CAS Care Services Limited

Broughton House and College

Inspection report

Brant Broughton
Lincoln
Lincolnshire
LN5 0SL

Tel: 01400272929
Website: www.cambiangroup.com

Date of inspection visit:
03 January 2018

Date of publication:
13 February 2018

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 visit took place on 3 Jan 2018 and was unannounced. Broughton House and college is a care service. It has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service is registered for 30 people, at the time of the inspection 27 people were using the service. Broughton College and House is set in small village in the Lincolnshire countryside. The large house is set in its own grounds with parking to the side and rear. The house is divided into five units supporting small groups, each providing communal lounges and dining space. 'Arts and crafts and computers were accessible to people within the communal area

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care. All staff were recruited to ensure that they were safe to work with people. There were sufficient staff to meet individual's needs. Risk assessments had been used to consider the levels of risks and to provide guidance to reduce the risks. Medicine had been managed safety and provided to people in line with their prescriptions. People were protected from the risk of harm and lessons were learnt when mistakes happened.

The care that people received continued to be effective. They had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff felt supported by the level of training they received. People had a choice of meals and their dietary needs had been met. The environment had been adapted to suite people's needs. Health professionals had been involved in the development of peoples care and guidance was provided and followed.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. Staff knew people well and were able to balance this knowledge to consider the level of support people required to reflect personal space and dignity in meeting their needs.

The home continued to provide a responsive approach to people's needs. People were able to access

activities which provided stimulation and opportunities to develop their interests and hobbies. There had been no complaints, however information was available and people and relatives felt able to raise any concerns.

The management of the home remains good. The registered manager analysed information about the quality and safety of the service and used it to drive improvements. People's feedback had been obtained. The registered manager understood their registration and sent us information about the home. They had conspicuously displayed their rating at the home and on their website.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 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 inspection took place on 3 Jan 2017 and was unannounced. This inspection was partly prompted by an incident which had a serious impact on some people using the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks. We spoke with the local authority about the concerns which had been raised. The inspection team consisted of three inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in caring for someone with a learning disability. The service is registered for 30 people, at the time of the inspection 27 people were using the service.

The provider had completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.
Broughton House and College is set in small village in the Lincolnshire countryside. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The large house is set in its own grounds with parking to the side and rear. The house is divided into five units supporting small groups, each providing communal lounges and dining space. People using the service can access communal areas for craft and computers.

People using the service were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke with four family members by telephone. We also spoke with six members of care staff, the speech therapist, occupational therapist, the deputy and the registered manager.

We looked at the care records for six people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service was continuously reviewed, these included audits relating to accidents and incidents, infection control audits, complaints, compliments and surveys to reflect feedback.

Good

Our findings

People were protected by staff who had a good understanding of what constituted harm and how to protect people. One staff member said, "I would take anything of concern to my manager and outside the company if required." Family members felt their relatives were safe within the home. One member said, "The environment is very safe." Another relative told us they knew [name] was safe as they were always happy to return after a home visit. This was not the case when they lived at a different home. We saw that when concerns had been raised they had been investigated with the local authority or other organisations to ensure all procedures had been followed.

For each individual's activities a risk assessment had been completed. These included daily living tasks for example, using the kitchen and for when the person left the home, using transportation and the activity they were attending. Staff we spoke with said, "We have assessments for everything, even sitting on the bus. It's about ensuring it is safe for everyone." They added, "If we feel an activity is not suitable at that time we would look at an alternative or a different method of approaching it."

All of the people had behaviours which challenged and on occasions placed themselves and others at risk. We saw each person had a behaviour plan which identified possible triggers and different methods of how to manage the behaviour. The methods provided a staged approach which identified actions if the behaviour escalated. Staff we spoke with understood peoples triggers and we saw that when incidents had occurred the action identified in the care plan were followed. One family members we spoke with said, "They manage [name's] behaviour really well, they can be very hard to manage effectively." On occasions when behaviours had escalated restraint was used to ensure the person and others at risk were made safe. All the staff had been trained in how to restrain a person in the least restrictive way and when it was used it was recorded in accordance with the guidance.

The staff and the domestic staff ensured the environment remained clean to reduce the risk of infections. Cleaning schedules were in place and these had been audited by the management team. We saw staff used personal protective equipment when completing personal care tasks. The home had a five star rating from the food standards agency. This is the top rating and shows appropriate systems were is place to ensure good hygiene levels were maintained.

There was sufficient staff to meet each person's needs. We saw that staffing levels were reviewed and there was a flexible approach when additional staff were required. For example, some people were supported on a one to one basis in the home, however when in the community they required the support of two staff to

reduce any risks. There was a consistent staff group and new staff were supported by experienced staff members. One staff member said, "The consistency is really important. Sometimes a different face can be the trigger to upset a person until that person becomes familiar." We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Medicines were administered to meet individual need, this included a range of methods to ensure people received their medicine. All medicine had been stored, recorded and monitored to reduce the risks associated with them. Some medicine was used on an as required basis (known as PRN)to support pain relief, anxiety or specific health conditions for example, epilepsy. Staff had received specialist training and followed the individual guidance and recording for this medicine. All medicine is administered by the management who had received training and competency checks.

The registered manager told us following a lessons learnt exercise they had changed the practice of PRN medicine. The change was to involve the staff who worked with the person in understanding about the PRN medicine in conjunction with the person's behaviour and daily reactions. This had provided a wider understanding of how the PRN medicine could be used to support the person's needs. One family member told us, "[Name] used to need lots of medicine to support their behaviour, now they are more settled, they only have their medicine for Epilepsy."

Good

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff supported people to make decisions and the speech therapist had provided some guidance notes to support the individual's understanding. For in-depth decisions the provider had held best interest meetings with people who were important to the person and relevant professionals. For one relative where English was not their first language they had arranged an interpreter and had provided information in a format which enabled them to understand the decisions to be made.

We saw people being given choices about their day. These were based on their level of understanding. For example, some people were able to make a meal choice from a picture menu, others needed to see the actual food/ meals available to them, in order for them to make a choice. During the week the meal was provided by the kitchen staff and at weekends the meals were prepared by the staff with the person. One staff member said, "People do what they can to help with the cooking. Smelling the food seems to help with their appetite, so we encourage them to watch even if they cannot do much." We saw peoples dietary needs were catered for which included choices in connection with peoples cultural or religious beliefs.

People's health care needs had been considered. For each person there was an individual approach to the different health professionals they required to support their well being. When people were required to attend health appointments they were supported by staff who knew them well and were able to guide them through the process. For example, there was a pictorial guide when a person required a blood test.

The living space had been designed to meet people's needs. The furniture was designed to be tough and provide a safe environment and each area had been considered for each person's needs. We saw people were able to personalise their own space, for example, one person had a love of dinosaurs and this was a theme in their room.

Staff had received training for their role which included specialist training in relation to restraint and people health conditions. The provider had a structured training programme and each new staff member spent time with experienced staff to support their role. One staff member said, " I have shadowed for two weeks, then it is a natural progression you say how long you need." We saw that staff received supervision for their role and the staff we spoke with felt it supported them. One staff member said, "We have it pretty regular, but we work closely so if I needed to raise something I would not wait."

Good

Our findings

People had established relationships with staff. A family relative said, "All the staff I speak to or see are caring and very helpful. Staff are professional, but friendly." Another relative said, "Staff are very good with the people and communicating with me." We saw several of the staff had been at the home for many years and had established relationships with people. They were able to discuss the person's life journey and the changes and developments which had occurred since they had moved to the home. For many people they had progressed from having a disruptive and unsociable lifestyle to that of being able to access activities and social links. One family member said, "When [name] first came they had to use restraint a lot, now it is hardly at all. I am happy with what they've achieved and their dedication." Staff we spoke with said, "It's knowing people really well that's the key."

People had an opportunity to make choices about their daily care. This included how they chose their meals. Around the home there were pictorial choices and staff also used objects of reference to support people to choose. This involved showing people the different options to support their decision making. Safety information was also displayed on keeping residents safe when eating and drinking.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw staff gave people individual space when they expressed they wished this time. When this occurred staff stayed close by, but respected the persons space and responded to the level of contact they wanted. For example, one person enjoyed their own television space, the staff member stayed outside the room. The person periodically checked in visually with the staff, before returning to their programme. The staff member told us this was part of their routine and was a progression in the relationship building for this person.

Family members told us they kept in touch with their relative. This was done through phone calls or skype calls on the computer. This is when a call is made and uses visual aids through a computer. Relatives told us, "Staff are really good at providing the information and maintaining the calls so we can keep our relationship." They added, "Its good to know what [name[has been doing and how they are on a weekly basis." We saw all contacts were planned in the weekly activities and all contact was documented.

Good

Our findings

When people moved to the home a comprehensive plan was drawn up which reflected all aspects of the persons care. This included history, information from people who knew them well and guidance from a range of professionals. People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. Information was recorded about how people expressed their sexuality, their preferred clothes style and individual aspects of care needs. The care records provided information about what the person liked, disliked and their preferences. One staff member said, "We have access to the care plans and make changes to them so they are reflective of the support the person requires." We saw that the plans had been reviewed monthly and on an annual basis there had been a review to consider all aspects of the care the person was receiving. The review documents were detailed and contained reports from the different professionals. The registered manager told us, "When we have a review we show photographs to the family along with the written details to make it more personal." One family relative had written, "Thank you for the positive and productive review meeting." Other relatives we spoke with said, they felt well informed about the care being provided.

People received the opportunity to access their interests and hobbies. There were activities staff based in each unit who provided ideas and stimulation opportunities for people. They told us, "There is a programme of events, but its flexible to meet people's needs and how they feel on the day." Some staff used pictures promotes and sign language. One staff member said, "I asked the speech therapist for these picture cards. I can use them to start a conversation or to support when a person makes a choice." We saw that different methods of communication were used and staff encouraged people to be independent. For example, when choosing a film, a picture of the film choices were displayed and each person was given a photo of themselves to place on the picture to identify their choice of film. We saw photographs of different events which had taken place and plans which showed the variety of activities available to people to access.

At the time of this inspection the provider was not supporting people with end of life care, therefore we have not reported on this.

There was a complaints policy available and this was displayed in the reception of the home, a picture version was also available. One family member said, "We would say if we're not happy. [Name] is very vulnerable." There had been no complaints raised since our last inspection.

Good

Our findings

There was a registered manager at Broughton House and college. 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. Family members we spoke with felt the home was well managed, One relative said, "I appreciate the teams efforts and the high standards of genuine care." We observed that the manager knew people well and was able to discuss with us care relating to that person and their experiences or changes since coming to the home. The manager understood their registration with us and had notified us of events which had occurred at the home. The last rating had been conspicuously displayed at the home and on the provider's website.

People and relatives had been given the opportunity to contribute to the development of the service through regular meetings and annual surveys. Each person had been supported to complete a pictorial survey about the care they received. The feedback was positive, however the registered manager and all involved in the process told us if any concerns were raised they were addressed.

Staff felt well supported within their role and the unit managers all felt supported by the manager and the provider. Meetings are held at the home and the minutes shared with all staff. These meetings cover all aspects of the home and aspects of care. The provider had regular meetings with all their locations which enabled the different managers to obtain support from one another and to continue to develop the homes. The registered manager used a range of audits to reflect on the quality of the service and to drive improvements. For example, the health and safety audit had identified a broken window which required replacing; we saw this had been made safe whilst awaiting the new glass to be installed. The provider had a development plan which had identified the need for a ramp to be put in place. Other systems were in use to drive improvements and review safety. For example, the provider had introduced a new recording system for accidents and incidents which recorded the events and considered what action could be taken to reduce the risks reoccurring. Other audits reviewed equipment, staffing and medicines. For all these areas any concerns raised had been addressed, like the replacements of mattresses, recruitment levels and reviewing of the medicines practices. The registered manager also completed daily walk around the building to identify any on the spot issues. These were documented and reviewed as part of the management's team approach.

The home worked in partnership with a range of services. This involved using community services at the army barracks, local cinemas and health service events; these provided a varied and supported life for

people living at the home.