

The Broad Group Ltd

# The Broad Group

## Inspection report

58 Lowesmoor  
Worcester  
Worcestershire  
WR1 2SE

Tel: 01905330602  
Website: [www.thebroadgroup.co.uk](http://www.thebroadgroup.co.uk)

Date of inspection visit:  
31 May 2019  
03 June 2019

Date of publication:  
20 June 2019

### 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

About the service: The Broad Group is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of this inspection there was one person using the service.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

A person who used the service commented they received the care they needed from staff who were kind and to feel and be as safe as possible within their home. The person valued the same regular staff who supported them to meet their needs at the agreed times and were flexible if changes were required.

The registered manager was reviewing the person's care plans, so they reflected the person's up to date care needs with any potential risks to them to guide staff practices.

Environmental risks were also assessed within the person's home to help avoid any potential accidents to the person who used the service or staff. Staff understood their responsibilities in reducing the spread of infections whilst undertaking their caring roles.

Staff were being recruited safely and there were enough staff to meet the support needs of people living in their own homes. Staff received appropriate training and they told us the training was good and relevant to their role. The registered manager was supported in their role and provided support to staff where they could discuss their ongoing development needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

The registered manager worked in partnership with health and social care professionals so a person who used the service was supported to remain healthy and well.

A person who used the service enjoyed positive relationships with the staff team and were treated with kindness and respect. The person's independence was promoted by staff who encouraged them, and staff knew their needs and routines which were met and respected.

The provider had a complaints procedure and people knew how to complain and any comments or concerns were listened and acted on.

The registered manager provided consistent management and leadership and had identified areas for improvements. The registered manager was keen to gather people's views and experiences, so they could

develop the service based on these.

Rating at last inspection: This is the provider's first inspection at their new location.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# The Broad Group

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector undertook the inspection.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides services to people living with dementia, learning disabilities, mental health conditions, physical disabilities and sensory impairments to older people and younger adults. At the time of this inspection one person was receiving support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 31 May 2019 and ended on 11 June 2019. We visited the office location on 31 May 2019 to see the registered manager; and to review care records and policies and procedures. We also returned to the office location on 3 June 2019 to look at staff recruitment.

#### What we did:

Before the inspection we looked at information we held about the service, including notifications they had made to us about important events. We asked the local authority commissioners if they had any information to share with us about the services provided at the service. Commissioners are people who work to find

appropriate care and support services which are paid for by the local authority.

During the inspection, we spoke with the registered manager and looked at one person's care records, and documents relating to the management of the service, including staff training records, recruitment, quality checks and meeting minutes.

Following the inspection, we received one person's written comments about their support and spoke with one staff member about their role.

The registered manager also sent us information which included a care plan and medicine record. We considered this information and included it within this report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- A person who used the service was supported to take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.
- The registered manager had already identified and was in the process of updating care and risk planning documentation. This was reflective of the person's current needs and showed how the person's needs were supported to mitigate identified risks.
- The registered manager and a staff member who supported the person were able to explain to us how they minimised risks to the person's health and well-being. For example, helping the person with their physical needs in a safe way by encouraging them to use a specific aid.
- Monitoring processes were in place to ensure staff received additional training to support best practice where required to meet people's needs in a safe way.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training on safeguarding adults and the provider had relevant policies and procedures for managing risks and maintaining people's safety.
- A staff member we spoke with understood how to protect people from the risk of abuse and avoidable harm.
- The registered manager was aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

Staffing and recruitment:

- A person commented that they received support from the registered manager and a staff member who they knew well.
- The registered manager organised a person's support visits and their rota's in such a way which reduced the risk of staff not being able to support the person when needed.
- Staff recruitment records showed checks were completed on staff before they worked with people in their own home. This was confirmed by the registered manager and a staff member.

Using medicines safely:

- A person's own independence regarding their medicine was supported. At the time of inspection, the person occasionally required support with a specific prescribed medicine.

- The provider had a medicines policy in place which reflected recommended guidelines.
- Staff were trained in administering medicines and competency had been assessed to be able to safely support people with their medicines when this was required as part of their support.
- The registered manager had introduced medicine records, so people's medicines would be accurately documented when support was provided.

#### Preventing and controlling infection:

- The provider had systems in place to ensure people were protected against the risk of infections.
- Staff completed training in infection prevention and control.
- Staff were provided with personal protective equipment, including gloves and aprons. On this subject a person told us staff had gloves to help them remain safe and healthy.

#### Learning lessons when things go wrong:

- There were appropriate forms and processes in place for use for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- The registered manager and a staff member we spoke with were aware of following the provider's policy which included reporting accidents and incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider had arrangements in place to assess people's needs and choices.
- Prior to using the service, people's needs were assessed by the registered manager to ensure effective care could be planned and delivered.
- The registered manager told us all aspects of people's needs and preferences were considered before it was agreed the right care could be provided. For example, a person who used the service was provided with flexible support which met their chosen lifestyle.

Staff support: induction, training, skills and experience:

- A person's comments showed they felt confident staff were skilled in providing care safely and effectively.
- A staff member we spoke with told us they felt supported in their role and were confident they had received all the training they needed to support a person effectively. This included specific training to gain more understanding of a person's health condition to support them in managing their health needs.
- The registered manager made sure they met with staff on a regular basis to discuss their practices together with any areas of improvement to ensure they continued to provide effective support.
- Staff who had been recruited by the provider had received induction training, which included a period of shadowing experienced members of staff.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported at mealtimes in line with their plan of care.
- A person who required support with meals were assisted by staff who asked them what they preferred to eat and prepared food in line with their personal preferences and dietary needs.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- The registered manager and a staff member we spoke with told us they worked with other agencies and professionals to ensure a person was supported with their needs.
- Where a person who used the service received additional support from healthcare professionals this was recorded within their care records to show the person received a coordinated service.
- As part of supporting a person who used the service staff accompanied them to any health appointments

and encouraged the person to follow any recommendations made by health professionals.

Adapting service, design, decoration to meet people's needs:

- The provider and registered manager had systems to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to make sure people received the best care and support. This was a domiciliary care agency, so people received care in their own homes.

Ensuring consent to care and treatment in line with law and guidance:

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

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The registered manager and a staff member showed an awareness and understanding of the MCA.
- People's consent had been sought by the registered manager before care and support was provided.
- Care records reflected that staff should always asked for consent before providing support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- A person who used the service showed through their comments they were supported in a caring way. For example, the person said they were able to share banter with a staff member which they enjoyed.
- In addition, the person commented on how staff met their diverse needs such as, staff using their skills when communicating with them.
- Staff had received training in equality and diversity. While speaking with us a staff member showed a good knowledge of a person's personality and individual needs and what was important to them.
- The registered manager was committed to ensuring people who used the service received the best possible care from staff who knew them well. They recognised this enabled people to build trusting relationships with staff who provided support.
- A staff member spoke positively about their role. They described how they had built up a good relationship with a person they provided support to and enabled the person to be in control of their support which was provided to meet their diverse needs.

Supporting people to express their views and be involved in making decisions about their care:

- A person who used the service was supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. For example, sending the person their daily diaries electronically to meet their communication preferences.
- Staff used a person's specific style of communication and the person confirmed this as they felt understood and involved in the decisions about their support.
- The registered manager and a staff member we spoke with showed they had a good knowledge of a person's personality, individual needs and what was important to them.
- When a person had expressed their views about their likes and dislikes these were respected.
- A staff member could tell us about, and records confirmed that the person's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence:

- There was an ethos shared by the registered manager and a staff member we spoke with which showed they helped a person who used the service to retain their independent living skills.
- The registered manager and a staff member described how they ensured a person who used the service was treated with respect and dignity.

- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially, and systems and processes protected people's private information.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were at the centre of care planning and were involved in the process. Where appropriate, relatives and advocates were consulted.
- The registered manager showed us they were reviewing the care plans of a person who used the service. We saw these care plans were centred on the person; they took account of their likes, dislikes, wishes and preferences about their daily routines.
- From speaking with the registered manager, they confirmed they had completed a lot of work in improving care documentation to ensure this was personalised to the person who used the service. This was so staff had as much guidance as needed to support people effectively and respond to their individual needs.
- A staff member we spoke with showed they were knowledgeable about the preferences of a person they supported which reflected the care planning the registered manager had made improvements to.
- A person's communication needs were known and understood by staff.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in the conversations we had with both the registered manager and a staff member we spoke with.
- People were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
- Staff completed a daily record at each support visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- The registered manager wanted the service provided to be responsive to people's needs and a person who used the service valued the support provided by staff who knew their routines well.

Improving care quality in response to complaints or concerns:

- A complaints procedure was in place. A person who used the service told us they would feel able to raise any concerns with the registered manager.
- Where a complaint had been raised this was investigated and learning points taken from this to continue to improve people's experiences of their support.
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved

End of life care and support:

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- A person who used the service was positive in their comments about their care and complimentary about a staff member who provided support.
- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a genuine difference to the lives of people using the service.
- The registered manager spent time with staff and people who used the service. The registered manager used their comprehensive knowledge of people's needs when planning further the development of care.
- A staff member we spoke with was complimentary about their employment. They told us "I love working here. The staff team are amazing."
- The registered manager described how they were passionate in continuing to maintain their ethos of providing support centered on each person as the service provision grew.
- Staff understood the registered manager's vision for the quality of care to be provided. A staff member told us they had support from the registered manager and operations director. They said the registered manager was, "A really positive influence" and, want the best care for a person who used the service and has it expands.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- A person who used the service knew the registered manager well and felt able to direct their own support through their regular contact with them.
- Staff felt the service was well managed and people's care needs were met.
- Staff were supported to understand their roles through regular one to one meeting, with their manager. A staff member we spoke with described how they were encouraged by the support they received from the registered manager. They were encouraged to reflect on the support they provided and to focus on developing the service provided further.
- The registered manager checked the quality of the care provided and this assisted them in continuing to develop the service. For example, checks were made on the daily diaries completed to ensure a person's care and support was provided to meet their expectations and in line with their care planning.
- The registered manager and staff were supported to provide good care, based on best practice standards, by meetings with the provider, attending training, plus research linked to the needs of people using the

service.

- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager spent time with a person who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- The provider had arrangements in place, so people were able to share their views through feedback forms which had been completed with a person who used the service. The results of the latest feedback about a person's care showed a high level of satisfaction with the service provided. For example, a person had commented to the overall quality of service to be excellent.
- The management and staff worked together so people would have the support they needed to meet their individual lifestyles. This included providing flexibility, so a person was supported to attend different appointments and to work as an advocate when the person accounted difficulties due to their specific needs. Particularly around the person's communication needs so they felt understood by community health settings.

Working in partnership with others:

- The registered manager and staff worked together with other health and social care professionals for suggestions to develop a person's care further. This helped to promote the person's physical health and mental well-being.

Continuous learning and improving care:

- There was a drive to learn and improve people's care further. Staff were encouraged to take learning from any incidents and to reflect on the standards of care they gave, so lessons could be learnt and plans to mitigate future occurrences were put in place.
- The registered manager had a vision to continue to develop and grow the service. They understood their responsibilities to continually improve and develop the care for the benefit of people who used the service. The registered manager saw this as a basis from which to work from as they had a vision to expand the service and was supported in their venture by the company directors.