Care Quality Commission

Royal Mencap Society

Broadview

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

This inspection took place on 18 November 2015 and was announced.

'24 hours' notice of the inspection was given because the service is small and the manager is normally based at one of the provider's other services. We wanted to make sure that they would be in.

Broadview provides care and support to four people with Learning Disabilities. The home is on two floors with each person having their own bedroom.

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. The manager was also the registered person for another home close to Broadview, which was owned by the same provider.

People were protected from harm by staff who understood the importance of preventing, recognising and reporting potential signs of abuse.

Summary of findings

Risks to people in all areas of their lives were identified when they started using the service and were regularly reviewed to ensure that the management of the risk remained appropriate.

People were supported by staff who had undergone appropriate recruitment checks to ensure they were safe to work in health and social care. There were consistently enough staff to meet people's needs and keep them safe.

People received their medication as prescribed and the service managed medicines safely and appropriately.

Staff received effective support and were well trained and competent. The service also had plans in place to further develop staff's skills and knowledge.

The Care Quality Commission is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were not being deprived of their liberty unlawfully. Staff understood about people's capacity to consent to care and had a good understanding of the MCA and DoLS which they put into practice. The service had made appropriate applications to the local authority. DoLS authorisations were in place for some people while others were waiting for theirs to be processed.

People living in the home were supported to have enough to eat and drink. Staff monitored people's consumption of food and drink. People were supported to make choices about what they ate.

People living in the home were registered with local health services and were supported to attend any necessary health appointments.

People benefited from a staff team who were motivated, worked well as a team and felt supported. Staff were happy in their work and supported people with kindness, compassion and thoughtfulness. Staff had good knowledge of the people they supported and they maintained people's independence and dignity whilst encouraging choice. Staff supported people in their likes and dislikes and people were fully involved in decisions around the care and support they received.

People's plans of care were developed around the individual with involvement of those important to them. Care plans gave staff full and clear guidance on how people wished to be supported.

People's developing needs were regularly assessed and the plans updated accordingly.

The service had an open, supportive and transparent culture and people felt they were listened to. People's views and feedback was encouraged in order to improve and develop the service. Suggestions were listened to and actioned where appropriate.

Regular audits were completed effectively and contributed to the development of the service.

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.

Staff understood the importance of preventing, recognising and reporting abuse and how to report it.

Potential risks to people had been identified and assessed in order to protect people from avoidable harm.

There were enough staff to keep people safe and meet people's needs. Recruitment processes ensured that the staff employed were safe and suitable to work in care.

People received their medication in a safe manner and as prescribed.

Medication was appropriately managed, stored and disposed of

Good

Is the service effective?
The service was effective.

People were cared for by trained and well supported staff who demonstrated the appropriate skills and knowledge required.

Staff assisted people in a way that protected their human rights. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink chose what food and drink they wanted.

People were supported to maintain their health and wellbeing and access to a variety of healthcare professionals was available

Good

Is the service caring?
The service was caring.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy.

Staff involved people and, where appropriate, their relatives and advocates in decisions around their care and support

Good

Is the service responsive?
The service was responsive

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

Good

Summary of findings

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was consistently well led.

People received continuity in their care due to staff working in a coordinated and organised way.

The service had an open approach that encouraged people to become involved in its development.

The registered manager was well supported in their role by the provider in terms of resources and supervision.

There were a number of systems in place to ensure that the quality of the service provided was regularly monitored.

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 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 18 November 2015 and was announced. Our visit was carried out by one inspector.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We contacted the local safeguarding team and the local authority quality assurance team for their views about the service.

We gained feedback from health and social care professionals. We also spoke with the registered manager, the area manager and two members of the care staff.

We met with three people using the service but they were unable to tell us directly about the care they received.

We viewed the care records for two people. We also looked at records in relation to the management of the home including staff recruitment files, health & safety records, quality monitoring audits and staff training records.

Good

Is the service safe?

Our findings

We spoke to members of staff who told us that they felt confident to report any concerns about potential abuse to their manager and the relevant authorities.

The staff were able to protect the people living at the home because they were well trained in recognising signs of abuse and avoidable harm. They also clearly knew the people living in the home well enough to recognise any indications of abuse.

The service had robust risk assessments in place. The care plans we viewed demonstrated that risks to people had been identified, assessed and were reviewed on a regular basis. These included where people might exhibit behaviours that challenge, might not perceive danger, were at risk of seizures and not eating and drinking enough. We saw charts which identified antecedents, behaviours and consequences (ABC charts) for specific incidents where people exhibited behaviours that might challenge. These records showed us how incidents were identified, analysed and how the information gained was used to inform future practice in order to protect the person and those around them.

Care plans identified risks and ways to mitigate these risks while enabling the person to retain as much independence as possible. For instance, if a person was not safe to cross the road on their own there was a detailed plan to inform accompanying staff how to support the person safely while not unnecessarily restricting their independence.

There were sufficient numbers of staff available to meet the needs of the people. We were told that staffing numbers were determined by the needs and routines of the people living in the home at any particular time. For instance, most of the people living there preferred to have a bath in the morning so additional staff were deployed at this time.

We looked at the files for two staff which showed that good recruitment practices had been used. For instance, police checks had been carried out and there were photocopies of identification documents and references.

Administration of medicines was safe. We saw records that demonstrated how stocks of medicines and their administration were regularly audited and they were kept safely and securely.

We observed a member of staff administering medicines to one of the people living at the home. This administration was carried out safely in a quiet area away from other people there so that the member of staff was at less risk of being distracted. The person was empowered to do as much as they could safely do themselves including assisting the member of staff to prepare some of their medicines and choosing which pot they would like to be used for their medicines.

We saw records of incidents where mistakes had been made in the administration of medicines. These records showed us that these incidences were thoroughly investigated in accordance with the provider's own protocol for dealing with such matters.

Good

Is the service effective?

Our findings

We were told that all the services within the provider's organisation were monitored on their ability to keep staff training up to date using an 'in house' auditing system. The system used to monitor training indicated to the manager when staff training was due to be refreshed. We also saw staff files which showed records of training attended, records of annually observed practice to ensure competence and, for those that drove the service's minibus, a completed driver declaration form.

Staff participated in regular supervision with the registered manager which enabled identification of strengths and weaknesses in practice. There was a scheme introduced by the owner of the home to recognise and build on strengths and identify ways to overcome weaknesses.

The manager of the home had changed the staffing arrangements between this and the provider's neighbouring location, in order to more effectively match the abilities and strengths of staff to the needs of the people using the two services. The result was that the staff at Broadview were better suited for meeting the needs of people living there. One member of staff told us that they had been sceptical and resistant to the change in employment and the concept of lone working but on reflection realised that it was a very good move.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Decisions about people's care were taken in line with appropriate legislation. We saw evidence of mental capacity assessments having been carried out by appropriate professionals, the submission of DoLS applications and, for some people, statements of DoLS. We saw evidence that staff had recieved training regarding DoLS. The staff we spoke with clearly knew the people used the service very well and also used their training to act in people's best interests.

Two of the people who live there were supported by an independent advocate who visited every month. The advocate told us that they thought the service was 'a great place' and that the people who live there were 'happy, like a family' and were supported by staff who knew them very well.

We were told that the remainder of the people living at the home would be allocated an advocate when there DoLS applications were completed by the Local Authority.

The people who used the service each chose one main meal per week. They were supported to choose this meal and compose a list of the ingredients needed for it. One of the people was then supported by staff to buy all the ingredients as part of the services weekly supermarket shop. We were told that people take it in turns to accompany staff to do the weekly grocery shop for the home. Each person was then supported to prepare the meal that they had chosen.

We saw care plans that informed staff of people's dietary needs and preferences. There was also evidence of how people's nutritional intake was monitored to ensure that they ate and drank enough to ensure that their health was maintained.

We were told that the service managed people's behaviour that could challenge others within specific care plan procedures. Each behaviour that challenged had been identified along with the least restrictive way of managing it. All staff were made aware of the care plans and signed the relevant areas to confirm that they had read it. This meant that there was consistency through the service and that people's dignity was maintained and any distress was minimised

People's day to day healthcare was monitored effectively by staff who knew their individual health needs and indicators of ill health well. We saw care plans that detailed each person's health needs and how to meet them for instance the management of people's epileptic seizures. We also saw records of referrals made to agencies such as Speech and Language Therapy by staff on behalf of people.

Good

Is the service caring?

Our findings

The people we met with, who were living in the home, were unable to tell us directly about the care they received. However, we observed that people appeared relaxed around the staff and were confident to approach staff members if they needed something.

We observed care staff interacting with people who lived at the home. These interactions were warm, respectful and patient. Each person was addressed using their preferred name. Staff were respectful to and immediately answered all the requests from people and fitted their own tasks around the needs of the people living at the home. The atmosphere of the service and the way that the staff interacted with the people who lived there can best be described as like a family home. The advocate with whom we spoke also noted that the service "is like a family".

We saw records of how people were supported when they became distressed. There were individualised plans and strategies that supported people in the least restrictive ways appropriate to their needs.

The people living at the service were respected as individuals by the staff who knew each of them well and could anticipate their needs and understood their different ways of communication. We saw evidence in each person's care records that showed how their dignity and right to privacy was assured whilst ensuring their safety. For instance, one person struggled to accept people with whom they were unfamiliar. This was clearly communicated in the person's care plan and staff demonstrated understanding and sensitivity in accommodating this person's needs.

We were told that if people living at the home wanted to spend time alone then this wish was respected. We saw how one person wanted to listen to their music while another wanted to watch television. These wishes were facilitated so that people were able to partake in their own interests as they would if they were living in their own home.

The staff at Broadview clearly knew the people who lived there very well and had developed warm and trusting relationships with them. One member of staff told us that the service "likes to give people as 'normal' a life as possible including what they buy, when they go to bed and they are encouraged to do as much as they can for themselves".

Some of the people living there had chosen not to have contact with their own families. We saw records of how people had communicated these choices and the work that had been carried out by the staff and a range of professionals to meet them.

We found that the service encouraged people to choose how they spent their free time. In one person's Goals folder there was a record that they had written which described how this person and the other three people living there had held a meeting to decide where to go and what to do on one particular day in the summer. The person had written the following about this meeting "today my housemates and I had a chat and choose to go to Sea Palling for lunch". The person went on to describe how the day had gone and how they and their housemates had spent their day.

We saw that people's care records were kept securely to ensure that the information held by the service remained confidential.

The care plans detailed many aspects of the people's lives including the tasks in which they were independent, needed verbal prompting or were not yet able to achieve. The plans made it clear that people were encouraged to be as independent as they could be while ensuring their safety.

Good

Is the service responsive?

Our findings

The assessment of people's needs had been completed with them and those people important to them prior to moving to the service to ensure that their needs could be met. We saw that these assessments formed the basis of people's care plans.

People living in the home received personalised care that was tailored to their needs. We saw detailed care plans that informed staff in a clear way what support people needed in all areas of their lives and what they could do independently. Each aspect of people's support needs was scored to reflect whether they were independent, needed verbal prompting or were not yet able to achieve particular tasks in their life.

People living in the home were encouraged and enabled to take part in their preferred group and individual activities. We saw records of where people were supported to have days out as a group and how the day was planned by the people during their group meetings to decide what they would like to do. Once this had been decided by the people living in the home, the staff supported them to achieve their desired outcomes.

Individual preferences were identified with the people and we saw 'Goals' folders which were completed by the people using the service and detailed their aspirations and explained how these goals had been or could be met. We were told that these goals were reviewed every three months within the 'What matters most' scheme and when people attained a specific goal, a celebration event was held.

One of the members of staff described how one person had only felt secure at home but it was noted that they liked watching particular programme material on television. The member of staff told us how they acted in the best interests of the person and arranged for them to go to a show which the person enjoyed. This showed that staff knew the people living in the home very well and had built strong and trusting relationships with them.

Another member of staff told us that they felt that the goals that had been agreed with the people were realistic and that the choices offered to people were genuine. For instance one person's wishes were to eat, drink tea and grow tomatoes. This showed us that the service listened to the people living in the home and supported them to achieve their goals as far as possible.

People were supported to engage in meaningful external daytime activities that were appropriate to their needs. Transport to the activities was provided by the service. When people were not at these daytime activities they spent time at home being supported to do household tasks such as cooking and laundry or to enjoy their individual pastimes.

Some of the people living in the home had an advocate appointed to them. An advocate is a person who is independent of service providers and commissioners and can speak up for vulnerable people who may be unable to speak for themselves. This meant that if they had any concerns or complaints they had someone to speak up on their behalf.

We saw the minutes of residents meetings. This showed that service listened to the views of the people living there and acted on concerns or complaints raised.

The manager demonstrated that they were sensitive to the needs of the people living there. We were told that one person living in the home struggles to accept people that they do not know well and the manager, who was relatively new to the service, was aware of this and acted in a way that did not distress the person.

Good

Is the service well-led?

Our findings

The registered manager was visible in the service although predominantly based at the provider's other home that they also managed. Staff told us that was always available if they needed them.

There were records of frequent meetings for both the people who live in the home and the staff. The minutes of both meetings were comprehensive and actions raised were taken seriously and used as tools for developing and improving the service. This showed that the people living in the home and staff were actively involved in developing the service and that the service listened to their views.

One of the care staff told us that staff morale was very good. Another member of staff told us that they and their colleagues were a 'good team' and that they 'trust each other and work for each other'.

Staff also told us that they felt confident to raise any issues with the registered manager but if that was not appropriate then they would happily raise concerns with the area manager who one member of staff described as "very nice" and someone who "gives confidence".

Effective systems were in place to monitor the quality of the service. The registered manager also had a good overview of the running of the service including an internet based audit of staff training needs and progress. The management audits that we saw were comprehensive and covered areas of the service such as the environment, supervisions of staff and medication management.

We saw records of staff responsibility for different aspects of the running of the home. For instance, one member of staff had been nominated as champion for managing medication in the home while another had been nominated as Link champion with the Local Authority Infection Control team.

The registered manager was supported by their area manager to improve the service. This support included improvements to the home such as redecorating and maintenance of the outside of the home. We were told that the staff office at the home was being moved to a more central point in the home as this would make it more accessible to all people in the home during the day and would reduce the risk of disturbing people at night.

The registered person is required to notify us of the outcome of an application made in respect of the MCA DoLS. The Care Quality Commission had not received any such notifications in respect of people living in the home. The Registered Manager told us that they had been unaware of this requirement and had since submitted the necessary paperwork.

We saw in the care plans and in discussion with staff members that the service had a clear ethos of respect for the people who lived in the home. It was clear that the promotion of people's individuality, dignity and independence was very important to the service.

We saw records of communication which showed how the service worked in partnership with other agencies. We spoke to the funding authorities for people who lived at the home and they told us that the service worked well in partnership with them and that they had no concerns for the welfare of the people they funded at the home