Candour Care Services (Broadview) Limited

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

Summary of findings

Overall summary

The inspection took place on 01 March 2016 and was unannounced.

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

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.

People who lived at Broadview were not able to share their views with us. However, relatives and professionals involved with people's care and support we spoke with gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support that people received.

People's relatives and professionals involved with the care and support of people who used the service said that people were safe at Broadview. People had health care and support plans in place to help staff know how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a wide range of opportunities for engagement and stimulation. There were sufficient numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

The atmosphere in the home was warm and welcoming and there was a warm interaction between the staff and people who used the service. People were supported to access support from external advocacy services when needed to help them make decisions about matters in their daily lives. People's relatives were encouraged to be involved in developing people's support plans and to visit at any time. People were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

The provider had made arrangements to support people and their families to raise concerns and meetings were held for people to discuss all aspects of the care and support provided at the home. The provider promoted a positive culture within the home that was transparent and inclusive. The provider had robust systems to continuously check the quality of the service provided. Staff were encouraged to develop their skills and knowledge and felt valued.

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 knew how to recognise abusive practice and were confident of the reporting mechanisms.

There were sufficient staff members available to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were managed appropriately. A minor concern was noted during the inspection however, control mechanisms were immediately introduced to address this.

The environment was clean, fresh and well maintained.

Is the service effective?

Good

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy diet and individual dietary requirements were supported.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

Staff and management had a good understanding of people's

needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from relatives and professionals confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People's relatives and external professionals had confidence in the provider, staff and the management team.

The provider had clear and practical arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

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 met 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 under the Care Act 2014.

This inspection took place on 01 March 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the 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 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.

During the inspection we spoke with the registered manager, the deputy manager and three support staff. People who used the service were not able to share their views with us however; subsequent to the inspection visit we made contact with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives. We received feedback from professionals involved with the service including representatives of the local authority care management team, an external quality assessor, a complementary therapist and external trainer/assessor.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits. We also 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.

Good

Is the service safe?

Our findings

Relatives of people who lived at Broadview were satisfied that people were safe living there. They told us that this was in part down to good levels of staffing and because the staff team were established, stable and had good support from positive management.

There were whistle blowing and safeguarding policies and procedures in place. The registered manager demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available in the main office of the home as to how and where to report any safeguarding matters.

The manager kept relevant agencies informed of incidents and significant events as they occurred for example the local learning disability team. Staff received appropriate training and information on how to ensure people were safe and protected. For example, staff had completed training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

Risks to people's safety and wellbeing in everyday life were assessed. These varied from the risks associated with using kitchen facilities to the risk of self-injurious behaviours that were likely if a person became agitated in public due to noise of traffic. There was information available to enable staff to provide appropriate support to reduce the impact of risks for people. These included methods to de-escalate behaviours, distraction techniques and diversion therapy.

People's engagement and stimulation opportunities were not curtailed by risk assessments; conversely there were assessments that supported people to be able to take acceptable risks. For example, some people enjoyed horse-riding, swimming and cycling. Risks had been assessed in areas such as people's limited road safety awareness and lack of physical co-ordination. The impact of the identified risks were minimised by each person being supported by two staff members.

Staff told us there were sufficient numbers of staff on duty to keep people safe. There were five staff on duty during the day to support the needs of the eight people who used the service. Staff were visible throughout our inspection and we noted that they had time to sit and support people, as well as engage people in activities. Records clearly detailed the staffing levels required for each person to keep them safe inside and outside the service.

The registered manager told us that if extra staff were needed to keep people safe or to undertake activities outside the home they provided this. At night, there were two waking staff members and additional support was available from the on- site sister services in the event of an emergency. The company directors lived locally so were able to assist in a crisis. The staff team were able to work across any of the provider's three homes on the site which meant that there was no need to employ agency staff to cover for sickness or annual leave. This was a benefit for the people who used the service because they always received care and

support from staff who knew them and understood their individual needs. There was a low turnover of staff which benefited the people who used the service as they received care and support from a consistent staff team that knew them well. The registered manager said, "It is critical, it is what makes people feel safe. For example, a facial expression or a sound from a person may mean something important and our staff can recognise this. We never use agency."

The provider operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Broadview. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults. We discussed with the provider about ensuring they always obtained people's complete working histories as part of the application process.

People had risk assessments and clear protocols in place for the administration of epilepsy medicines, as required medicines and emergency medicines. There was a record of staff signatures, and there were care plans for medicines that were prescribed on as needed basis. However, we checked quantities of boxed medicines that were not included in the pharmacy supplied blister packs and found that one person's medicines did not tally with the medicines administration record (MAR). Following the inspection the provider told us that this had been an administrative error and that people had received their medicines appropriately. They told us that immediate action had been taken to address this issue which included keeping a running record of boxed medicines so that staff checked the number of tablets remaining each time they were administered. This reassured us that appropriate steps had been taken to ensure that people received their medicines safely and in accordance with regulation.

The environment was clean, fresh, spacious and well maintained throughout providing a safe environment for the people who lived there.

Good

Is the service effective?

Our findings

Relatives of people who used the service told us they were very satisfied with the support people received. One relative said, "I think it's fantastic, it always smells nice, the quality of the food is good, it is the best care facility I have ever seen and I have seen a lot over the years."

A professional involved with the support of people who used the service told us, "The home is also proactive in ensuring that the staff are trained and they work with a local college - enrolling all of their staff on the L2 Diploma in Health and Social Care as a minimum requirement. Many of the staff had progressed to complete the L3 Diploma and all managers were enrolled onto the L5 Diploma in Leadership." This showed us that the provider took training of the staff team seriously and encouraged them to improve their skills and knowledge.

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed staff had completed appropriate training to effectively meet the needs of people, for example learning disability awareness training. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Staff confirmed they received appropriate training to support people in the service and told us that they were supported to take training above and beyond their role. One staff member said, "Whatever training we ask for [manager] will give it to us." The registered manager told us that all the staff team wanted to undertake nationally recognised vocation qualifications and a local college had assisted in making this happen.

Staff told us that they received annual appraisals and had regular supervision with a line manager. The registered manager confirmed this and said that more frequent supervisions had been provided where a need had been identified. Team meetings were held to enable the staff team to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support.

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's capacity to make decisions and choices had been assessed and was being reviewed at this time to ensure that specific areas of people's decision making were individually assessed. People were encouraged to make choices on many areas of their lives as much as they were able. This included in such areas as the activities they wanted to take part in and about the food they wanted to eat. The registered manager told us that some people could communicate their choice by use of noises recognised by the staff team. Choice could be offered to others by use of photographs and where this was not possible best interest decisions were made on people's behalf. People's relatives, local authority social workers, people's key workers and the registered manager were involved in making best interest decisions for people who lacked capacity.

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). The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection the registered manager had submitted deprivation of liberty applications to the local authority for all the people who used the service and these were pending approval at this time.

People were supported to enjoy a healthy and nutritious diet. A relative told us, "[Person's] weight is monitored regularly as they burn up a considerable amount of calories in their normal daily life. Any changes are addressed immediately and they keep me up to date with everything." The registered manager told us that the menus had been developed based on healthy eating options and knowledge of people's likes and dislikes. They went on to explain that, due to people's complex needs and limited communication, the only way they could make meaningful choices with regards to food was to reject things they didn't like. The provider had appointed a nutrition champion and their role was to encourage people to eat healthily. Records showed that staff routinely monitored people's weight and any concerns were managed with support from an external dietician. Three people had been assessed as being at risk of choking. A Speech and Language Therapist (SALT) had been involved with assessing these people's needs and a finely pureed diet was provided as a result. One person received their nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) feeding tube. Staff had received the training necessary to be able to support this person safely.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. Records showed that the staff team worked closely with various health professionals including mental health teams, speech and language therapists, the GP and various consultants. People were supported to attend outpatient appointments and we noted that the district nursing team had visited people to administer flu vaccines. Records showed that the GP had been part of a person's health review which had involved the person's relatives and the staff team. This helped to ensure people's health was effectively managed.

Good

Is the service caring?

Our findings

People were supported and cared for by kind and caring staff. People's relatives told us they thought it would be hard to find more caring and gentle staff than those working for Candour Care Limited. One relative said, "They are so kind and caring, this comes from the top down, I can't fault them one little bit."

A complementary therapist involved with support of people who used the service told us, "The staff are very dedicated, caring and supportive to the service users. The turnover of staff is low which helps to maintain the quality of care." Another professional involved with the support of people told us, "There is a feeling of a homely environment that is safe, kept beautifully clean and comfortable and the support workers work hard to involve the people who use the service in the daily activities if they wish to be involved."

The atmosphere in the home was warm and welcoming. The communal areas were cosy and pleasantly decorated. With their permission we looked at a person's accommodation and saw that it was personalised to their taste and comfortable. We observed positive interactions between people and the staff that supported them.

People received support from a staff team that clearly understood their individual needs. Due to people's complex needs we were only able to spend a short amount of time with them to avoid causing them distress or anxiety.

People were supported to express their views and to be as actively involved as possible in making decisions about their care and support. Some people's relatives supported them with making these decisions and advocacy services were sourced where people needed additional support. The registered manager reported that where people did not have family representation as many professionals as possible were consulted when making decisions about people's needs. This was confirmed by feedback from a professional involved with the home who told us, "Many other professionals are involved and the home liaises frequently for advice and guidance in the specialised areas." This helped ensure the views and needs of people were documented and taken into account when care or treatment was planned.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. The service had a dedicated mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space. Staff showed concern for people's wellbeing and responded quickly to people's needs, for example when people started to become anxious they received prompt support from staff.

People's private and confidential records were stored securely in a lockable cupboard in the manager's locked office. All staff had keys in order to be able to access the records at any time they needed to refer to

them.

Good

Is the service responsive?

Our findings

People's relatives told us that the staff and management team kept them up to date with people's health needs and any issues affecting their well-being. One relative told us, "[Registered manager] contacted me to say that he was going to change [Person's] key worker because they felt that the keyworker at that time was not stimulating and engaging [Person] sufficiently. That is pro-active care and an example of why I like the home so much."

People's individual needs were assessed prior to their admission to the home and a more in depth care plan was developed as they settled in. Health and social care professionals and relatives told us that they had been involved in this process to ensure that the service could respond to people's needs. Staff took time to get to know people so they knew how they preferred to be supported.

Care plans were personalised to the individual and provided clear guidance for staff to follow. For example, we saw guidance to enable staff to support a person with communication without causing them any anxiety or frustration. The guidance stated, "Don't TELL me, ask me. Don't talk to me in long sentences as I can get confused." This level of detail helped to ensure that staff were able to provide the care and support in the way that people wanted.

Some people who used the service demonstrated behaviours which could challenge other people. We were told about different methods that staff used to positively manage such behaviours. One example was providing gentle assurance and de-escalation techniques. Within the home there was a sensory facility which benefitted people when they became anxious or agitated because it provided them with time away from the main house. Relatives told us that they were involved in people's on-going reviews to help ensure that the support strategies in place continued to meet people's needs.

The registered manager told us that they were proud of the way that staff supported people. They told us, "The reason I have a good night's sleep is because of the staff." The registered manager went on to tell us that, until recently, there had been no staff who had left the home in fifteen years. This meant that staff had in depth knowledge about people's individual care and support needs and were therefore able to recognise and quickly act upon any changes.

People's relatives told us that people enjoyed a programme of activities that were suitable to their various needs. One person's relative said how they wished there could be more activities in the evening for their relative however; they said they believed the registered manager was working towards this. A professional involved with people's care and support told us, "I do feel that the company is proactive in looking at ways to promote the individuals person centred support in all areas - social, emotional, cultural and physical needs. The individuals do have many activities to meet their needs and this is reviewed regularly to take into account any changes that they are experiencing."

People were supported to develop their social skills, shopping skills and interpersonal skills to help ensure they were not socially isolated or restricted due to their individual needs, For example, people were

encouraged to walk with staff to the shop regularly to purchase bread and milk and personal items. The registered manager told us how a person had benefitted from patient support from the staff team to overcome their anxiety in public places. They told us, "The first time we went with [Person] to [their favourite food outlet] they bolted and ran straight out of the door. Now with patience from the staff supporting them they are able to sit and enjoy a meal."

Each person had an activity planner that helped to ensure they had opportunities to be engaged either inside or outside the home. There were activities arranged outside the home such as trips out to local venues, trips to pubs, shopping and annual holidays. Arrangements had been made to support individual past times such as swimming and cycling. Music therapy sessions were also available and people were supported to visit their relatives at home. The registered manager told us how two people really enjoyed going horse riding, they said it was because they could see so much when they were seated on the horse. The registered manager told us, "You need to see the expression of delight upon [Person's] face."

The registered manager told us that people were not directly involved with cooking tasks or activities in the home because they lacked the physical or mental capacity to do so. However, we noted that a 'passive cooking' activity took place where people congregated to watch staff cooking and enjoy the resulting aromas.

There were many opportunities for social interaction within the home. For example, we were told of an annual barbecue that took place each summer and Christmas parties that people's families had attended. The registered manager told us, "We have many parties and celebrations. Some parties are a surprise, for instance they sent me out shopping with a long list and when I returned there were decorations everywhere and everyone was here to celebrate my birthday."

The provider had a policy and procedure available to support people to raise any concerns. The manager was able to clearly describe the actions they would take to investigate any concerns raised with them. However, family members we spoke with told us that they have not got, and have never had, any concerns or complaints about the care and support provided at Broadview. One person said, "I am more than confident that [registered manager] would take any concerns seriously and manage them effectively. They are very 'hands on' which I believe elevates the standards at the home."

Good

Is the service well-led?

Our findings

Broadview was well led and managed effectively. The registered manager had clear values including offering choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected. A complementary therapist involved with the support of people who used the service told us, "The constant investment to improve facilities reflects the commitment of the owners to improve the lives of the service users they care for. I have nothing but admiration for the way that Broadview is run."

The registered manager had an active role within the home and demonstrated a good knowledge of the people and the staff team. There were clear lines of responsibility and accountability within the management structure. For example, the home had a deputy manager to provide support to staff on a day to day basis. Staff spoke highly of the support they received from the management team. One staff member said, "The environment, the management and colleagues are all good. We work together as a team to benefit the people who live here." Another staff member told us that they found the management to be, "Really approachable and supportive."

During our inspection we spoke with the registered manager, the deputy manager and three staff on duty. They all demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service.

Staff members told us that they enjoyed working for Candour Care Services and we noted that a number of staff had worked for the company for many years. Regular staff meetings were held to provide the staff with a forum to comment on how the service was run. Daily shift handovers in the morning, the afternoon and evening helped to ensure that all staff had up-to-date information they needed to support people safely.

The registered manager was also the registered provider. We asked them who had an overview of their management decisions and who was able to provide them with effective challenge. They told us of the Strategic Management team that was made up of two other registered managers from the sister services, another company director and an external quality advisor. The registered manager told us that the strategic management team met monthly and this formed a group supervision of their practice. They told us, "If I am not certain of anything I would call a strategic team meeting to access support." They also told us that the local authority quality monitoring reports also contributed to the review of their performance along with feedback from the staff team.

The registered manager told us of plans for development of the home. The kitchen was scheduled for complete refurbishment in the summer and work was in progress to create three further en-suite bathrooms so that each person had their own bathroom. There were plans to develop the grounds of the home involving a basketball hoop, a cycle path, to replace the trampoline and install some swings to create an outside area for people to use and enjoy.

Staff members were allocated lead roles in such areas as quality champion, health and safety, food hygiene,

fire safety, medicines, first aid, infection control, finances, vehicle care, maintenance, furniture, décor, utilities laundry, nutrition and activities. This meant that individuals had the responsibility for monitoring these areas and escalating any issues to the registered manager.

The provider's quality monitoring systems were effective in identifying areas that required improvement. There was a clear and practical audit system which meant the provider had an overview of all aspects of the service delivery. The provider's audit assessed areas across the five key questions that CQC inspects against. (Safe, effective, caring, responsive and well led). For example an audit undertaken on 21 August 2015 looked at 40 different areas to establish whether the service provided for people was safe. These included such areas as staffing levels, medicine practice and fire awareness. We noted that an area of improvement identified via this audit was that the cupboard designated to store cleaning products or other hazardous substances was not lockable. A key had been secured and the cupboard was now locked. A further audit undertaken to establish if the service was caring undertaken on 30 September 2015 identified that the policy relating to people's needs at end of life was in need of review. The action plan stated that this was work in progress at this time with a completion date of 31 March 2016.

The provider had a range of systems in place to assess the quality of the service provided in the home. The registered manager told us that the provider's 'quality champion' undertook monthly quality monitoring visits. These involved audits of such areas as finances, medicines, care plans, environment and reviews the service performance against the regulations.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.