three relatives.

Before the inspection we checked the information that we held about the service and the service provider. We found that no concerns had been raised since the previous 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.

Some people with complex physical or psychological needs had little or no verbal communication. As they were

unable to tell us about their experiences and in order to get a better understanding we spent time with people and observed care practices. We looked at all areas of the building, including people's bedrooms, and the communal areas. We also spent time looking at four people's care records.

The last inspection of this service was on 25 April 2013, where no concerns were identified.

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

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

# Is the service safe?

## Our findings

People told us they felt safe living at Martham House.. One person told us “There’s nothing I don’t like about living here.” A relative told us, “I like to think he’s safe there. They treat him very well and he’s very happy – and so are we.”

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Risk assessments were completed when required and included medication and nutrition, risk of choking and travelling in vehicles. The manager told us risk assessments formed an essential part of the care planning process. These highlighted the risks and hazards and identified strategies to be taken to manage or minimise these risks and to promote people's safety. Staff told us if they noticed changes in someone's behaviour, they would report to one of the managers and a risk assessment would be reviewed or completed. This was supported by care records..

We observed one person who became agitated, displaying some behaviour which challenged others. Staff responded promptly and appropriately, in accordance with the guidance in their care plan, by calmly distracting the individual. We saw that this intervention had the effect of reassuring the person while at the same time safeguarding others in the immediate vicinity. The person was reassured and safe, . Staff told us they had received training to manage behaviours that challenged others. They were able to describe clearly this person's behaviours, triggers and techniques they used to support them.

Staff had training and information they needed to help ensure people were as safe as possible. They had completed training relating to safeguarding adults at risk as part of their induction and regular refresher training. Staff told us they had also completed other training related to the safety and protection of people, including health and safety, first aid and food hygiene.

Staff had received training in safeguarding adults, and this was part of a rolling programme that ensured regular updates. Staff had a good understanding of abuse and the types that may take place. They were aware of reporting procedures should they have any suspicions or concerns. There was a safeguarding adult's policy in place for staff which gave guidance on what constituted abuse and how to report it. Staff were also aware of the importance of

disclosing concerns about poor practice or abuse and were aware of the organisation's safeguarding and whistleblowing policies. This helped ensure, as far as possible, the safety and welfare of people living in the home.

Staff had received training on the MCA and DoLS and this was updated on a regular basis. Staff told us how they explained what they wanted to do and gained consent from people before carrying out any personal care tasks. People confirmed that care staff always gained their consent before carrying out any tasks. Staff were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests.

People and their relatives confirmed there were enough staff working at Martham House to meet people's care and support needs, safely and consistently. One relative told us “There always seems to be enough staff around and it's quite a stable team now, who know all the clients and know what they need..”

Recruitment practices were safe and relevant checks had been completed before new staff started work. Staff contained evidence that Disclosure and Barring Service (DBS) checks had been completed. (The DBS checks have replaced the Criminal Record Bureau (CRB) disclosures.) We saw that the application forms had been completed appropriately and in each case a minimum of two references had been received.

The manager confirmed the safety of the clients at Martham House was paramount to everyone that worked there. They told us “We ensure that our recruitment processes are robust and that the expectancy of the staff is clear, in their job descriptions and in the company's policies and procedures..” They also said that all new staff underwent a thorough induction process and initially “shadowed” more experienced colleagues, when supporting people. Staff confirmed this. They said they had been introduced to people and their individual, and often complex, care and support needs and routines had been explained. They also told us that they had been made to feel very welcome, supported and consequently now felt confident to do their work.

# Is the service effective?

## Our findings

People spoke highly of the service, the support staff and of the care they received. One person told us, “Staff are not too bad they look after me well. I sometimes help with the cooking and we all have a say in what’s on the menu. I’m a bit of a freak when it comes to food – I like marmite with jam.” A relative told us “Emotionally my son is very happy.” Another relative told us “Having a child in care, they are always going to be on your mind. However, I can honestly say that I now have the peace of mind knowing my son is safe and secure here and his needs are being met.”

The manager confirmed that comprehensive pre-admission assessments were carried out and risk assessments and support plans were developed from this. They told us “Plans are reviewed on a monthly basis to ensure they are suitable and effective for the client. They are focussed on future goals and building on their independence. “ They added that any changes to the plan were discussed with the clients who, if practicable, signed the plan to confirm they agreed with any new measures put in place.”

People’s health and social care needs were assessed and they told us staff understood and provided the care and support they needed. People’s care plans were detailed and incorporated all of their identified health and personal care needs. The plans were reviewed regularly to ensure that they accurately reflected a person’s ongoing and changing needs. People told us they were involved in their individual assessments and felt that they were listened to. One person said “The staff here know my needs”. Another person said that they felt that all the staff listened to their choices and views during their assessments.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. We were told by a member of staff that all

people were registered with local GPs and had access to other health care professionals as required. It was noted in the care plans that all appointments with, or visits by health care professionals were recorded.

People’s care, treatment and support reflected their identified needs. The manager told us that all new staff received comprehensive induction training in conjunction with Skills for Care (Common Induction Standards). We saw training records and a copy of the current training schedule for the service, which indicated that all staff had received appropriate training in all essential subjects. Consistent care was delivered by a staff team who had worked together for many months and were confident in their roles and aware of people’s routines and individual support needs.

Staff told us that they felt valued and supported by the manager and deputy manager. One staff member said “Everyone is so friendly and supportive here and the clients are just amazing. They are the reason why we’re all here.” Staff confirmed that relevant training was provided on a regular and on-going basis. They told us that morale amongst the staff was “very good” and communication throughout the service was very effective. As well as comprehensive handovers at the start of each shift, staff meetings were held regularly and covered any issues raised or best practices shared. This was supported by the minutes of recent staff meetings.

People’s nutritional needs were assessed and recorded accurately to ensure people were protected from risks associated with eating and drinking. We saw that people were consulted about their food preferences each day and were given options. One person described the food as “Very good.” Another person told us “I like it (food) – I love rice pudding.” During lunchtime we observed staff providing sensitive and discreet support to people, as necessary.



# Is the service caring?

## Our findings

People and their relatives spoke positively about the kindness and caring approach of the staff. Staff routinely involved people in their individual care planning and treated them with compassion, kindness, dignity and respect. One person told us that staff were “Good people, kind and friendly.” Another person told us “No problems, I am very happy here,” and described the staff as “kind and caring.” People also said they were offered choices and confirmed staff knew about their preferences and daily routines. Relatives and friends were able to visit at any time. One relative told us “I think the staff are wonderful and do an amazing job. I sometimes ask them about what training they’ve had recently or what they’ve been doing. We all get on very well.”

Communication between staff and people was sensitive and respectful. People were supported with consideration and gently encouraged by staff to express their views. We observed that staff enthusiastically involved people as far as possible in making decisions about their care, treatment and support, including which activities they wished to take part in. This level of energy and enthusiasm was evident throughout the service and people responded very positively. A member of staff told us “As you can see there’s a really good atmosphere here and we all get on really well. Most of the time we eat our meals with the clients. It’s their home and we’re part of it.”

The manager told us that a caring environment was of “paramount importance to the clients in our care.” They told us “During their induction new starters shadow a more experienced member of staff and gain a good understanding of the clients’ routines and support needs.” They also told us new staff read individual support plans and risk assessments to ensure a consistent approach and consequently “the house’s caring ethos is spread from one individual to another.”

People and their families confirmed they were involved in the assessment and care planning process. This enabled the staff to identify people’s care preferences. One relative told us, “I am involved in care plan reviews whenever I am able to.” When they were admitted, people and their families were provided with information about the service, in a format that met their communication needs and their ability to understand, including pictorial and easy read formats.

People told us they were listened to and involved in planning and reviewing the care and support they received. One person described how their care plan had been discussed with them by their keyworker. They told us “I have a care plan and my keyworker has talked to me about it, so I know what’s in it.” Another person told us “If I had any problems I’d talk to staff. We’ve all got our own keyworker to speak to. A relative told us “My son has a very good keyworker, who we all like very much. Sometimes when she’s not working he can get anxious, but obviously she can’t be there all the time.” Another relative told us “We have no concerns. The family are very strong advocates for (name) and we are regularly involved in his reviews.”

The deputy manager told us “Privacy and dignity are very important and it’s something that we promote here. We also try to make people as independent as possible – as independent as they can be.” People told us they felt staff respected their privacy and dignity at all times. One person described how important their privacy and independence was and how this was respected by staff. They told us “I have a key to my room so I can lock it when I’m not there. I don’t want anyone else just wandering in. If I’m in the room and staff want to speak to me they always knock.” We observed staff always knocked on bedroom doors and waited before entering. People said that staff were kind and polite and we observed that staff assisted people with their care in a sensitive and an unhurried manner.



# Is the service responsive?

## Our findings

One person said “The staff here all know what I like and what I need”. We were told by one person that they felt “involved” and that the staff listened to them. One relative told us “I like to be kept informed. Whenever I can I attend the reviews and have a good relationship with the staff, particularly the keyworker.” Another relative told us “ They do listen. A little while ago I reported that one of the security lights at the front of the building wasn’t working – and the next time I came, it was.”

People’s care, treatment and support was personalised and reflected their assessed needs. The manager confirmed that risk assessments and support plans were reviewed every month or when there was any significant changes to a client’s care needs or condition. This ensured that any changes were accurately reflected in the support they received. The manager said staff were made aware of any such changes and signed to that effect. They told us “Each client will also have an annual review with their parents and care manager to discuss their ongoing needs and how they feel the plans are working.”

The manager explained that if a person could not contribute to their care planning, a ‘best interest meeting’ would be held with relatives, staff and other professionals, to agree the most appropriate care and support needed – in the individual’s best interests. We saw records of best interest meetings in care plans..

People told us they knew how to make a complaint but this had not been necessary. The manager confirmed that all complaints were dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us that to ensure the complaints procedure was suitable for those clients that can not read, The Provider, Broadham Care, was developing a new pictorial system so clients could have more of a say if they were unhappy with any elements of the service. In addition to this, Broadham Care was completing an evaluation of all complaints to see what lessons could be learnt for the future. People told us if they had any issues or concerns they would speak to the manager or deputy manager and

“something would always be done.” One relative told us “I have experience in care and I wouldn’t hesitate in raising a concern, if necessary. I am also confident that I would be listened to.” .

There were various personalised activities available within the home and the local community. The manager told us “Each client in Martham House had a detailed activity planner which, amongst other things, consists of a meaningful activity in the community once a day. Wherever possible, each client is encouraged and supported to be involved in their activity timetable, so that their interests and hobbies can be catered for.”

We saw an individual activity schedule displayed in each room and people confirmed that they had been directly involved in selecting activities that reflected their interests and preferences. These social and recreational interests were also recorded in individual care plans that we were shown. One person told us “I play snooker and pool. I’m really good at snooker. Sometimes I stay in my room and watch TV or go on the computer. I don’t go the day centre, that’s too childish. I like to go to a club or social activity with people my own age.” A member of staff told us that, in accordance with their wishes, people were also encouraged and supported to attend the local college and day centres and visit local facilities such as gyms, theatres, shops, restaurants and pubs.

Individual health action plans and hospital passports had been developed for each person. A member of staff explained that if someone required treatment in hospital, this would provide doctors and other health professionals with specific information regarding the individual’s identified care and support needs.

We saw that each room was personalised to reflect the individual’s preferences and interests. One example of this was a room ‘dedicated’ to Elvis, with walls covered in pictures and posters of the main man. The person whose room it was proudly told us “I like Elvis. I listen to Elvis now and again and I’ve got five videos of him as well. I’ve got a statue of Elvis in my room that moves and sings.” We saw that all the rooms were decorated to a high standard and these standards were maintained, according to the manager “in order to ensure that the environment is a pleasant one to live in.”

# Is the service well-led?

## Our findings

The atmosphere at Martham House was welcoming, friendly and stimulating with an energy and real buzz about the place. Staff were friendly, motivated and enthusiastic. People and their relatives were aware of the management arrangements and felt there was effective leadership within the service. Relatives told us “It is well-led, everything seems organised and as far as I’m concerned, the manager is a very good manager”. Another relative told us “I’m very satisfied with the care and support that my son receives and he is obviously very happy, which is all that matters to us. I have 100% confidence in the manager and all the staff. We really appreciate all they do.” Staff described the manager and deputy manager as “approachable” and “very supportive.” They said, “They are brilliant and absolutely dedicated to the clients. The place really wouldn’t be the same without them.”

People told us the home was friendly and the management was visible and approachable. A relative told us “The manager or deputy manager is usually around when we visit and everyone seems very friendly and approachable.” We saw that communication throughout the home was open and friendly. People and their relatives said they were asked for their views about the service. They told us they felt “informed” and had the opportunity to be involved in care plan reviews.

The service had a clear ethos, as set out in their mission statement: The manager confirmed that the ethos and values were shared by all Martham House staff and management and were discussed and reinforced during team meetings and individual supervision.. They said that new members of staff were introduced to these values as part of their comprehensive induction programme. This was confirmed by staff we spoke with.

Staff spoken with were motivated, enthusiastic and confident in their roles. They told us they felt valued and supported by the managers. They were aware of the

Whistleblowing procedure and told us that they felt sure that they would always be listened to and their views would be taken seriously and acted on. Staff described the open and inclusive culture within the service and said they felt “very much involved in what goes on.”. They told us communication was good and they were comfortable to talk directly with the manager or deputy manager. They also told us there were good support systems, including formal supervision and regular staff meetings, where any issues or concerns could be raised and discussed.

The manager emphasised the importance of quality monitoring and told us they frequently carried out a range of internal audits, including care planning, medication and staff training. We were shown examples of these audits. As part of their governance structure, used to “drive continuous improvement,” support was also provided by senior management. During the inspection, we spoke with the Compliance Director who confirmed that they worked closely with the managers at Martham House, to ensure quality assurance of services delivered. They spoke very highly of the registered manager, who they described as “A top man and committed to ensuring the best for each person in the home.”

Effective systems were in place to gather the views of people and their relatives, including regular “client’s house meetings” and annual satisfaction surveys. The manager told us the views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision. They added that in addition to the complaints procedure, they operated an ‘open door’ policy and people, their relatives and any other visitors were able to raise any issues or concerns they may have. Other formal systems of obtaining feedback included regular “Clients’ house meetings” and annual satisfaction surveys. We saw minutes of recent meetings and were shown responses from recent surveys, which showed satisfaction with the care and support provided. We also spoke with relatives who confirmed they had completed questionnaires regarding their views on the service.