

Candour Care Services (Broadview) Limited

Broadview

Inspection report

8 Great North Road
Welwyn
Hertfordshire
AL6 0PL

Tel: 01438718929
Website: www.candourcare.com

Date of inspection visit:
11 July 2017

Date of publication:
01 August 2017

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

Broadview is a care home for eight adults living with learning disabilities and autistic spectrum conditions. There were six people accommodated at the home at the time of this inspection.

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

People's relatives told us that they were confident that people were safe living at Broadview. Risks to people were appropriately assessed, planned for and managed. There were sufficient competent and experienced staff to provide people with appropriate support when they needed it.

Staff had received training, support and development to enable them to carry out their role effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were 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 supported this practice. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives, to provide feedback on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People's relatives told us they knew how to complain but had not had occasion to do so. They said they were confident they would be listened to if they wished to make a complaint.

The registered manager and provider worked hard to create an open, transparent and inclusive atmosphere within the service. People's relatives, staff and external health professionals were invited to take part in discussions around shaping the future of the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Broadview

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 checked 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 comprehensive inspection was carried out by one inspector on 11 July 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 25 May 2017. 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 reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

People who used the service were not able to share their views with us, subsequent to this inspection we contacted two relatives by telephone to obtain their views on the service provided. During the course of the inspection we spoke with three care staff, the registered manager and the provider.

We reviewed two people's care records, two staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Relatives of people who used the service at Broadview told us that they felt people were safe. Our observations were that people accommodated at Broadview felt safe and secure. People were clearly comfortable in the presence of staff and showed no anxiety or distress. Staff demonstrated to us that they understood how to keep people in their care safe. This included how to recognise and report abuse.

Risks to people's safety and wellbeing were identified across all aspects of their lives and control measures were in place to reduce these risks. For example, we noted that risk had been assessed and were managed in relation to such diverse areas as walking to the shops, using the garden, horse riding, choking, falling from bed, using a wheelchair, going to the cinema and the risk of fire. Fire risk assessments included the differing risks dependent on the time of day.

We observed that there were enough staff to meet people's needs. A staff member told us, "There are always enough staff, we are never short staffed here." Another staff member said, "The staffing levels are good. The provider doesn't mind how many staff are on duty as long as people's needs are met and they are safe." A relative told us, "There always seems to be enough staff around when we are there."

The provider operated safe recruitment practices. Records showed that appropriate checks had been undertaken before staff began to work at Broadview including satisfactory references and criminal records checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and found that the amount of medicines in stock agreed with records held. Staff confirmed to us that their competency to safely administer people's medicines was regularly assessed.

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. Staff told us that they had the training and support they needed to carry out their role effectively. Staff and records confirmed that they received the appropriate training to help them support people with specific health needs. Records demonstrated that staff received appropriate supervision and appraisal, and that these sessions were focused on encouraging and supporting good practice. Staff told us that they were offered the opportunity to request training and discuss career progression.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and some were pending authorisation at this time.

Discussions with staff and observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff supported people to make decisions independently as much as they were able based on their ability. Where people were unable to verbally communicate, we observed staff using other methods to enable them to make decisions.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Our observations confirmed that people were given the practical support they needed to eat. For example, some people had softened food to enable them to eat and we observed that some people had equipment which enabled them to eat or drink independently, such as a mug with two handles.

Staff and the registered manager had good working relationships with external health professionals such as GPs and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's well-being. Relative's told us that people were supported to have routine health checks such as optician and dental checks.

Is the service caring?

Our findings

People's relatives told us that staff were kind and caring towards the people who used the service. One relative said about the staff, "We are very happy with the care that staff give to our [relative], they are all kind and caring."

We observed staff interacting with people in a thoughtful and considerate way. For example, comforting people with a reassuring touch if they demonstrated any anxiety. Staff demonstrated an interest in the people they supported and we noted that people were comforted by the presence of staff.

Where people were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf. The registered manager gave us an example where external advocacy had been secured to support a person with some important decisions that they did not have the capacity to make for themselves.

People's privacy was respected by staff members. People's personal care was delivered in the privacy of their own room and staff spoke about people with respect and discretion. There were facilities for the safe and confidential storage of people's personal and private information.

Is the service responsive?

Our findings

Staff members clearly knew people well and understood their individual needs and preferences. People's care records identified their individual support needs and there was guidance to enable staff to deliver people's care in accordance with their specific wishes. The care plans were kept under regular review to help ensure that they continued to meet people's needs. Where additional needs were identified they were assessed and managed. For example, where a person had acquired a chest infection an interim care plan had been developed so that all staff were made aware of the actions required to support the person to regain their health.

People's care records contained personalised information about them, such as their preferences and life history. This information enabled staff to support people to engage in a variety of meaningful activity they enjoyed to help avoid the risk of under stimulation. Records showed that people were supported to access the library, to attend day centres, to have manicures, to use the on site sensory room, to go horse riding and trampolining, to go cycling and use a paddling pool. Records also clearly identified the individual support that each person needed to engage in their preferred activities.

People's relatives told us they felt able to feedback their views on the service and were encouraged to do so. Staff and relatives told us of various social events that had been created to help facilitate opportunities to share information including barbecues, parties and coffee mornings.

People's relatives told us they knew how to make a complaint and that they would feel comfortable doing so. There had been one complaint received since the previous inspection and the registered manager was able to demonstrate that the concern had been managed in accordance with the provider's policy and procedures for dealing with complaints and to the complainant's satisfaction.

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and provider actively sought the feedback from people who used the service, their relatives, staff and external health professionals. A staff member told us, "The management team listen to us, we feel valued and do not hesitate to approach them." There were regular meetings held for the management to meet with the staff team to share information and plans for improvement. For example, topics discussed at a meeting held in June 2017 included the menus, incident form training, people's bedding, day trips and activities and individual people's health and welfare needs.

The provider had an effective programme of audits to assess the quality of the service. Subject matter champions from another service operated by the provider undertook audits within the home in such areas as health and safety, medicines, food hygiene and care plans. Additionally the provider's quality team undertook a rolling programme of audits in line with CQC domains (Safe, effective, caring, responsive and well-led). Where shortfalls were identified, records demonstrated that these were acted upon promptly. This demonstrated to us that the registered manager and provider were committed to continual improvement for the benefit of the people who used the service.

The provider promoted a positive, transparent and inclusive culture within the service. For example, there were 'away days' for the staff group where they were able to get together away from the service to reflect what they did well and what could be improved for the benefit of the people who used the service.