Cambian Care Services Limited

Broughton House and College

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 January 2015 and was unannounced.

Broughton house specialises in the care of people who have a learning disability. It provides accommodation for up to 30 people who require personal and nursing care. The home is divided into four separate units which are each managed by a unit manager. On the day of our inspection there were 27 people living at the home.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as an occupational therapist and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to leisure activities and excursions to local facilities.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

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

There were sufficient staff available to care for people appropriately. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. The provider recorded and monitored complaints.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

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

Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training to support them in their role.

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

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

Is the service caring?

Good

The service was caring.

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

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

Is the service responsive?

Good

The service was responsive.

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

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

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Is the service well-led?

Good

The service was well led.

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

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

Broughton House and College

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 6 January 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using this type of service, for example, a service for people who have a learning disability.

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

During our inspection we observed care and spoke with the registered manager and seven members of care staff. None of the people living at the service were able or willing to talk to us because of their disabilities, however we observed care in all four units. We also spoke with two relatives by telephone. We looked at four care plans and records of training, complaints, audits and medicines.

Good

Is the service safe?

Our findings

People who used the service were unable to tell us if they felt safe. however relatives we spoke with told us that they felt their family member was safe. One relative said, "I think [family member] is safe. I am kept informed absolutely now, there was a recent incident and they called me, They call three evenings a week anyway". Another relative told us, "It is definitely safe, on site and out and about, I never have any worries."

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example risk assessments were in place for people accessing the local community. The provider consulted with other healthcare professionals when completing risk assessments for people, for example the occupational therapist. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Staff were also confident at planning for risk. They told us that whilst travelling on the bus people preferred not to sit with particular others and this was planned before leaving to prevent any distress to people and avoid confrontation. Accidents and incidents were recorded and investigated to prevent reoccurrence.

There were sufficient staff to meet people's needs. In the PIR the provider told us that they carried out risk assessments to ensure that there were sufficient staff available to support people. Each unit had their own staff compliment and a unit manager to ensure that people received continuity. The registered manager told us that they had only used 12 hours of agency staff in the past twelve months. They said that they used a single agency and that there was a pool of staff who had received training at the home to ensure that they understood the needs of the people who lived there. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

People received their medicines on time. We saw that medicines were handled safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records were maintained regarding stock control. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative commented, "I am happy with the house they are in, the house manager is full of common sense and I'm very happy with the team at the moment."

Staff told us that they felt they received appropriate training to enable them to care for people. They said that they had received training in areas such as food hygiene and infection control. Much of the training was delivered via a computer based system and staff told us that they preferred face to face training. They told us about some recent specialist training which they had received and said that they felt the discussions were really useful. We spoke with the registered manager about this who told us that they had started to introduce more face to face training and showed us a plan for this. Despite the majority of people in the home being unable to communicate verbally we did not see evidence of training about communication. We spoke with the registered manager who told us that this was delivered on an individual basis according to people's needs. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. We spoke with a member of staff and they told us that they had received an induction when they started work with the provider.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met, for example, people with diabetes. We observed people had access to drinks and snacks during the day. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. People had access to a daily menu and those who did not like the food choice for that day were able to have an alternative. People went shopping once a week for weekend meals and this was done by using picture cards to organise the meals they would like and the shopping list. We saw that people who observed different cultures were supported to maintain their food choices around this and likewise those with special diets were also supported with following them.

A relative told us, "I am happy with their understanding of [my relative] who has a medical issue." We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider employed a number of health specialists including a nurse and speech and language therapist whom people had regular access to. The registered manager told us that they had as a positive relationship with the local GP practice. We saw that people had accessed health screening and the provider made appropriate referrals when required for advice and support. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. People had 'health passports' in place. These include information about people's health needs so that if they are admitted to hospital or attend a clinic information is readily available to ensure that they receive appropriate treatment.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which

involved a range of people including the local authority and people's representatives to consider what was in people's best interests. For example where people required specific support with their medicines this was detailed and considered as to whether this was in people's best interest. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services. They ensure that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

Good

Is the service caring?

Our findings

Relative's told us they were happy with the care and support they received. One person told us they were happy at the home. A relative told us, "They really look after [my relative], they get to know their needs."

Another relative said, "[my relative] is happy to go back when they returned from a visit to home and likes the others that they live with." We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example people had been involved in developing the menus. Where people were unable to communicate verbally staff used a range of communication materials in order to support people to participate and express their choices. A member of staff in one of the units told us that most of the people were enable to communicate verbally but they understood what people required because they were familiar with their methods of communication. They said that they also were aware of people's moods and body language which helped them to understand what people wanted. The registered manager told us that they used symbols across the home but recognised that some people used other preferred methods of communication and that they supported people with this. We observed a staff member encouraging a person to choose their own snack from a series of pictures, after they had indicated to staff they were hungry.

During our inspection people were getting ready to go out on a trip and we observed that staff supported people in a friendly manner. One person needed to hang their coat up and we observed that staff explained what they needed to do and also showed the person by using a visual prompt, for example pointing.

We saw that caring relationships had developed between people who used the service and staff. We observed staff encouraging people when they were taking part in an activity, for example, a staff member said, "You did that all by yourself, it's really good."

We found that the care planning process centred on individuals and their views and preferences. Care records were written in words and picture so that people could understand them more easily. The registered manager told us that staff carried out consultations with people about their care before developing a plan. We saw that care records included people's choices about how they wanted their care to be provided. For example, one record said, "Will decide whether [the person] would like a bath before or after their breakfast." Reviews of care plans were carried out with the person, other professionals and relatives if people wished.

A comment in a survey from a relative said that they appreciated the respect given to the people who lived at the home. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We observed some people had their own key to their bedrooms and were supported in the use of this.

Good

Is the service responsive?

Our findings

People had their choices respected. We observed occasions when people were given choices by staff about their care for example during our inspection there was a trip to a local pantomime and we saw that people were given a choice as to whether or not they wanted to go.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example people told us that they went to the leisure centre to swim and attend keep fit classes. People had individual plans for activities which included taking part in both external and internal activities according to people's choices. The home had access to transport and used this to maintain links with the local community. We saw that people accessed both the village facilities and the local town. For example, people told us that they went to the local pub. We observed people taking part in individual activities, for example, one person was doing a jigsaw with the support of a member of staff and other people were doing crafts.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member. They said that people were supported to keep in regular contact if they wished to. People told us about their visits to their family with members of staff to support them. Many of the people who lived at Broughton House's did not have family who lived nearby which meant that they had to travel to visit their family. We observed that the provider supported people to maintain regular contact with their family by supporting them to phone home on a weekly basis and use computers to stay in touch.

We looked at care records for four people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. The registered manager told us that people were involved in compiling and reviewing their care plans. A professional commented in the survey that they thought the reviews were very detailed and comprehensive. However the care plan and therapy assessments did not always match. For example one person was recorded as requiring a special diet in their care record but the therapy record stated that they had a 'normal' diet. It was not clear from the record what the person required and there was a risk that the person would receive an inappropriate diet.

A survey had been carried out with people who used the service and their relatives to find out people's opinions about the service. The home also had a group which was made up of representatives from each unit which helped people to be involved with decisions about the home. In order to assist people to participate in the discussions staff used words, symbols and pictures. Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. One relative said, "I have made complaints in the past and they have been dealt with, ".The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been no recent complaints.

Good

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Regular meetings involving representatives from all the units were held which facilitated discussion about the day to day running of the home, staffing issues and reviews of issues such as accidents and incidents. Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they would feel comfortable raising issues with the registered manager and the provider.

Staff received supervision and appraisals to support them in their role. They told us that they felt supported in their role. The registered manager told us that they were keen to ensure that staff were supported as this helped with retention of staff and continuity to people. They said that there was a range of support systems, for example, a confidential counselling service was available for staff to use.

A relative told us, "I can raise issues, I go to the team in the house first." Another relative said, "I get a weekly report, I'm confident in contacting them and expressing any concerns by email, phone and I know they'll get back to me." The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires. We looked at the responses and saw that 67 % of people said they were happy with the care. Comments included, 'Information from the residential staff is good' and 'Very happy with the facilities provided'. Some issues had been raised about improving communication in some areas and an action plan had been developed to address this. Meetings were also held for people who used the service to enable them to be involved in the running of the home. The registered manager told us that they were keen to develop methods of involving people in the running of the home.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as medicine records, cleaning and accident reports. We saw the records of the checks identified when actions were required. Care records had also been checked to confirm that they included the required information to ensure that staff were able to care for people appropriately.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the unit manager and were confident that they would sort it out quickly.

In their PIR the provider told us that they had developed links with the local community and supported people to use the local amenities. They also told us that they had developed an award programme to encourage people to develop their skills. People were encouraged to identify a goal and work towards this. On attainment of the goal people received awards which were presented at an annual award ceremony.