Alliance Home Care Limited

Brownrigg

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

Brownrigg is a care home providing accommodation and personal care for up to six people who have a learning disability or autism. There were six people living at the service at the time of our inspection. People have their own bedrooms and access to communal areas in the house, as well as gardens and outside workshops. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People said they felt safe living at Brownrigg and that there were sufficient staff to support them at the home or when they were out in the community. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure that new staff were safe to work with vulnerable

Summary of findings

adults. One person told us, This is the safest place I've been in my life". Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected that abuse was taking place.

People's mental capacity had been assessed and advocates supported people to make decisions. People were being reassessed for Deprivation of Liberty Safeguards (DoLS) in line with current policy and guidelines, although their freedom was not restricted as they knew the code for the security gate. Medicines were ordered, administered, stored and disposed of in line with good practice and guidelines.

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events occurring in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. The premises were tidy and clean and everyone took responsibility for cleaning duties. Laundry facilities were available and clinical waste was disposed of safely.

People were encouraged and supported to eat and drink well. One person said, "Oh I like the food here – it's nice and tasty". There was a choice of meals and some people were able to prepare their meals independently. People were advised on healthy eating and their weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups and as needed.

People's rooms were furnished and decorated in line with their personal taste. Bathing facilities were available, although the ground floor shower room was not ideally located to ensure people's privacy. However, we were told there were plans to re-design the shower room and the rear of the property which was currently used as an office and staff area.

Staff had received all essential training and there were opportunities for additional training specific to the needs of the service. Whilst the majority of staff had received supervisions with their manager every two months, some staff had not had supervisions recently. The manager was aware of this and was taking steps to address this. There were opportunities during the working day for staff to discuss any issues or concerns they had with managers.

People felt well looked after and supported and we witnessed that warm, friendly and genuine relationships had developed between people and staff. A relative said, "The care is genuine, nothing's put on there". They added, "It's developed as a family. Staff have a wonderful way of caring … done with a sense of humour". Care records described people's hopes and aspirations for the future and people were encouraged to be as independent as possible. People chose what they wanted to do on a daily basis and were able to access the community, to go shopping or help out on a farm, for example.

Whilst there were no facilities for people to have nursing care, the manager had been trained in end of life care. Some people had made decisions about their future care and this was recorded in their care plans.

People were encouraged to stay in touch with their families and would visit their relatives' homes. Relatives were asked for their views about the service and the care that was delivered to their family members. Completed surveys showed that families were happy overall and felt that staff were friendly, welcoming and approachable. One relative said, "Staff are always very pleasant". Residents' meetings were held regularly and people said they felt listened to and any concerns or issues they raised were addressed. One person said, "We have regular residents' meetings to chat about things".

Care records gave detailed information on how people wished to be supported and care plans were reviewed and updated regularly, although there had been a slight delay with the review of some care plans. This had not impacted on the quality of care that people had received.

People were involved in the development of the service and took an active part in interviewing new staff. Staff were asked for their views on the service and whether they were happy in their work. They had received all essential training and felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns. Robust systems were in place to ensure that accidents and incidents were reported and dealt with in a timely manner. Quality assurance was undertaken by the provider to measure and monitor the standard of the service. The service worked collaboratively with others such as the local authority and safeguarding teams.

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?

Good

The service was safe.

Mental capacity assessments were undertaken for people.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Staff were trained in safeguarding and knew what to do if they suspected abuse had taken place.

Medicines were handled in line with good practice and legislation. Risks associated with the environment and equipment had been identified and assessed appropriately.

The premises were clean and processes were in place to prevent the risk of infection.

Is the service effective?

Good

The service was effective.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups or as needed.

People's rooms were decorated and furnished in line with their personal preferences.

Staff had undertaken all essential training as well as additional training specific to the needs of people they were supporting. They had regular supervisions with their manager, although not all staff had received supervisions within the last two months, in line with the provider's policy. However, there were opportunities for staff to discuss issues and concerns with managers at other times.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

People had been given the opportunity to discuss how they wanted to be looked after in the future and their end of life wishes. However, most people did not wish to discuss this.

Care records were kept safely and people's information kept confidentially.

Is the service responsive?

Good

The service was responsive.

People were involved in a variety of activities within the community and could choose what they wanted to do on a daily basis. They were encouraged to maintain contact with their families and friends.

People and their relatives were asked for their views about the service through questionnaires and surveys. The overall results were good.

Support plans were in place to ensure that people received care that was personalised to meet their needs, wishes and aspirations.

Summary of findings

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Good

The service was well-led.

People were actively involved in developing the service and participated in interviews when the service was recruiting new staff.

Staff felt supported by management and team meetings were held every month. Staff said they were well trained and understood what was expected of them.

Systems were in place to ensure that accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery. The service worked collaboratively with others.

Brownrigg

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question, 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

At this inspection, we looked at people's bedrooms (with their permission), kitchen, bath and shower room and communal areas.

Two inspectors and an expert by experience in learning disability undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. People living at Brownrigg were able to verbalise and communicate directly with us.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and highlight what the service does well.

We observed care and spoke with people, their relatives and staff. We also spent time looking at records, including three people's care records, three staff files, medication administration record (MAR) sheets and other records relating to the management of the service.

On the day of our inspection, we spoke with five people living at the service, three care staff and the registered manager. We also spoke with two relatives and received feedback from two health and social care professionals after the inspection.

Good

Is the service safe?

Our findings

People felt that their belongings were kept safely. One person said, "Everything in my room is safe. No-one goes in there". They showed us they had their own key to their room which they kept round their neck enabling them to lock and unlock their door independently.

Staffing levels were assessed to ensure people's safety. One person said, "I know it's not safe for me to go out on my own, so someone is always with me and I like that." Staff could work overtime if they wished to so that any shortfalls caused by staff vacancies were met. We were told that the same agency staff had been used on a permanent basis, so they were familiar with people and the service. Staff rotas showed that there was sufficient staff to support and meet people's needs safely. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, three references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with vulnerable adults. A relative said, "The staff are really lovely people and carefully selected. Staff levels are right. There's enough security so they [people at the service] feel safe, but are not intimidated by it".

Staff had received safeguarding adults training as part of their essential training at induction. Records confirmed this and that training was refreshed annually. One member of staff described the different types of abuse and what action they would take if they suspected that abuse had taken place. The service had a safeguarding policy in place. Staff described to us the techniques and processes they would use to manage any behaviour that challenged. This included distraction techniques, observation from a distance and allowing outbursts of anger, but in a safe and controlled environment to protect other people from exposure to this. People could have time out in the garden or a quiet place and staff would talk to them calmly. We were told that no forms of physical restraint were used with people.

Mental capacity assessments were undertaken for people as required. For example, some people had entered into relationships and were assessed in their capacity to make decisions about how the relationship would progress. Support had also been provided by the community health team. Advocates were supporting people to make decisions affecting their finances. The deputy manager told us that everyone living at the service was to be reassessed for Deprivation of Liberty Safeguards (DoLS). The premises were accessed through a secure electric gate operated by a code, although everyone knew what the code was and could freely enter or exit the grounds. One person said, "I know there's a gate and a buzzer and I feel safe; that makes me feel better". The deputy manager had a good working knowledge on DoLS and mental capacity. Care records showed that people's assessments under the Mental Capacity Act 2005 (MCA) were regularly reviewed. Staff had received appropriate training for MCA and DoLS in July 2014.

Medicines were stored, administered, ordered and disposed of safely. People were assessed in their capacity to administer their own medicines. Everyone took out their own pills from the blister packs. One staff member said, "We give them their medication and they pop their medicines. They can read their own medications". Medication administration records (MAR) charts were completed appropriately for people and two members of staff signed each entry. The charts contained information about people's prescribed medicines, how often these needed to be taken and were signed to shown when medicines had been administered. If people refused their medicines, then the GP was called for advice. Any medicines that were required to be refrigerated were stored in a fridge in the back office. Medicines were kept securely in a locked cupboard. There were guidelines for the administration of medicines required as needed (PRN). Controlled drugs were kept safely and securely and, if needed when people were away from the service, were placed in a special bag that was kept with a member of staff.

One person told us, "The medicine cupboard is always kept locked and if I need any painkillers, the staff will get them for me. It's better that medicines are locked up". Staff had received training in the administration of medicines. A medicines policy was in place. Risk assessments had been completed for staff who were allergic to some medicines and would therefore not be able to administer them.

Accidents and incidents were documented in a book dedicated for this purpose. There were instructions for staff on how to record an accident or incident. When an accident or incident had occurred, witness statements

Good

Is the service safe?

were recorded, remedial action was taken and outcomes logged. Patterns of accidents and incidents were monitored and steps were taken to prevent similar events from happening in the future.

Risks associated with the safety of the environment and equipment had been identified and managed appropriately. Weekly fire alarm checks had been recorded, although no entries could be found after March 2014. We were told this was because of a change of responsibility between staff. Regular fire evacuation drills took place, with the last one recorded as 24 July 2014. There were monthly checks of the emergency lighting. Staff and people knew what action to take in the event of a fire and where to assemble outdoors. When we entered the property, the member of staff who greeted us informed us of what action to take in the event of an emergency. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. The service had processes in place, and had identified actions to be taken, to ensure people were kept safe and their welfare maintained.

The service was clean and hygienic. Staff were allocated various tasks on a daily basis including kitchen cleaning, vacuuming, dusting and floor mopping. People could clean their own rooms if they wished and were supported by staff to do this at least weekly. There were different colour coded cleaning materials for each part of the house to help reduce the risk of the spread of infection. Soiled laundry was placed in a red bag and washed at a high temperature sluice wash. People were supported to do their own laundry and take showers daily. Clinical waste was disposed of separately and collected by a specialist company. There were regular cleaning audits and checks. Staff told us that if people felt unwell, then they were advised to stay away from communal areas, especially the kitchen, to help lessen the risk of infection. Guidance was in place for staff.

Good

Is the service effective?

Our findings

One person said, "Yes the staff are good here, they're the right people and they understand us all well – it's like they know how we feel".

People had enough to eat and drink throughout the day and night. They were supported to help cook meals in the kitchen and some were able to prepare food independently. There were baking sessions every Saturday and people liked to make cakes. Staff said, "We cook fresh. As much as possible is homemade". People were asked for their menu choices at the start of each week. One person told us, "We get a choice of meals. I like croissants and coffee and the roasts on Sunday. I also like making cakes and quiche in the kitchen and we have BBQs here too, they're good". On the day of our inspection, people were offered pizza and salad. One person said, "The food's perfect, there's always enough to eat and we get drinks whenever we want". People's weight was recorded in their care records, with their permission, and they were advised on healthy eating. One person was assessed because they were at risk of choking and were put on a soft diet. They were also encouraged to eat their meals in a separate room, as they were at risk of becoming distracted and needed one-to-one support from staff to eat safely.

Appointments had been made for people to access healthcare, for example, visits to their GP or dentist. One person's care record stated, 'I will often tell staff I have a high pain threshold, but sometimes I am really feeling pain. I may not notice the symptoms of illness'. Staff knew people well and referrals for regular health checks were recorded in people's care records. One person said, "I've got to go and have my teeth checked soon as it hurts my teeth a bit when I eat, so they're [staff] going to take me". People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get.

People had their own rooms and they were decorated in line with their personal preferences and tastes. They could also have their own furniture. On the day of our inspection, we saw one person had bought a rack to house their CD collection. Another person told us that they liked to spend time in their room, particularly in the winter months, to listen to CDs, watch DVDs or play with their X-Box.

A shower room was located through the kitchen and staff office at the back of the premises. The location was not ideal as walking through the staff office could mean a lack of privacy for people. However, there was space in the shower room for people to change their clothes in private. We saw that the floor was discoloured and the cistern over the toilet was cracked. We drew this to the deputy manager's attention. The registered manager told us that there were plans to re-design the accommodation at the rear of the premises and that there would be a wet room installed with new sanitary fittings and flooring. We saw that the cracked cistern had been covered over to enable it to be cleaned effectively.

Staff had received essential training within three to six months of joining the service. Staff completed Common Induction Standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. They also received additional training specific to the needs of the service. There were opportunities for staff to complete training via the local authority's West Sussex Gateway which organises training. Training was organised and monitored by a member of staff who took lead responsibility in this area and could be linked with other training offered at the provider's other locations. Certificates were completed when staff fulfilled training requirements. One member of staff said, "The training has been amazing. I've done so much and I've learnt a lot too, it's been so forthcoming. When I started I had a good induction with time allocated to read policies and procedures and care plans thoroughly". Training focused on the complex needs of people so that staff could communicate with them effectively and provide personalised support.

Staff told us that they usually had supervisions with their manager every two months. However, whilst some staff had received regular supervisions, we noted that some had not received supervisions within that period. Whilst there were some gaps in the regularity of supervisions, there was sufficient time within the working day for staff to speak with the managers. Staff told us that they could discuss any issues or concerns during the shift handover period or they could speak with the managers at any time should they wish to. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity and their independence promoted. When asked about managing his finances independently, one person told us that they needed support to budget so that they were not left without money at the end of the month. They had returned from a shopping trip and the member of staff was really engaged and was looking at a CD they had bought. They talked about the tracks on the CD and the songs they would listen to later on. Another person said, "The staff help me and I will ask for help now if I need it. I can do a lot on my own though".

Exchanges between people and staff were positive and respectful and there was a shared sense of humour. Relationships between people and staff were warm, friendly and sincere. Staff shared news with people about what was happening in their lives, for example, one staff member was talking about their forthcoming wedding. Our overall impression was of a warm, friendly, safe and relaxed environment where people were happy and engaged in their own individual interests as well as feeling supported when needed. One person told us, "I liked it as soon as I came here, it felt like home. It was the right decision to come here".

People were able to stay in their rooms if they wanted to and spend time on their own. Staff respected this.

People's hopes and aspirations were recorded in their care records. One person was very interested in woodwork and their hope was, 'Maybe I could try and make something I haven't made before'. They also wanted to learn how to use a computer and had thought of buying one. Another person had completed a 'personal lifestyle action plan' in their own writing which recorded information about them and their life, their relationships, how they communicated and their medicines.

People were encouraged to make decisions about their care where they were able. Best interest meetings were organised if needed where professionals and relatives could meet to make a decision on a person's behalf. One person was able to make a decision about having surgery and had signed their own consent form when they needed an operation. A relative told us, "She expresses herself and is more independent and confident now". Staff supported people without undue restriction and people were encouraged to be as independent as possible.

Care records were stored in the staff office when not in use. People's information was kept confidentially and policies and procedures were in place to protect people's confidentiality.

There was no facility for people to receive nursing care at Brownrigg. However, the registered manager had received training in end of life care with a local hospice. The manager said that people had been offered the opportunity to discuss their end of life care, but the majority did not wish to discuss this. Where known, care records recorded people's wishes for end of life care and funeral arrangements and decisions had been taken with people and their relatives. End of life care was in place if needed.

Good

Is the service responsive?

Our findings

On the day of our inspection, people were involved in community activities. One person had gone to buy newspapers in the local village and two others had gone shopping in East Grinstead. Activities and outings were organised in line with people's personal preferences and staff supported them in the community. Within the service, people were also able to undertake hobbies such as gardening, DIY or cooking. People were very enthusiastic when they told us about their lives and interests. One said, "I've always got something to do". They were able to get up and go to bed when they wanted and to move freely around the service.

People were able to visit their families or friends and this was encouraged and supported. Some were in relationships with each other and had 'dates' together.

Records showed that comments and compliments were monitored and acted upon. Complaints were acknowledged within 48 hours of being received and a resolution sought in a timely manner. The complainant would be informed of progress. In the last 12 months, all written complaints had been resolved within 28 days of being raised. A 'service user satisfaction survey' was completed in 2014. Questions were asked such as, 'Rate friendliness and helpfulness of staff', 'Rate choice and range of menus, quality of meals, quality of care'. The surveys showed positive feedback and there were no areas for improvement identified from the results. Monthly meetings were held for people at which they could discuss things that mattered to them. Notes from a recent meeting described how people wanted to take their own medicines and promote their independence. Everyone had attended the meeting. People said they felt listened to and described staff as 'friendly, caring and helpful'. Staff had signed to say they had read the notes.

Relatives were also asked for their views through a questionnaire in 2014 and results were satisfactory. Relatives said they were happy with the service and the care their family members received, they were made to feel welcome when they visited and that staff were approachable. One comment received stated, 'The atmosphere at the home is that of a caring family. This is due, in my view, to the experience that the manager and staff bring to Brownrigg, together with a genuine desire to care for each individual resident to function at their best'. A relative told us, "Communication is good – you can phone at any time".

People received care that was personalised to reflect their needs, wishes and aspirations. Care records showed that support plans were in place that provided detailed information for staff on how to deliver people's care. For example, information about people's personal care and physical well-being, communication, mobility and dexterity. Daily records provided detailed information for each person and were kept in monthly files. Staff could see at a glance what activities people had been involved with, how they were feeling and what they had eaten.

Care records also provided information from the person's point of view. One person had been involved in the drawing up of their care plan. ABC charts were also completed. (The ABC model is a tool for understanding and managing behaviour. Antecedents – what occurs before the behaviour and may have triggered it, Behaviour – what happens during the behaviour and what does it look like and Consequences – what are the immediate and delayed reactions from everyone involved?) These charts identified patterns of emerging behaviour which enabled staff to support people in a personalised way.

We were told that care plans were updated every three months or so, but we saw there had been a slight backlog where catching up was required. The manager was aware of this and was addressing this issue. People were involved in the review of their care plans and these were checked and signed by them on completion. Case reviews were also held where everyone involved in a person's life were invited to attend, including the person and their keyworker, who knew them well and co-ordinated every aspect of their care. A staff member said, "We like to view it as support, not dependence here".

People were assured of consistent, co-ordinated and personalised care as they transferred into the service. The manager described the transition of one person who had moved to Brownrigg and how this had been managed in a sensitive way in line with that person and their family's wishes. A relative was very complimentary and said that they were proud of the way their relative had progressed.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. For example, people were involved in the recruitment of staff and encouraged to ask questions at interview or they could show potential new staff round the house. Staff said, "Service users are involved as much as possible".

Communication between people, families and staff was encouraged in an open way. One comment from a relative stated, 'The atmosphere at the home is that of a caring family. This is due, in my view, to the experience that (manager and staff) bring to Brownrigg, together with a genuine desire to care for each individual resident to function at their best'.

The manager said there were plans to use a new format to summarise people's behavioural support needs and that there would be annual meetings to focus on each person's care plans, development and support needs. The staff team would then discuss ways that support might be improved and people would be involved more in the care planning process. Issues identified at service users' meetings would inform the agenda for team meetings so that these could be discussed and appropriate action taken as needed. The manager stated in the PIR, 'We believe we have a balance between a caring, compassionate service and a professional approach and boundaries, that supports and empowers service users. We aim to maintain this balance'. We observed a comfortable and relaxed atmosphere amongst people and staff.

Staff knew and understood what was expected of them. Handover between shifts was thorough with an hour's overlap of staff between shifts so that staff had ample time to discuss matters relating to the previous shift. Team meetings were held every month at which staff could discuss all aspects of people's care and support and work as a team to resolve any difficulties or changes. A staff communication book recorded messages between staff and staff signed to confirm when they had read. One member of staff said, "The teamwork here gets us all together and I feel I have real friends here, not just work colleagues".

Staff said they felt well trained and supported within their roles and described a thorough induction, a range of ongoing training, regular supervision and an 'open door' management approach. Staff were encouraged to stop by whenever they felt the need to meet and ask questions, discuss suggestions and address problems or concerns with management. They knew about whistleblowing and said they would have no hesitation in reporting any concerns they had; they felt that managers would support them to do this in line with the provider's policy.

There were systems in place to ensure that accidents and incidents were reported, monitored and patterns were analysed so that appropriate measures could be put in place. The provider undertook quality assurance of the service to ensure that the desired level of quality of the service was maintained at every stage. Questionnaires were sent out annually to families, people, staff and professionals involved with the service. Returned questionnaires were collated, outcomes identified and appropriate action taken.

Records relating to the quality of the service, audits undertaken, policies and procedures, care records and other detailed information were easily accessible on shelves in the management office and had been indexed clearly.

The service worked in partnership with others. For example, with the local authority Community Learning Disability Team on safeguarding issues and incidents to ensure that action taken was in line with West Sussex County Council (WSCC) policy and procedures. The manager and deputy manager attended refresher training run by WSCC safeguarding team on their role as investigating officer in level 1 safeguarding alerts where intervention was undertaken by the provider.

We asked a local medical practice, who looked after the healthcare needs of people, for their views. They responded, 'We have also found the home well run with experienced and caring staff. They are very knowledgeable about the patients' needs. The staff are always helpful in arranging annual reviews, flu vaccinations and any other routine attendance required from the surgery. For more acute problems, they always use the services appropriately and are able to clearly articulate what the problems are for their residents. All GPs agreed that in their experience the staff are caring and provide a safe environment for those people in their care.