

Essex County Council

# Bramble Close Supported Housing

## Inspection report

9A Bramble Close  
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28 April 2017  
23 May 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bramble Close Supported Housing is registered to provide personal care for people in their own home. People who use the service have tenancies with the owner of the premises and the registered service provides care and support to enable people to live independently in their own home. The service supports up to four people who have physical, learning or sensory disabilities and needs. There were four people receiving a service at the time of our inspection visits.

The service had a registered manager. 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.

At the last inspection this service was rated Good. At this inspection we found the service remained Good.

The service was safe. Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were satisfactory. Detailed risk assessments were in place for people using the service to support their safety. There were also processes in place to manage any risks in relation to the running of the service. Staff deployment was suitable for people's needs and people's medicines were safely managed.

The service was effective. People were supported by experienced staff to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and the practices and systems in the service supported this approach. People were supported to maintain good health and nutrition and they had access to healthcare services.

The service was caring. We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. People's dignity, privacy and independence was respected.

The service was responsive. People's needs had been assessed with them and they told us they received the flexible support they needed from the service. Care plans were person centred and reflected what was important to the person. The service had a complaints policy in place and people felt able to complain if they needed to.

The service was well-led. The service had a positive open culture. The registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Bramble Close Supported Housing

## **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.

This comprehensive inspection was undertaken by one inspector on 28 April 2017 and was unannounced. We also visited the service on 23 May 2017 by appointment to view some additional records.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with two people using the service. We also spoke with the registered manager and two staff working in the service. We looked at two people's care and medicines records. We looked at recruitment records relating to two staff and training records for all staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the service.

# Is the service safe?

## Our findings

At this inspection we found that people continued to receive a safe service. People told us they felt safe and we saw that they were confident in approaching and interacting with staff.

The provider had effective systems in place to safeguard people from abuse. Staff had attended training in safeguarding people. Staff were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. A staff member told us, "I have whistle blown previously in another employment and I would do again so that people are safe."

People's individual risks were assessed and planned for to support people's independence and safety. Staff were aware of people's individual risks and told us how they kept people safe, for example, using assessed equipment and good practice in moving and handling. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. Contingency plans were in place to ensure the continued operations of the service for people in the event of emergency such as equipment or power failures. An emergency evacuation plan was in place for each person using the service and staff were able to describe the procedures to follow in an emergency event.

People were protected by the provider's staff recruitment process. The provider had successfully recruited staff recently. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service. The provider used the service of an external agency to complete checks on applicants who were then interviewed by the registered manager. This was confirmed in the staff records we reviewed by arrangement.

While the service had had some issues in recruiting new staff, there were enough staff to meet people's assessed needs. The provider had seconded some staff from another registered service and used external agency staff to ensure suitable deployment within the service. The registered manager told us and rotas showed that the same three agency staff worked in the service long term to support consistent and safe care for people. People confirmed that staff checked on them routinely and were always available as planned to support them. The registered manager confirmed that there were always two staff available on site and an on call system to ensure people's safety at all times.

The provider had systems in place that ensured people received their medicines in a timely and safe manner. This included the safe receipt, storage, administration, recording and return of medicines. We looked at two people's medicines and found that medicine stocks tallied with records and medicines administration was clearly recorded. People received their medicines in a way that suited them and supported their safety. One person told us, "I have to have help with my tablets. They do it slow for me so I do not cough."

## Is the service effective?

### Our findings

People felt that staff supported them and were able to do their work well. One person said, "The staff are very good." People continued to receive care from staff who felt well supported. Staff told us they had the opportunity for this in their regular supervision meetings and in the availability of the registered manager, who also worked care shifts in the service. The provider had a formal system in place for annual staff appraisal to ensure on-going competence of their overall performance.

The service had its own trained staff for providing moving and handling which meant that opportunity for current training was flexibly available, such as when new staff were appointed. While we found no concerns relating to the management of medicines during our inspection, records of staff training viewed showed that some staff had not had recent updated training in medication management. The registered manager subsequently provided confirmation that this had been sourced and booked and confirmed that it would include on-going competence assessment. The registered manager also told us they would check all other staff training to ensure this was up to date.

One recently recruited member of staff told us they had received a suitable induction to the service. While they had previously known and worked on an independent basis with some of the people using the service, the staff member confirmed they had been able to shadow experienced staff and were supported to read all relevant documents to enable them to provide effective care to people. They told us, "I feel so supported here. There is always someone I can ask. Staff are supportive and work as team. We share tasks. If you get caught up, someone else will do what needs doing, so everyone gets what they need done." The staff member also confirmed that opportunity was available for training and development and they would be commencing a recognised National Vocational Qualification.

People's consent to care was sought and recorded within their care records. Staff were aware of people's rights to make their own decisions and respected this in line with the guidelines of the Mental Capacity Act. The registered manager had attended training on the Mental Capacity Act and training for all staff in this area was planned. Staff were aware of people's individual capacity levels and how these could fluctuate and the support systems in place to protect people who may be vulnerable. Records showed that independent views had been sought for decisions relating to some aspects of people's lives, such as managing finances and that staff implemented these. People told us that staff always asked for their consent in supporting any area of their daily lives and staff respected any decisions they made.

People told us that staff encouraged and supported people to have a nutritionally balanced diet in line with the person's assessed needs while respecting people's right to make their own decisions. One person confirmed the detail in their care plan that they sometimes liked a glass of wine with their meal and that staff supported them with this. Staff had received training in food hygiene. Care plans showed where people were to be supported with meals and drinks and how to support the person to exercise choice, including in their food shopping. People were supported to maintain good health. People and records confirmed that staff supported people to access, attend or receive healthcare services either in the community or at home. A written comment from a healthcare professional noted, "I find communication with the service is very

good and calls are always responded to in a timely manner."

## Is the service caring?

### Our findings

People continued to be supported in a caring and friendly way. This was identified by our observations during the inspection visit and through our discussions with people and staff. People were asked for their input into their care planning and decisions regarding this. People's care records were available in their own home and readily accessible to them.

We saw that staff spent time engaging people and talking with them. People and their records confirmed that people were involved in decisions regarding their care and treatment. Each person's care records contained information about their individual life history. This helped staff to understand the person as an individual and to be aware of any particular needs regarding relationships.

A recent written compliment from a relative noted, "[Person] seems to like all the care staff and staff seem to like and care about [them]." Another relative wrote, "[Person] seems very happy and all the staff have a good relationship with [them]. [Person] likes all the staff members." A written comment from a healthcare professional noted, "I have observed practice. Staff are always polite and respectful."

People told us that staff respected their privacy and private space such as by knocking at their door, announcing their presence and requesting agreement to come into their home. We saw this in practice. People also told us that staff respected their dignity such as when providing support with personal care. Staff knew people's preferred names as noted in their care records and used these in all communications with and about the person.

People's independence was also supported and encouraged. One person for example was provided with finger foods and specific equipment to enable them to eat continue to eat independently. One person confirmed that while staff used a 'crib sheet' list to prompt and remind them of items they may wish to consider for their shopping list, the person was supported through appropriate communication methods to retain the task of deciding their own list.



## Is the service responsive?

### Our findings

At this inspection we found that staff continued to assist people well with their care and support and that staff were responsive to people's individual needs. People confirmed that they received consistent and personalised care and people indicated they were satisfied that the care they received met their needs. One person told us, "The staff do everything I need them to. They give me a bath every day if I want."

People's care plans were written in a person centred way and clarified how people needed to be supported based on their needs and preferences. Care plans had been updated to reflect people's changing needs, such as mobility and swallowing and contained good detail to enable staff to provide the support people required in the way they wished for. One person's record, for example, showed that they liked to have their morning coffee in a very specific place. This was known by staff and records confirmed that this was supported.

People's care plans also contained a 'communication passport pack' which provided a pen picture of their needs, risks, abilities, preferences and medicines. This was available should the person need to be provided with care or treatment in another setting to ensure that the person continued to receive consistent and responsive care. Recent written comments from relatives included, 'The care [person] receives is excellent', and '[Person] appears very happy with the care here'.

People's social and leisure preferences were included in their care plans and were varied and individual to people's abilities and preferences. Some people were supported by personal assistants to access places and events of their choosing in the community. One person told us they regularly enjoyed going out to the pub or going shopping and made their own arrangements to follow their own pursuits at home. Another person confirmed they watched television and loved to follow 'the soaps' on the television.

People told us they would feel able to tell staff or the registered manager if they had any complaints. The complaints procedure was displayed and was also available to people in any easy read pictorial format. The registered manager told us that no complaints had been received by the service so we were unable to assess its responsiveness.

## Is the service well-led?

### Our findings

The established registered manager continued to lead the service providing stability and consistency. The registered manager told us that the provider's representative visited the service regularly to support the registered manager and to monitor the service. No records were available to us however to demonstrate this or what aspects of the service the provider's representative checked to reassure themselves that required standards were being met. The registered manager told us they also had support on a quarterly basis to meet with other managers employed by the provider. Records showed that these meeting included discussions on service provision, direction and possible improvements.

People and staff felt the service was well led and that the registered manager was approachable and available to them. The registered manager worked shifts as part of the care staff team and demonstrated that they knew the people supported by the service, their current individual needs and the staff supporting them, well. There was a clear staffing structure in place and staff told us they felt involved and listened to by a manager who had a positive and inclusive approach. Records showed that relatives had stated a request for better communication. The registered manager showed us that they had provided their email address to the relatives and this was now being used as an improved method of communication and contact.

The registered manager had checks in place to assess the performance of the service and ensure people's support was well organised. This included weekly health and safety checks such as of the environment and equipment used for each person using the service. The registered manager told us of their plans to include more detail in the medication audits such as stock balances and to matrices to help with monitoring areas such as staff supervision and training dates. Checks were also completed each week of people's correspondence in relation to hospital and healthcare appointments. A written plan was developed to ensure that additional staff were rostered so that people received a supportive service.