

Royal Mencap Society

Broadview

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 8 August 2018 and was announced. At our last inspection in February 2016 we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Broadview is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides care and support for up to four people, and on the day of our inspection there were four people living at Broadview.

We found some environmental risks, such as uncovered radiators and pipework which could pose a scalding risk if people were to fall against them. When we brought this to the attention of the registered manager and provider they immediately arranged to undertake a risk assessment and order radiator covers to prevent people burning themselves.

Infection control procedures needed to be more robust, and we found that some areas of the service required more effective cleaning. The registered manager sent us information that this was being addressed promptly, and new audits were implemented immediately.

Medicine audits were basic, and did not include checks on the quality of recording in medicine administration records. Some documentation, such as medicines which are given 'when required' needed a protocol to describe when these might be needed to provide greater guidance for staff. Action was taken to address these issues promptly following the inspection.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

We found systems and processes were in place to keep people safe. Staff understood their responsibilities for safeguarding people they cared for and assessed risks to their health and safety. Measures were in place to reduce these risks and people were supported to stay safe, whilst not unnecessarily restricting their freedom.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Although most people were unable to fully express themselves verbally, they were seen to be relaxed and happy in the company of staff. Staff had developed caring relationships with people and treated them with kindness and respect. People felt able to express themselves in a safe and supportive environment. Staff had a good understanding of people's preferences and knew them well.

People led full and active lives. They engaged in a wide range of activities based on their personal choices. People were treated equally, without discrimination and information was presented to them in a way they could understand.

The registered manager and provider provided good leadership and support to staff. The provider had put processes in place to support the manager and staff.

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?

Requires Improvement ●

The service was not consistently safe.

Infection control procedures needed to be more robust to ensure the risk of infection was minimised.

Some environmental risks needed to be addressed to avoid possible harm.

Medicines auditing systems needed to be more detailed to ensure issues were identified early.

Risks affecting people's every day lives were managed well and staff had good guidance to follow.

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.

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be available.

This inspection took place on 8 August 2018 and was unannounced. It was conducted by one inspector.

We used a range of different methods to help us understand people's experiences. People who lived at the home had variable verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with the registered manager, the area operations manager, and two members of care staff. We reviewed care plans and health records for two people to check that they were accurate and up to date. Following the inspection visit, we spoke with two health professionals.

We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for infection control, medicines management, accidents and incidents, and health and safety checks. We reviewed two staff files to ensure they were recruited safely.

Is the service safe?

Our findings

At our last inspection of February 2016, the key question Safe was rated Good. At this inspection we found that the service was mostly safe but there were areas that required further improvement. This was in relation to medicines documentation, infection control, and environmental risks. Following the inspection, evidence and assurances were forwarded to us to show that matters were being addressed.

We found that two people had medicines prescribed as 'when required' but there was no protocol in place on when to offer these, such as symptoms a person might display.

Medicine audits were basic, and did not include checks on the quality of recording in medicine administration records, or of controlled drugs which are logged in a dedicated book. Following the inspection the registered manager sent a new medicines audit which had been completed, and was much more detailed. We can review the effectiveness of this at the next inspection.

People received their medicines safely and in line with the prescriber's instructions. Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities.

Medicines were stored securely for the protection of people who used the service and at the correct temperatures.

We found some areas of the service were not being cleaned effectively to ensure the control of infection was minimised. Some items of food were being stored in the laundry room which shouldn't have been due to the risk of cross infection. The infection control audits being used needed to be more detailed, as they did not describe fully what was to be cleaned, or the frequency. Following the inspection the registered manager sent us new cleaning schedules which were very detailed. They advised us they had discussed this with the team and would monitor the completion of the new cleaning regimes.

Some areas within the service had exposed hot pipes and radiators, which can pose a scalding risk if people were to lean or fall against them. The management team contacted us following the inspection to inform us they were risk assessing each area of the service, and would arrange suitable covers for areas of greatest risk.

Staff had training in safeguarding people, and knew how to report any concerns. This included reporting concerns to the registered manager or the local authority. One staff member said, "I would report any concerns to the manager, regional manager or police if I had to."

The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people.

Risks to people's safety were well assessed and properly managed. People were supported to live as

independent a life as possible. Risks were linked to everyday living and tasks such as cooking, ironing, fire safety, road safety and choking. Staff knew what they needed to do to make sure people remained safe and were able to describe how they would identify risk and take appropriate action to minimise it. This included supporting people who may experience behaviours that could cause themselves or others distress, or managing a complex health need which could put people's safety at risk, such as epilepsy.

We observed a challenging situation during the inspection in which staff needed to respond promptly to ensure everyone's safety. We observed staff were well trained to deal with the situation, and worked effectively as a team to de-escalate the incident. Staff remained calm and professional throughout the incident.

The provider used a lessons learned approach to develop and improve service delivery. Learning was shared across the organisation. For example, there was a 'critical incident' process in place, where previous incidents were learnt from to avoid a recurrence. The outcomes of these included further training for staff and changing policies and procedures in relation to managing people's finances. This demonstrated that the provider had robust systems in place to enhance learning across the organisation.

Is the service effective?

Our findings

At our last inspection of February 2106, the key question Effective was rated Good. At this inspection, we found Effective had continued to be rated Good.

People's support needs and preferences were assessed before they started using the service. Appropriate liaison with other professionals was sought to ensure a thorough understanding of people's needs prior to moving into the service. Transitional work was also undertaken to ensure people were compatible with other people living in the service.

Staff received regular training to help them support people effectively. This included training in medicines, first aid, moving and handling, safeguarding and fire safety. Other specialist training was also offered when needed, such as epilepsy. One staff member told us, "The 'positive behaviour' training we have has made a difference. My colleague told me they had used the training to help them with a situation the other day. Mencap's training is outstanding."

The induction process for new staff included a 12 week programme which included mandatory training, Mencap's vision and values, and educated new staff in relation to living with Autism or a Learning Disability. This helped staff to understand some of the challenges people might face on a daily basis, and how best to support them.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review training, staff development and any other issues staff wished to raise. Staff felt supported by this process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that they make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found appropriate applications had been made for DoLS. Where DoLS had been authorised and there were conditions in place we saw that these were being met, and were reflected in support plans. Support plans contained information on people's mental capacity and decisions they could make for themselves, along with decisions made in their best interests.

People were supported to maintain a healthy diet. Support plans contained information on people's nutritional support needs and preferences. People's nutritional health was monitored by staff, and we saw

that where necessary referrals to dieticians or speech and language therapists had been made.

The service worked closely with external professionals to monitor and promote people's health. This included social workers and behaviour therapists. People had 'Health' folders which contained evidence of working with dieticians, learning disability nurses, and psychiatrists. This meant people received the healthcare they needed. One health professional said, "I have no concerns about people's clinical needs. The staff also bring people down to the [surgery] for their appointments."

The environment was homely and people's rooms were decorated to their own individual preferences. they also contained personal items which were important to people. The service had created an 'arts and crafts' room as several people had an interest in this. We saw collages which had been made by people.

The regional manager told us that they had recognised that some areas of the service were tired and in need of decoration. They also planned to improve the garden area, and were in the process of getting quotes for the work to be completed.

Is the service caring?

Our findings

At our last inspection of February 2016, the key question Caring was rated Good. At this inspection, we found Caring had continued to be rated Good.

During our conversations with staff they all demonstrated an excellent understanding of the people they supported. Staff had developed positive relationships with people and were seen chatting happily with them.

We observed staff demonstrating kindness, patience and caring. Staff were knowledgeable about people's likes, dislikes, their family members and were able to have comfortable conversations around topics specific to the individual. One staff member said, "I love working here, the [residents] mean a lot to us [staff]." A health professional told us, "A very caring service. They have the best interests of people at heart."

People's independence was promoted and encouraged. Documentation clearly described what people could do for themselves and how much support they required from staff. Staff described how they promoted people's independence wherever possible.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

'Resident' meetings were held monthly to ensure people's views were known. Meetings included discussions on food, activity and if people were happy living at Broadview.

Care files contained detailed information about their personal histories, including what made the person happy, what upset them and what was important to them. These included goals that people had for the future. Staff supported people to achieve these, and we saw photos of trips and events people had attended. One staff member told us, "I've just been out with [person] and we had a meal out. It was lovely. [Person] wants to see [pop group] so I am arranging that too."

Is the service responsive?

Our findings

At our last inspection of February 2016, the key question Responsive was rated Good. At this inspection, we found Responsive had continued to be rated Good.

People continued to receive a responsive service.

Each person had a support plan in place. Support plans included photographs of the person and described how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way the person preferred.

People's strengths and levels of independence were identified and appropriate social activities planned. The support plan was updated with relevant information as people's care needs changed. This told us that the care provided by staff was current and relevant to people's care and support needs.

One person who had become distressed was offered caring and compassionate support by staff. We saw that staff were well trained to deal with the situation, and each knew the procedures to follow in the circumstances. This meant the person and others living in the service were kept safe and staff knew how to be responsive to their needs.

There was a complaints procedure in place. We saw that a recent complaint had been dealt with appropriately. Management met with the people raising the concerns and shared some information to assure them the situation was being reviewed and actions were being taken to reduce a recurrence.

No one at the service was receiving end of life care. However, the service worked closely with other professionals when required to ensure people received good end of life care. Staff were provided with end of life training as this was required. Relevant people, such as family members, were also involved, and the registered manager told us they always worked hard to keep people at home, if this was their wish.

Is the service well-led?

Our findings

At our last inspection of February 2016, the key question Well-led was rated Good. At this inspection, we found Well-led had continued to be rated Good.

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 registered manager was visible in the service, although predominantly based at the provider's other service that they also managed. Staff told us that they were always available if they needed them. One staff member said, "[Registered manager] asked us in a team meeting if they were supportive enough. I think they sometimes think they aren't here very often enough, but I think they provide good support. They come very quickly if needed." Another said, "I feel more valued and appreciated than I did previously. I think [registered manager] listens more now. Whenever we call them they respond."

The registered manager had not independently identified all of the areas for improvement that we found during the inspection. However, they took prompt action to rectify this, which included implementing new audits and processes which supported improvement.

Following the inspection the registered manager told us that they had talked the team through the previous days inspection findings and initial feedback. This was a positive step to ensure all staff felt involved and knew where improvement was needed.

There were systems in place to monitor the quality of the service being provided. The organisation had audits and reports to help them monitor the quality of care provided. 'Mock' inspections were carried out by senior management to try and identify where improvement could be made. Where concerns were identified, action was taken to help ensure that there was no repeat of the concern.

We saw an improvement plan was already in place and had identified several areas for action, such as environmental improvements which could be made. The organisation had systems in place which enabled senior management to have effective oversight of quality and what level of care was being provided in the service. Senior management also visited the service periodically to provide support and offer advice on where improvements could be made.

Monthly staff meetings were held to ensure important information was shared. This included discussions around best practice for managing people's finances, people's health needs, DoLS which were in place, and safeguarding.

Surveys were sent out annually to people, as a way of gaining feedback about the service provided and where any improvements could be made. We saw that positive feedback had been received from people

using the service. The nine areas of questions were taken from Mencap's, 'what matters most' standards, which focus on the things people need to live the life they want.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. They ensured that they shared information with other agencies to support people's care. For example, when people went in to hospital or accessed other social care services. A health professional said, "I would recommend it [the service] they do a good job generally."