

Mrs Jacqueline Eales

Broom Cottage

Inspection report

159 Birkinstyle Lane
Stonebroom
Alfreton
Derbyshire
DE55 6LD

Tel: 01773873601

Date of inspection visit:
26 April 2016

Date of publication:
06 September 2016

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 26 April 2016. The home was last inspected on 3 April 2014 when it was compliant in all areas and no concerns were identified.

The home is located in the village of Stonebroom in Derbyshire and provides personal care and support for up to five adults with a learning disability or autistic spectrum disorder. Some people may have associated conditions that included sensory disability, epilepsy and behaviour that can put themselves or others at risk. At the time of our inspection five people were living at Broom Cottage.

The service 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 were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who had the skills and knowledge to meet their individual needs.

Safe recruitment procedures were followed and appropriate pre-employment checks were carried out by the provider. Staff were supported by the registered manager to provide care to the people they provided care for.

There were caring and compassionate relationships between the people who used the service and staff. People were happy with their care and they were supported to express their views and be actively involved in making decisions about their care.

People's nutritional needs were assessed and records were accurately maintained to ensure people had a balanced diet. People were involved in decisions about what meals they ate on a daily basis.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. People were able to access health and social care when required.

People were encouraged and supported to make their own life choices. Best interest decision making was undertaken where people could not make their own decisions. The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were always consulted before care was given.

People were encouraged and supported to express their views about their care and staff responded to their

concerns and wishes. Relatives and professionals involved with the home were able to influence what happened to individuals where this was appropriate.

There was a person centred culture in the home which had been developed with the people who used the service, their relatives and staff. The registered manager and staff were aware of their responsibilities.

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.

People were protected from bullying and harassment by staff who were knowledgeable about safeguarding.

Risks to people were identified and plans put in place to minimise risk.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were skilled and knowledgeable to meet their needs.

Care and treatment was provided in line with the Mental Capacity Act and Deprivation of Liberty safeguards.

People were supported to have sufficient to eat and drink and their nutritional well being was monitored.

People received health care from community health services when this was required.

Is the service caring?

Good ●

The service was caring.

Positive, caring and compassionate relationships had been developed between staff and the people who lived in the home.

People were supported to express their views and make decisions about their daily lives. They were supported to do this by committed and caring staff.

People's privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care which was personal to them and responded to their needs.

People's likes and dislikes were identified and they were supported to follow their interests.

People were able to feedback to staff and the registered manager about any concerns they had and were confident they would be listened to.

Is the service well-led?

The service was well led.

The home was well maintained and comfortable for people.

The leadership of the home was well organised and the registered manager showed empathy and understanding towards both the staff and the people who lived in the home.

The registered manager and staff were aware of their responsibilities.

Good ●

Broom Cottage

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.

The inspection took place on 26 April 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection visit we reviewed the information we held about the service. This included any notifications the provider had sent us about what was happening in the home. Notifications are changes, events or incidents that providers must tell us about. We spoke with local authority commissioners who contract with the service to fund people's accommodation and care. We also spoke with Healthwatch Derbyshire, who are an independent organisation that represent people who use health and social care services.

We spoke with three people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with relatives of two people who used the service and one professional involved with the care of people using the service. We spoke with three members of staff, including a senior support worker, the registered manager (who was also one of the registered providers) and the second registered provider. We looked at three people's care plans and reviewed other records relating to the care people received. We also looked at recruitment records and staff training records and other records including audits such as medicine administration, staff rotas, training records and policies and procedures

Is the service safe?

Our findings

People told us they liked living at Broom Cottage and felt safe there. One person said, "Yes, I feel safe here" another person said, "People that come to live here will be safe". We could see from our observations that people who were unable to talk to us were relaxed and calm, indicating they felt safe in the environment. Our observations confirmed people were supported to take part in the day to day running of the home. For example, one person liked to do their own washing and they were supported to use the washing machine and dryer to ensure they were kept safe. They were also supported to use the iron to iron their clothes and were continually monitored to ensure they were safe. The person said there was always someone with them when they undertook these activities to make sure they were not hurt. Relatives told us they believed their family members were well looked after and were safe. One relative said, "No, I don't worry about [my relative] at all.

People were protected from avoidable harm and staff had received relevant training relating to safeguarding. When we spoke with staff could tell us how to identify people at risk of abuse and how to report this. They were confident to raise concerns about abuse or suspected abuse. Staff told us they were able to speak with the registered manager about any concerns they had while carrying out their caring role.

Staff understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised. For example, staff explained to us how they worked with people when their behaviour put them at risk from themselves or to others. They explained how they monitored people by watching their facial expressions and actions so they knew when to intervene. They told us that a lot of the behaviour which might be harmful was de-escalated by talking and spending time with people. The registered manager also explained how important it was to respect people's individual freedom and this helped to avoid them becoming agitated in the first place. This meant people were helped to keep safe from physical injury.

Risk assessments had been carried out and in one care plan we saw a risk assessment had been undertaken to ensure a person was walking up and down stairs safely. During our inspection we saw the person walking up and downstairs who was being safely guided by a member of staff. We saw the risk assessment in the care plan was being followed. This was an example of how the home was helping to ensure people continued to be safe while they were moving around the home independently. Equipment in the home was checked on a regular basis to ensure it was safe for use and the environment was safe and free from hazards and we saw documentation which confirmed this.

There were enough staff to support the people living in the home with their individual needs. People told us there was always a member of staff around if they needed help with anything. The registered manager explained there was a handover of staff through different shifts so that staff could respond to any changing needs and risks during the day. When we looked at records we could see the handover records were up to date. The registered manager also took an active part in the caring responsibilities during the day. The registered manager told us they were always available, at any time, if there was an emergency in the home. During our inspection we saw that people's needs were responded to in a timely manner.

We checked records and could see that recruitment checks had been carried out on staff, references taken up and Disclosure and Barring Services (DBS) checks undertaken. DBS is a way of checking whether there are any reasons why someone should not be employed by the service. This helped to ensure people were cared for by staff who were suitable to undertake the caring role.

Medicines were managed safely. We checked three Medication Administration Records (MAR) and there were no errors. MAR is a record of when people have received their medicines. All of the MAR charts had photographs of people on the front cover so staff could ensure they were giving the correct medicines to the right person.

We checked the storage of medicines and records staff kept in relation to medicines. These showed medicines were stored, administered and managed and disposed of safely and in accordance with professional guidance. When we spoke with people they told us they received their medicines when they needed them.

Is the service effective?

Our findings

People were cared for and supported by staff who were competent, trained and experienced. They met the needs of people in an effective and knowledgeable way. Relatives were positive about the home and told us they had no concerns about the care and support provided to their family members. One relative told us they felt the staff were "Very experienced" in carrying out their caring role and that the home was the "Best we've been to" for looking after their family member.

Staff told us their induction gave them the skills and confidence to meet people's needs. They worked alongside more experienced members of staff, and the registered manager, until they felt confident in their caring role. They also explained they didn't work with people alone until the registered manager was happy they could meet the needs of people in an effective way. For example, staff were sufficiently knowledgeable about people to meet their needs in the way they were comfortable with. People we spoke with told us they were looked after well and staff helped them when they asked for help. When we talked to staff about regular one to one sessions with the registered manager they told us these happened all the time on an informal basis. They also said they were helpful in ensuring they undertook their roles in an effective way. This meant supervisions were not as effective as they could be in supporting staff and increasing their skills. The registered manager confirmed these were not always recorded and said they would review their practice regarding regular formal one to one meetings with staff to ensure they were recorded.

The home were working within the framework of the Mental Capacity Act 2005 (MCA). The 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. When we discussed this with staff they understood the importance of gaining consent to care and working within the principles of the MCA.

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 procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA and could see that best interest meetings with professionals and families had been carried out where this was necessary. The registered manager explained how one person had undergone a simple medical procedure and the Mental Capacity Act principles had been applied to ensure the treatment was in their best interests.

People told us they enjoyed the food at Broom Cottage, one person said it, "Tastes nice". Another person told us, "My food, it's good here" and, "Everything [registered manager] gives me I like". We saw people were involved in decisions about what food to buy from the local supermarket and what to prepare for meals. The registered manager told us where people were unable, or didn't want to visit the supermarket; they were asked their choices before the shopping took place. The registered manager recognised the importance of people doing food shopping for themselves and said this experience for people was, "Very much like home". People were supported by staff to prepare their own meals where they were able to.

People decided where and when they wished to eat. In this way people were supported to enjoy their food in an environment in which they felt comfortable.

Staff were aware of people's individual dietary needs and encouraged them to eat a healthy diet. One person in the home was on a weight reduction diet and had agreed to a healthy eating plan. Records showed their weight had been recorded regularly and the plan to reduce weight had been successful. When we talked to the person about their healthy eating plan they were enthusiastic and proud of what they had achieved. Staff told us they regularly encouraged people to make drinks for themselves, or where people were not able to, staff made drinks for them on a regular basis. This was to ensure people's fluid intake was maintained. People with complex needs who lived in the home had information in their care plans about how their needs should be met. Risks to people with complex needs in their eating and drinking were identified and addressed.

People were supported to maintain good health and relatives told us they were happy regarding the health care of their family members. One relative told us their family member was, "Fitter and healthier" since they had lived in Broom Cottage. Records confirmed people had regular access to healthcare professionals such as GP's, district nurses and dentists. We saw an example in a care record of someone visiting a dentist for treatment to ensure their mouth was healthy.

The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure people received the appropriate care and support they required.

Is the service caring?

Our findings

When we asked people if they liked living in Broom Cottage they all told us they did. Where people could not speak with us they indicated with lots of smiles, Makaton signs and gestures. When we asked if the staff were caring and friendly people used Makaton signs and gestures to indicate that they were. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate. When we asked one person if they liked living in the home they said, "Yes I do". A relative said "You could tell the story on [relatives] face if [relative] didn't like it there". Another relative said "We can see it's the best [family member] has ever been".

People were supported by dedicated and compassionate staff who understood the individual care needs of people they were supporting. Staff knew how people wanted to receive their care and were sensitive to their likes and dislikes. We saw staff interacting with the people living in the home to ensure they were comfortable and were not left for long periods of time without interaction from staff. We received very positive feedback from people and their relatives about the caring environment in the home and the kind and compassionate nature of the registered manager. Throughout the day we saw kind and caring interactions between staff and people who lived in the home. Staff listened to people when they talked and gave appropriate responses. For example, indicating that lunch would be ready in five minutes and showed them the hands on the clock when they asked if it was lunch time yet.

We saw staff interacting with people in a positive way and laughing and joking together. While we were in the home we frequently heard people laughing. We could see from our observations throughout the day people had positive relationships with staff. For example the people staff cared for looked to them for comfort and guidance. We saw one person become distressed and the registered manager comforted and supported them with appropriate touching and soft words. We saw throughout the day that the way staff interacted with people provided a caring and nurturing environment for people.

Staff spent time with people and their relatives learn about their likes, dislikes, hobbies and experiences. They also took time to understand people's likes and dislikes and looked in care plans for information on how to work with people. There was a staff handover at every shift and when we talked to staff we could see they were very knowledgeable about people's needs.

People were supported to take part in activities that they chose and enjoyed, both within the home and out in the local community. People chose what time to get up in the morning and when to go to bed. They chose whether to remain in their own rooms during the day or whether to sit in the communal sitting room. The support to people to help them make choices meant people could be as independent as possible and created a homely atmosphere for people to live in. It also helped to ensure they lived with dignity. For example, one person had their independence promoted by supporting them to undertake volunteer work they enjoyed and this improved their self-esteem.

People were supported to express their views. During our inspection we saw people being asked what they wanted for their lunch and whether they wanted to participate in activities. There was one person who had

only been living in the home a few days and we saw the provider ask them if they were happy living there and if they wanted any changes made to the way people supported them. The provider also asked them if they wanted to continue doing the voluntary work they had recently undertaken. This showed people were encouraged to make choices about how they lived their lives and were given independence to make their own decisions.

We saw people were treated with dignity and respect at all times. For example, staff knocked before entering people's bedrooms. Relatives told us they had no concerns at all and believed their family member was treated in such a way so they maintained their self-respect.

Is the service responsive?

Our findings

People's needs were responded to in a timely manner. Relatives told us they were involved in the planning of the care for their family member and they had discussions with the registered manager on a regular basis. This was to discuss how their relative's needs were being met and about any new needs they had. Relatives told us they felt informed and included about the decisions regarding care for their family members when reviews and care plans were updated. One professional told us the home had been adapted to meet the needs of the person they worked with and gave us an example of this. This meant the home was responding to people's individual needs. Relatives also told us staff responded to the individual needs of their family member appropriately. One relative said, "We can see it's the best [relative's] ever been".

People were supported to follow their interests and express their views and wishes. For example, one person was very enthusiastic about an ongoing project they were working on. They told us they really enjoyed it and staff helped them to carry on doing this. Another person was enthusiastic about their own particular hobby and there was a facility available for them to use to continue with this in the grounds of the home. When we talked to staff they could explain what each person's likes and dislikes were and how they liked to spend their time. This meant staff could encourage people with their interests and support them in their hobbies and interests.

People did different activities during the day depending on the things they enjoyed. The relative also told us their family member went out in the car most days, which was what they liked. Their relative also liked to go out for walks regularly and this was supported. One person told us how they had invited their friends for tea one day and they were helped to contact them with the invitations. They also told us how another person always likes to wear perfume and they can smell it "So we know" [person] is wearing it. This helps to show people were supported to maintain their personal respect and preferences. Another person liked to maintain their independence and told us they "Go out for walks" and go to the local shopping centre independently. People told us the registered manager takes them bowling and how much they enjoyed that. The manager told us where people's interests and hobbies changed the home were flexible in supporting that change. A range of interests carried out by people living in Broom Cottage demonstrates how people were supported to follow their individual interests.

People were encouraged to maintain contact with family and friends where they wished to. One person was supported to visit a family member on special occasions and also to talk to them over the telephone on a regular basis. Relatives we spoke with told us they were always made welcome when they visited their family member at Broom Cottage.

We looked at three care records which held detailed information about risks to individuals living in the home, their likes and dislikes and how to meet their needs. Care records also showed how people wanted to be addressed and what their hopes and wishes were, as well as their fears. They also contained information about emergency contacts should there be an accident or incident. This meant people's relatives could be contacted quickly which helped to ensure a people maintained contact with their families in varying situations.

One professional told us when they needed a place for a person to stay that Broom Cottage had responded very quickly to their needs and made them comfortable. They also explained how they had made changes and adaptations so the person could make choices about how they spent their day. This shows the home is responding to people's needs from the day they enter Broom Cottage.

People and their relatives told us they knew who to talk to if they were unhappy about something. Relatives confirmed they knew how to make a formal complaint if necessary but felt the quality of care in the home was so good they had never had cause to complain or ask for anything to be changed. Relatives told us they were confident any concerns, if they raised them, would be taken seriously. Due to the small nature of the home and the input from the provider on a regular basis informal conversations about the care people received happened on a daily basis.

One member of staff described the registered manager as "Brilliant" at ensuring people's needs were met and ensuring they were treated as individuals.

Is the service well-led?

Our findings

One person told us, "Everything's nice" when we asked them about living in the home. People's relatives spoke highly of the service provided and felt the home was well managed. They also spoke positively about the dedication and commitment of the registered manager and the confidence they had in them. Relatives felt the registered manager was approachable and wanted to do their best for the people living in the home. One relative said the registered manager was, "Brilliant" and it was the best home they had ever been to. The registered manager told us they treated people, "Like I would if they were part of my own family". A professional who visited the service said they believed people were treated in a, "Person centred way". Person centred care is tailored to meet the needs and aspirations of each person, as an individual

Staff told us the registered manager understood the needs of people well and tried to meet all their needs in a kind and compassionate way. Staff felt well supported by the registered manager and they could ask them about anything. One member of staff said the registered manager was, "Willing to try different things" to make things work more efficiently if they felt it was in the best interests of people living in the home. They went on to say there was a family and homely atmosphere at Broom Cottage. They also said there were open lines of communication between the registered manager, the staff, people and relatives of people who lived in the home.

The same member of staff told us, "Yes, definitely", when we asked if the home was well led by the registered manager. They also said the registered manager was, "Flexible and fair" in their interactions and relationships with people and staff. Also, they believed the registered manager understood their responsibilities and the service was "Definitely" of high quality. Staff also told us the registered manager was "Very keen on dignity and respect", and ensuring people were always comfortable in the home.

The structure of the building and the equipment and facilities in the home were well maintained and of a high standard. We saw equipment was checked annually, in line with guidance. Fire drills were undertaken and there were emergency escape plans should the building need to be evacuated in an emergency. All fire risk assessments were up to date. Detailed records were kept of everyday living activities of people in the home. We also saw daily food charts, signed by care staff, when someone was on a weight reducing diet, showing what they had eaten every day. Care plans and risk assessments were up to date which showed the provider was taking the initiative to ensure people were cared for in the way they preferred and risks to them were minimised.

However, when we asked the registered manager to show us how they maintained the quality of the care provision in the home they were unable to produce any records other than the medicines audit. The registered manager assured us that, as the home was only a small facility and they worked there on a regular basis, they monitored quality of provision informally and on a daily basis. One way they did this was every morning when they arrived at the home they made all the people a hot drink and took it to them, talking to each individually. The registered manager told us they were currently training a member of staff to undertake quality monitoring audits as these were not happening.

Regular links were maintained within the local community and people visited church and undertook

voluntary work if they wished. An annual questionnaire for people and their relatives was distributed so the registered manager could monitor any changing views of how the home was providing care. Staff told us funding was available if they needed to update or repair any equipment in the home.

Staff were aware of their roles and responsibilities and the people they supported. They spoke to us about a very open and inclusive culture within the home and said they would have no hesitation about reporting any concerns. They were also confident any issues raised would be listened to and acted upon by the registered manager. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do.