

Marran Ltd

# Brunswick House

## 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



### Overall summary

We inspected Brunswick House on 1 October and 7 October 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Brunswick House is a mid-terrace property located within walking distance of Guisborough high street. The service provides care and support for three adults who have a mental health condition. The service is close to all local amenities.

The had a registered manager in place. 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 provider was not fully assessing risk and therefore the service was not doing all that was reasonably practicable to mitigate any risks it could. This meant staff were not enabled to have the guidance they needed to help people to remain safe.

# Summary of findings

There were not appropriate systems in place for the management of medicines which meant that people were at risk of not receive their medicines safely.

There were systems in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected. We saw that although staff had knowledge, the organisation did not have robust safeguarding and whistleblowing procedures which would guide people who use the service and staff to understand fully how to report issues and who to report issues to.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant if required they would be working within the law to support people who may lack capacity to make their own decisions. We found that the policy did not ensure the process of what to do was clear for people to follow.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. At the time of the inspection

people had been weighed on a regular basis and staff had appropriately referred people to relevant professionals where needed or provided advice to people.

We found that people were supported to maintain good health and had access to healthcare professionals and services. People were supported by staff to appointments if they chose this. Who people should visit and how frequently they should visit was not recorded clearly in people's records. .

We saw people's care plans were person centred and written in a way to describe their care and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans.

The care and support documents were not in a format that helped staff to complete them with all their knowledge of people. The document did not contain a risk assessment tool for staff to use. This means information was missed and support was not risk assessed robustly...

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

We saw that where issues had been identified; action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

There were systems in place to monitor and improve the quality of the service provided. However the auditing

# Summary of findings

system was not always effective. The majority of the audits were a question with a tick box and as such they did not pick up on some of the areas that we identified during the inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not always safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

The systems in place for management of medications were not robust enough to ensure safety.

Hazards within the service were not fully identified and risk assessed, therefore the service had not put in place everything reasonably practicable to mitigate risk of harm.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training and development. They also received regular supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services. Recording and monitoring systems of people health needs was not robust.

Good



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



### Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

Good



# Summary of findings

To make sure that people's voices were heard staff asked people for their view each day and during meetings. People told us that if they were unhappy they would tell the registered manager and staff.

The care and support documents were not in a format that helped staff to complete them with all their knowledge of people. The document did not contain a risk assessment tool for staff to use. This means information was missed and support was not risk assessed robustly.

## Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

The registered provider of the service also take an active role in supporting the registered manager and service.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place but they were not effective as they were just a tick box and did not always pick up on areas in need of improvement.

**Good**



# Brunswick House

## 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 inspected the service on 1 October and 7 October 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The registered provider was not asked to complete 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.

At the time of our inspection visit there were three people who used the service. We spent time with all three people. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit we spoke with the registered manager, a house manager and one support worker. We also sought feedback from two professionals who have visited the service and the local authority contracts and commissioning department. We also spoke with one relative during the inspection.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records. We looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We looked at the organisations hazard risk assessment tool. This document covered the hazards identified across all of the services the registered provider operates. The tool did not highlight all the main hazards within the service, it did not reference all control measures that could be in place or reference more specific assessments that should be in place to minimise risk. For example, legionella was not hazard assessed, it did not reference that additional measures were in place for medication audit and no additional risk assessment for fire was in place.

Because this tool is generic it was also difficult to read what was relevant to Brunswick House. For example it references all homes are none smoking, however people do smoke outside at Brunswick House and therefore there should be a risk assessment and procedure to follow to maintain safety in this area. This was discussed with the registered manager.

We looked at the arrangements in place regarding the storage, use and assessment of hazardous substances that are used for cleaning of the home. We found all substances were in a locked and secure cupboard. We saw that the procedure in place was old, dated 2008 and it related to another service. The data sheets which explain how to manage the substances safely and what to do in an emergency were also old and they did not relate to substances now being used. This meant that people have access to substances that could harm them and there is no up to date information of what to do in an emergency situation for example if the substance was spilt on someone's skin.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. Staff we spoke to explained how risks to people's safety had been assessed by themselves and they explained the actions they had put in place to mitigate risks. Records of these assessments and support delivered were not reflected in the individual's risk assessment. For example one person accesses the community alone and protocols were in place to ensure staff knew where the person was going and the persons estimated time of arrival back home. Staff we spoke to also

knew what action to take if the agreed time was passed and the person did not return. However the persons care plan did not describe the risks or the protocols in place to mitigate those risks.

There was no risk assessment tool within the care plan document which would help staff to think about hazard assessment and managing risk. We spoke to the registered manager and he explained the care plan format was being reviewed and this would be addressed as part of that process.

We saw the evacuation procedure framed in the hallway for people to follow. This document did not reflect safe process in the event of a fire. It listed actions to take which included entering the building when it was on fire.

We spoke with the registered manager and he agreed to change this document after day one of the inspection and it was observed a new process on day two was on display.

Following the inspection the provider forwarded the fire risk assessment. This document does not highlight all the hazards. We were told the upstairs escape route is via a bedroom window. The person locks the bedroom door when they are not in, therefore the route is not accessible most of the time and should not be planned to be used as a means of escape.

This is a breach of **Regulation 12 (2) (a), (b), of the Health and Social Care Act (Regulated Activities) Regulations 2014.**

At the time of the inspection all three people required support in some way to manage their medication, whether this be support to order, store, administer or dispose of their medication.

We saw that arrangements were not appropriate for the safe management, storage, recording and administration of medicines. We saw records that explained people had prescribed 'as and when required' (PRN) medications but they did not have a corresponding medication administration record (MAR) that would need to be signed if the person was to take a dose of the medication. Another person did not have the PRN sheet fully completed meaning staff did not have full information to support the person safely with the medication.

We were told that one person buys over the counter medication for pain. The medication procedure did not

## Is the service safe?

explain how staff should deal with 'homely remedies' and how to work with a person's GP to ensure the over the counter medication are safe for the person to take and that consumption levels were monitored.

We spoke with the registered manager who told us staff had not been competency checked to ensure they were managing medication systems effectively. The registered manager did show us a new competency form that is starting to be implemented and explained they would be assessing the competence of staff working at the service.

One person managed their own medication. Staff told us the person had their own key. Staff completed random audits to check that the person had taken their medication. Staff told us that they had no spare key and that there was no formal recording system of the audits or a risk assessment telling us the frequency of the audit. We looked at records and found the care plan for medications for this person did not clearly describe all the medication support they needed and the risks involved, for example it stated to look for signs of none compliance when the person may not be taking their medication but it did not describe what those signs would be or how to react to this. We found that no assessment of need or risks had been formally completed but rather staff knowledge of the person was used to determine their skills. We were told by the registered manager that there was no medication self-assessment tool used to measure skills, support needs and risks when a person does self-medicate.

We saw that not all of the medication received was recorded effectively meaning stocks of medication could not be determined. This could lead to staff not knowing if someone has taken too much or too little medication.

We saw records that described a protocol for ensuring a person received their medications if staff were not on the premises, maybe if the person arrived home after staff left for the night. The person did not self-medicate, but the protocol we saw described staff leaving the medication in their room to take. The risks around this support were not highlighted and no control measures were described.

This is a breach of **Regulation 12 (2) (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.**

We saw records that told us staff had received medication training; we saw a copy of the medication procedure and found that the full system and process was not defined within the document. For example how to deal with medication people who use the service buy themselves.

We saw records that showed the temperature of the rooms was checked where medications were stored to ensure the room was not too hot or too cold. All temperatures were within safe limits.

We found medications were stored in a filing cabinet that was not solely used for medications in an under stairs cupboard that was not always securely locked. We discussed medication storage with the registered manager and he responded immediately by installing more person centred storage in a persons room rather than in an under stairs cupboard.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "Yes I feel safe, the latch on the door goes down, we check the door, it is a lovely bunch of staff." Another person said, "I am happy here, I feel safe and secure."

The registered provider had an open culture to help people to feel safe, supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns.

The staff we spoke to told us they had all been trained to recognise and understand all types of abuse. Two out of three staff have up to date training in safeguarding and one was waiting for arrangements to be made to access the training online. The registered manager had this booked in for completion. We saw records to confirm the training received in safeguarding.

We saw the policy regarding safeguarding and found that there was no process which explained what people needed to do to record an incident of abuse, there was no reference to whistleblowing or what actions the registered provider would take against staff if they were found to have abused someone they support. Within adult social care new categories of abuse have been defined to ensure staff and professionals know what to look for and what is recognised as abuse. The policy we saw did not outline all the categories of abuse and therefore it is not robust.



## Is the service safe?

We looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager and the registered provider. One staff member said, “I would report it to X [the registered manager] and I would report further to the local authority if issues were not dealt with.” The service had a whistleblowing procedure but this did not reflect what whistleblowing is, to enable staff to understand their rights if they raise concerns, it also did not direct staff to where they can raise concerns. Staff did understand who to go to but the procedure did not direct them properly, meaning there is a risk new staff or those less competent may not understand the process.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

People who used the service told us that they take part in evacuations regularly and they could describe the evacuation procedure. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in August 2015. Records indicated that two staff members had not taken part in a fire evacuation recently. This was highlighted to the registered manager on day one of the inspection and one staff told us on day two they had taken part in an evacuation following this feedback. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk

of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that one staff member works alone. Overnight and for some part of the day there was no staff member on duty. People were independent in supporting themselves at this time and when accessing the local community. Plans were in place for the people who use the service to be supported by a sister service which is located close by should they need any support when no staff were on duty.

As staff were lone working they had a process of ‘sign off all well’ calls that were made at night to the sister service to handover responsibility. People who used the service confirmed that they knew staff were available should they need them through the night or day. One person we spoke to commented ‘It shows we can be trusted, we have the numbers on the side if we need anything’. No risk assessment could be found within people’s care files that assessed people’s skills and explained measures in place to support them when no staff were in the building.

The registered manager told us that people only move into the service where they have the necessary skills to be independent whilst no staff are in the building. It was explained where people require more support this would be referred to the social worker/ community nurse for assessment and staffing could be altered according to need. During our visit we observed that there were enough staff available to respond to people’s needs and enable people to do things they wanted during the day. For example, staff were available to support people on an appointment during our visit. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency.

# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I have got a lot of independence and I care for myself. I like living here it is a good thing, everyone is sociable and friendly." A visiting professional said "People are involved in day to day business including meals and choices."

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff explained to us they felt they had enough training to enable them to do their job safely. The registered manager told us they were starting to undertake the Care Certificate induction for future recruits. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. We saw the new induction plan which starts to outline the care certificate. It has not been used yet at Brunswick House. The induction people had received outlines how training had involved reading the care and support plans of all people who used the service, reading policies and procedures and that staff were shadowing experienced staff until they felt confident and competent. One staff we spoke to confirmed that new staff will shadow until they are confident and competent to lone work.

We saw records that confirmed the range of training staff had taken part in. Topics staff had received training in included: moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us that they had been on medication training and how this training had been really useful. One staff member said, "We do training all the time." One of the people supported told us "They are always on training, they do it here". We also saw records which confirmed staff received specialist training in mental health to help them deliver support to people.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I also recently met with the proprietor who was really good, the registered manager does them also, and I have had quite a few."

We saw a supervision planner which outlined the topics over the year to go through in peoples support sessions. The registered manager explained that some support sessions are one to one and others are group sessions. Topics included looking at areas of mental health support and equality and diversity.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions. We did not see any documentation which demonstrated the implementation and use of this knowledge because all of the people being supported had capacity to make their own decisions. We saw the policy which should be used to guide staff should they need to use the process. We found that it did not have a description of the process and links to the documents they would need to complete.

Staff we spoke to gave examples of how they gain consent before supporting a person to ensure the person would like support. This showed staff work in a positive way to empower people.

At the time of the inspection, nobody who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

Staff and people who used the service told us that they were involved in making choices about the food that they ate. The registered manager told us that staff and people go shopping for food. On the day of the inspection we saw that a person had been to the local shops independently to buy provisions for the house. Staff we spoke to told us that they promoted healthy eating. We saw one person working with staff to choose what to have for lunch. They were supported to make their own choices. We saw one person welcome their relative for tea during the inspection.

## Is the service effective?

We sat with one person whilst they had lunch. They had chosen a sandwich. They told us they liked the food that was provided, they said, "We get a choice of menu and we all have our favourites." They also said, "I don't like salad, I eat it but not often, we do well for food here." Everyone told us how they liked to wash and dry up after meals, that they have a rota. Everyone also gave examples of when they have been supported to make the meal and cook. We saw in the comments file that one person had left a comment in the comments box which is kept in the dining room and it said 'Lovely tea', it was dated May 2015. People were involved each week when the menu was written about their choices and they could also choose each day if they didn't like the menu. People ate their main meal together in the evening if they were home and at lunch the times were more flexible.

We saw that people had access to a plentiful supply of hot and cold drinks during the inspection and that they were independently accessing the kitchen to make their own.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw that staff regularly supported people to be weighed and they used this information to work out a person's BMI, body mass index. This information was assessed against the Malnutrition Universal Screening Tool (MUST) tool to work out if a person was at risk of malnutrition. We saw one person's file contained a review of the nutrition care plan when it was identified the person had put on weight and been offered advice and

opportunity to see a dietician. Their choice was recorded. Staff did not have access to the MUST tool instructions so they could not understand how it worked. We spoke to the registered manager about this and he agreed that the full tool should be available for staff. He agreed to put this in place.

We saw a document which listed professional visits however it was unclear that all professionals had been seen at the frequency expected because the care plan did not clearly reflect what frequency people should see professionals.

One person we spoke to told us that they appreciate staff support when visiting the doctor because they find it difficult to describe what they feel and staff help to get their view across. Also staff would remember what the doctor had told them.

The service did not have a fast turnover of staff. The registered manager and staff that worked at the service had done so for some time. No staff member had been recruited in the last 12 months. We looked at the file for two staff members and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

# Is the service caring?

## Our findings

At the time of the inspection there were three people who used the service. People we spoke with during the inspection told us that they were very happy and that the staff were caring. One person told us they had no plans to move on because they enjoyed living at Brunswick house. Another person said, "Staff take time to listen and understand." A family member visiting said "staff are warm and friendly."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout both days we saw staff interacting with people in a very caring and friendly way. We saw warm interactions between staff and people which included using friendly humour and banter. This showed that people knew each other and that they had confidence to communicate openly together.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at some times people were in need of reassurance to speak out. Staff took time to talk and listen to people. When one person who used the service needed to go to an appointment and was anxious about timings, staff were patient and reiterated timings and reassured the person. This showed that staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. They also described one person's preference to have time alone and that this was respected. This showed that the staff team was committed to delivering a service that had compassion and respect for people. The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all

staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One person we spoke to said "I would recommend the place to others, I don't want to leave." Another person said "When X (another resident) moves on there will be a fair few people wanting to move in." This meant that people were happy in their home.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection one person showed us their bedroom. This was personalised they told us they had chosen the décor. We also saw that there were many homely items such as fresh plants in the garden and pictures in the lounge. One person told us he had been supported to go out and choose the items such as pictures, plants, cushions.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. One person we spoke to said "I do things myself and they don't take over till I ask. I have been doing life skills such as ironing and cooking." A professional told us "It is a supportive environment." People told us they liked to help out and maintain their independence.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "We go to cafes, meals out and the pictures." Another person said, "I've been going on the walking group at Miltoun." They told us that they had been to Flamingo land and Whitby. Everyone said they often go on errands to buy items for the house in the local town of Guisborough. One person told us how they had been involved making scones for the coffee morning at a sister service.

One person told us that they liked to spend time on their own which was respected. Another told us how they liked to play their music and guitar. One person who used the service had recently bought a bike and this meant they could use it to visit family. During the inspection we heard staff remind people of activities available. Staff we spoke to explained that the group of services owned by the same provider shared a vehicle and that they could book in to use the vehicle to go out.

Staff we spoke with explained they support people to feel motivated to join in and access the community. They described that one person would in the past not go out and now they are very active. They now access the community daily to visit the shops, go swimming and join in activities.

We saw records that listed the activities that people took part in. The book documented all three peoples activities. However activities were not recorded in peoples own files. We discussed this with the registered manager and they decided to record activities in individual files to ensure a more person centred approach was used.

One person told us about a job they have that originally was temporary and is now permanent. They told us they were proud of this.

People told us they kept in touch with their families and one person was being visited by family on the day of the inspection. On the second day the person said how much they had enjoyed the time with family and that they will keep in touch through letters. Staff told us they support the person with this where they need it.

During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and plan of care drawn up. The care and support plans we looked at included people's personal preferences,

likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. One person said, "I am involved in my care plan." We saw each person had a key worker whose role it was to ensure plans were up to date and reviewed. We saw that people being supported had signed their own plans to agree to them.

The care and support files include a personal history section which helps people understand the person and who is important to them.

The care and support plans detailed how people wanted to be supported. We found that care and support plans were reviewed and updated when needed on a regular basis. Care and support plans were person centred and contained information on how the person liked to be cared for and their needs. We found that the detail within the care and support plan did not always cover all the detail of the support the person received. For example; one person's plan stated the person had no hobbies, but we were told by the person and staff that they liked many things including swimming, bar meals and art therapy. Another person's plan told us the person managed their finances independently but it did not describe the detailed way staff support that need to ensure their money was safe and accounted for. Important information to prevent someone's mental health deteriorating was not written within one plan so staff can follow proactive interventions.

Alongside the current support plan we observed a new format which is starting to be introduced. We spoke with the registered manager and staff about the new format of support plan. We saw a new plan that had started to be written and some of the person centred detail had been lost when transferring information. The new format is more of a table based care and support plan which restricts people writing the person centred detail about someone's support. The format also does not include a risk assessment format to enable robust hazard assessment. The registered manager explained he will use this feedback to adapt the format before proceeding further.

During the inspection we spoke with staff that were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

## Is the service responsive?

We received feedback from one professional who said “The service has done really well supporting someone’s skills for moving on” This shows us staff were responsive to people’s needs. The person moving on told us they would miss the service, that they were pleased about how staff had supported them to learn new skills they said “I will have my own front door.”

We were shown a copy of the complaints procedure. The people we spoke to knew how to make a complaint, one person told us “I know I have a file in my bedroom, I can go to X (Local Authority) and the manager or to friends, I have never had a problem.”

The procedure gave people who use the service a list of people they may contact to speak out to. The procedure

did not however guide external stakeholders or families how to complain. The procedure did not give timescales on when an investigation will be carried out or the right to appeal any outcome received.

The registered manager said that they spoke to people on a regular basis to make sure they were happy. One person who used the service said, “I would go to X (registered manager).” Another person said “I would go to X (house manager) I am happy with her, I have never had to make a complaint.”

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.



# Is the service well-led?

## Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out on a monthly basis. These included checks on health and safety, medicines, infection control, accidents amongst other areas.

There were systems in place to monitor and improve the quality of the service provided. However the systems were not always effective. The majority of the audits were a question with a tick box and as such they did not pick up on some of the areas that we identified during the inspection.

We saw that where issues had been identified; action plans with agreed timescales were followed to address them promptly.

The registered manager explained that some audits were carried out by a peer reviewer. This is a person with the same job title and responsibilities auditing the work another person is doing. This is identified as a good way of involving people in the quality assurance process.

To promote people feeling comfortable to raise concerns an independent chair from a sister service supports Brunswick House's residents meetings. This meeting was an opportunity to raise concerns. We saw the minutes of one meeting where people who used the service had raised concerns about the smoking shelter provision. The registered provider had reacted and put in place a new shelter. People went on to say this was not substantial enough in bad weather. On the day of the inspection the proprietor was on site looking for ideas and solutions to meet the requests from people. This showed an open culture within the organisation. All residents at home were observed openly talking to the proprietor and they had a good relationship with people.

The registered manager told us the proprietors were actively involved in the running of the service and they too visited the service on a regular basis to monitor the quality of the service provided. We saw records of a visit from September 2015. Both staff and people who used the service were spoken to during the visit to seek their views on the care and service provided. Where areas for improvement were identified action plans had been developed.

People who used the service spoke positively of the registered manager. One person said, "X [the registered manager] gets things sorted."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "X [registered manager] is supportive there is an open door policy and you can speak to him, you can also speak to the proprietors."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "This service listens to ideas and allows us freedom but they are there as well to ask." They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included safeguarding, on-call and the walking group.

Staff and people supported described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. The registered manager described this as visiting regularly. He explained that any issues picked up would be passed across the services for everyone to learn either through staff meetings, memos or one to one's. Staff we spoke to and the records we saw confirmed this.

We saw that a survey had been carried out in February 2015 to seek the views of residents. Records of this showed positive results.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12(2) (a) (b) (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014</b></p> <p>The Health and Safety systems and arrangements in place were not fully assessing risk and therefore the service was not doing all that was reasonably practicable to mitigate any risks it could.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014</b></p> <p>The systems in place for the management of medications were not robust enough to ensure safety.</p>