Brownhill Care Limited

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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

Summary of findings

Overall summary

This inspection took place on 14 July 2016 and was unannounced. Brownhill Care Limited is registered to provide accommodation for up to 14 people who require support with their mental health needs. At the time of the inspection there were 13 people living at the service.

The last time we inspected this service in September 2015, they were rated requires improvement. We found a breach of regulations related to meeting nutritional and hydration needs. Staff provided people with access to food and drink to meet their needs. The service sent us an action plan that described the actions they would take to meet the regulations.

We undertook a comprehensive inspection to follow up on the action plan and to check that the service now met the regulations. At this inspection we found the registered provider took actions to make improvements to the service and met the regulations we inspected. People had access to a small kitchen and the main kitchen when they chose to make meals, snacks and drinks for themselves. People had an individual risk assessment to assess whether they could use the kitchen independently and safely. The deputy manager had arranged for people to have a key to access the kitchen.

The service has 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. The deputy manager provided daily management support to staff and people using the service.

Staff protected people from harm and abuse. Staff demonstrated their understanding of the signs of abuse and knew how to raise an allegation of abuse with the local authority safeguarding team. The registered provider had safeguarding processes and procedures in place to support staff to keep people safe from harm and abuse.

Risks to people were identified with the support from staff. Risk assessment management plans were developed to support people and staff to manage those risks to ensure people were kept as safe as possible.

There were sufficient numbers of staff available to meet people's support needs. The staff rota showed that there was enough staff on duty during the day, evening and night shifts to care for people. The service had a robust recruitment process in place and had recently recruited new staff to support people. Once their pre-employment checks were complete the new staff will be allocated shifts and working with people.

The management and administration of people's medicines were safe. People received their medicines according the prescriber's instructions. People had regular reviews of their medicines to ensure they were appropriate to maintain their health. Staff had systems in place to re-order medicines on a regular basis to avoid medicines running out for people. Staff carried out safe administration, storage, and disposal of

people's medicines.

Staff were supported by the registered manager. Staff had access to regular training, supervision and appraisal to support them in their caring role. The registered manager supported staff to undertake training that was relevant to their role and improved their knowledge on how to care for people effectively. Supervision and appraisal meetings supported staff to identify their training and professional development needs.

People were supported to provide consent to care and support they received. Care records were recorded in a way which people were able to understand. People signed their care records to demonstrate that they understood their assessments and associated care and support in place for them. Staff were aware of their role and responsibilities in providing support to people within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health care needs were met by appropriate health professionals when required. Staff sought professional health care advice for people as and when needed to maintain their health and well-being. Staff knew people well because they knew people's personal histories, their likes and dislikes. People were involved in making decisions about how they wanted to receive care and support.

People and their relatives contributed and were involved in planning their care. Care and support was delivered in a person centred way that met their choices. Staff engaged with people in a manner that showed kindness and compassion when speaking with them. Care and support delivered to people demonstrated staff valued them and respected their dignity and privacy.

People had the opportunity to participate in both in house activities and community based activities if they chose to do so. Staff supported and encouraged people's independence and helped them to maintain relationships with friends, relatives and people that mattered to them.

There were systems in place that people or their relatives were able to make a complaint. People were aware of the process of how to make a complaint about the care they received or if they were unhappy with any aspect of the service. People received a copy of the provider's complaint policy and staff had guidance to manage their complaint appropriately.

Staff had the opportunity to discuss their opinions, share their ideas and views to develop the service. The registered manager informed the Care Quality Commission of notifiable incidents, which occurred at the service. The provider had systems in place that monitored, and reviewed the service to improve the quality of care to people. Regular checks of gas, water and electricity took place to ensure the home environment was safe.

The service worked in partnership with local health and social services departments. The registered manager and staff developed relationships with commissioning teams outside of their local area because people had their care co-ordinated by different commissioning authorities.

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. Staff protected people from harm and abuse.
Staff identified risks to people and plans developed to minimise their recurrence.

The service employed sufficient levels of staff to ensure people were safe.

Medicines were managed and administered safely according to the prescriber's instructions.

Is the service effective?

Good

The service was effective. Staff were supported with regular training, supervision, and appraisal to support their professional development needs.

Healthcare support was available to people to maintain their health. People were supported with meals that met their preferences and requirements.

The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff knew people's wishes, likes, dislikes, and their care was delivered in line with them.

People and their relatives were involved in making decisions about the care and support received.

People were treated with kindness and compassion and staff respected their privacy and dignity in the provision of care.

Is the service responsive?

Good

The service was responsive. People had an assessment and review of their care and care plans regularly.

Care records were updated when people's needs changed. There was a complaint process in place for people if they had a concern about the care they received.

Is the service well-led?

Good

The service was well-led. Regular monitoring and review of the service took place to ensure people received good quality care.

The registered manager sought feedback from staff and involved them in the service.

The registered manager sent appropriate notifications to the Care Quality Commission.

Brownhill Care Limited

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 14 July 2016 and carried out by one inspector. Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with four people living at the service and three care workers. We also spoke with the deputy manager. The registered manager was not present at the inspection. We completed general observations of the service, reviewed four people's care records and seven medicine administration records (MARs). We also looked at records regarding the maintenance of the building and the management of the service.

Following the inspection, we contacted two health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe living in their home. One person said, "Yes I am safe here, I have no problems." Another person told us they felt safe and able to do things when they chose.

People had protection from abuse by staff that had knowledge of the registered provider's safeguarding processes. There was a safeguarding policy in place that gave staff information on how protect people from abuse. Staff had an awareness of the signs of abuse and described the actions they would take to manage an allegation to protect people from harm. The deputy manager told us that they were aware of how to raise an allegation of abuse firstly with the person's care co-coordinator and the local authority safeguarding team if required.

People were protected from the risk of financial abuse. Four people had their money managed by staff. When people received their money this was recorded in an individual finance management system. Two members of staff and the person whose money was being managed signed the financial records when money was brought in or taken out of their individual cash. The balance remaining was checked, recorded and signed for. Each month a finance audit took place and any errors were identified and records showed that actions were taken to resolve them. Receipts were kept when people spent money and this was checked and recorded in their financial records. Errors in the management of people's money could be detected promptly because there were systems in place for the safe management of people's money.

Risks to people were identified by staff and were managed safely. People had an assessment that identified risks associated with their health and care needs. Risk assessments and management plans guided staff on how to manage and reduce identified risks. For example, we saw a risk assessment and management plan for two people that documented risks associated with their nutritional needs. The guidance clearly identified the risk and the actions staff should take to manage these risks safely.

People had support from staff to take measured risks. For example, a person was identified as requiring support when managing their medicine. Staff provided some supervision for them to complete this task safely. This helped them to increase their independence and confidence to prepare and safely transition into independent living arrangements. We saw another example where a person had a history of leaving the service and not return. This person was assessed as being vulnerable whilst in the community unsupervised. Staff identified that they could use a global positioning system [GPS] to support the person with accessing the community whilst monitoring their movements to ensure that they were safe. The person was involved in this decision and agreed to take part with this monitoring. Details of how staff monitored the person was discussed and agreed to with their care coordinator and recorded in the person's care records.

People were kept safe in a suitably maintained environment. There were regular health and safety checks carried out at the service. Equipment used in the service was also safety checked. For example, portable appliance tests (PAT) checked the safety of electrical equipment. There was regular water testing carried out to ensure the water supply was safe for people to use. This was completed on a yearly basis. The registered provider ensured people lived in a service that was safe for them and staff to use.

People were cared for by sufficient numbers of skilled staff. A deputy manager supported a team leader to manage a team of support workers on each shift. One person said, "Yes staff always help me." Another person said, "Staff are always around and check on me." One member of staff told us, "The deputy manager is always very helpful and around if I need any support or advice." The registered manager reviewed staffing levels on a regular basis to ensure the levels of staff met people's individual needs. For example, staffing levels were flexible enough to allow staff to support people to complete activities outside of the service. However over a 12 week period some staff worked up to five 12 hour shifts to cover staff absences, maternity leave and annual leave each week. We discussed this with the deputy manager who had recognised this and had recently recruited new staff. The deputy manager was waiting for the completed and returned pre-employment checks before the new staff started working with people.

The registered provider had robust recruitment processes in place to ensure suitable staff were recruited. The registered provider undertook criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Staff recruitment records held documents used in the application process including, personal identification, employment references and staff right to work in the UK. We asked the deputy manager for proof of right to work in the UK for a member of staff. We requested this at the time of the inspection and after the inspection we received the requested information.

People had their medicines managed safely and as prescribed. One person told us, "[Staff member's name] gives me my tablets." Another person using the service managed his or her medicines themselves. They had a medicine risk assessment in place to identify their abilities to manage their medicines independently. The person told us, "I can manage my medicines myself but staff supervises me to do this, although I can do this myself." People had their medicines as prescribed. Two members of staff signed each medicine administration record [MARS]. Staff completed checks on the MARS during each shift change to ensure they administered their medicines as prescribed on a daily basis. Senior staff completed monthly medicine audits checks and these showed no concerns for people regarding the management of medicines.

People had their medicines recorded, stored, and disposed safely. People's MARS charts were completed accurately we did not see any gaps in these records. MARS charts had a clear description including side effects of the medicine people took which increased staff and people's knowledge of them. This helped to reduce the risks of medicine errors. People had a medicine risk assessment and care plan, which detailed his or her specific needs. For example, people MARS recorded if a person had an allergy to a medicine. The provider's medicine administration policy ensured the safe administration of people's medicines because staff followed its guidance. People received their medicines in line with the prescriber's instructions to maintain their health. Medicines were stored safely in a secured, locked cupboard in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

Good

Is the service effective?

Our findings

At our previous inspection in September 2015, people did not always have meals which met their preferences and nutritional needs. We found people did not have access to the kitchen to make a drink or snack as they wanted because the kitchen was kept locked. Only staff had a key to access the kitchen which meant people could not access the kitchen independently as they chose. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that people had access to food and drink to maintain their health. One person told us, "I like the food." Another person told us, "I can use the small kitchen to make a cup of tea if I want. I have a key." We saw people asking staff for the key to the kitchen and they received this. Other people asked staff to provide them with food, drinks and snack and this was provided.

During this inspection staff kept the kitchen locked. We discussed this with the deputy manager. They told us that the kitchen was locked due to health and safety reasons for some people using the service. The deputy manager told us they had now considered providing a key to the kitchen to each person assessed as requiring one. People assessed as being unsafe to use the kitchen would continue to be supported in the kitchen by staff. At the time of writing this report the deputy manager confirmed that people that were assessed as safe to use the kitchen unsupervised received a key to the kitchen. Records showed one person was assessed at risk of choking and another person was assessed as unsafe in the kitchen unsupervised. Therefore it is was unsafe for the kitchen to remain unlocked.

There was sufficient food and drink for people to have and these were stored appropriately. For example, staff took regular fridge and freezer temperature checks to ensure food was stored safely. People were able to have meals of their choice. There were records of meals people ate. Each person's care records detailed what food people enjoyed and food people did not like to eat. We observed staff preparing a meal for a person which met their needs and which they enjoyed eating.

People were cared for by skilled, supported and trained staff. There was a training programme in place for staff. Staff had completed mandatory training, which included medicine management, infection control and safeguarding adults. The registered manager was responsible for staff training records and senior staff assessed staff competency following the training. For example, staff did not support people with managing their medicines until they had completed the medicine management training and the registered manager had assessed them as being competent.

People were supported by staff that gained knowledge and skills to enable them to provide appropriate care. For example, staff completed training such as managing medical conditions like diabetes and managing mental health conditions. Staff told us the training helped them to better support people they cared for. One member of staff told us, "I have been on a lot of training since I have worked here." Another member of staff said, "All my training is up to date." The staff training programme was completed mainly via an online e-Learning system.

Staff received regular supervision that supported them in their role. Staff supervision identified training and professional development needs. One staff member said, "My manager makes sure I am ok with my job. Any problems I can discuss this with them." Staff supervision meetings were recorded and these contained goals with actions taken to achieve them. The registered manager ensured that newly employed staff shadowed staff with more caring experience, so they became familiar with the needs of people for whom they provided care.

Staff received an appraisal so they could identify their professional development needs to enhance their caring role. Senior staff completed annual appraisal for all staff working at the service. Staff had the opportunity to discuss their professional development and progress within the service. Appraisal meetings provided staff with the opportunity to reflect on their practice and develop goals and targets to support them in their caring role.

People were cared for in a way that protected them from unlawful care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were cared for in a way, which did not unlawfully, deprive them of their liberty. Staff had an understanding of their role and responsibilities in line with MCA and DoLS. The deputy manager had made referrals to the local authority to make applications for DoLS. The provider complied with the MCA in general and where relevant, the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the unlawful deprivation of their liberty.

People gave their consent to receive care and support from staff. People were able to make an informed decision following appropriate explanations given to them by staff. People had an assessment to check their mental capacity to determine whether they could make specific decisions. Staff were aware of the actions to take if people lacked the capacity to make a decision. There were records of best interests' meetings when required. The person's care co-ordinator was involved in decisions regarding their capacity or mental health needs. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People had access to health care services when their needs changed. People had regular reviews and monitoring of their health. For example, people had regular mental health assessments to ensure the care, support and medicines prescribed continued to meet the person's needs. However we found one person was at risk from choking due to the way they ate their meals which affected their swallowing ability. There was no choking risk assessment in place for them. We discussed this concern with the deputy manager who showed us a care plan and a general risk assessment for the person. These described how the person was unsafe in the kitchen, however the risk of choking was not documented. We discussed with the deputy manager whether the person was referred for specialist healthcare support for the swallowing difficulties. The deputy manager confirmed this had not occurred. After the inspection we received information from the deputy manager that confirmed an appointment had been made with a dietician for nutritional advice for this person. People had a hospital passport that detailed how they wanted to receive health care support. Healthcare professionals were aware of people's needs to enable them to provide appropriate and consistent care.

Good

Is the service caring?

Our findings

People told us they liked all the staff that cared for them. One person told us, "The staff are very friendly and caring." We completed general observation of the service and we saw people and staff engage well. When staff spoke to us about people they worked closely with they did so in a caring and compassionate manner. From these interactions, we saw that staff knew and understood people's needs well.

People and their relatives were involved in planning their own care. People received care and support from staff in the way they wished to receive care. People's assessments were person centred, individual and tailored to meet people's needs. Care assessments detailed the support people required such as supporting them with their personal care or in managing their money. Care records detailed the activities people enjoyed taking part in. For example we noted some people enjoyed going out of the service and some people enjoyed playing pool with each other and staff. There was a pool table available for people to use as they chose. Staff regularly assessed people's care needs allowing them to make decisions about how they wanted to receive care and support. This meant that staff listened to people's views and they contributed to their assessments and in planning their care.

Staff regularly reviewed people's needs to ensure these were accurate. During these reviews people's views and decisions made were recorded and used to develop their care plan. Health and social care professionals were involved in the review of people's care. They offered their professional guidance when specialist support was required. Care records were updated to reflect any changes recommended. Regular review of people's care ensured the care and support delivered remained relevant, current and reflected people's current needs and requirements.

People were cared for by staff that demonstrated kindness and respect for them. People received personal care in privacy while maintaining their dignity. For example, we observed staff speaking to people in private when they wanted to discuss personal issues. This ensured the conversation where kept confidential when required and ensured the person had the privacy they needed. People also had a key to their bedroom. All rooms were locked and only some staff and the person occupying the room had access to their personal space.

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home and arrangements were made to support them to visit friends and relatives if they chose. A person told us, "[My relatives] visit me here all the time, or I will go and visit them." Some people were assessed as being safe in the use of public transport independently and could visit friends and relatives when they wanted. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. Staff had an awareness of how to keep people's personal private information safe and kept confidential. Each day staff completed daily notes that described in detail what people did or activities they took part during the day. This meant that people's records contained the most recent information that was pertinent

to their care and support needs.

Good

Is the service responsive?

Our findings

The staff at the service were responsive to meet people's needs. People had assessments of need completed before they came to live at the service. Health and care professionals completed assessments with people to ensure the service was appropriate. Staff at the service completed assessment and then considered whether the service could meet those assessed needs. During a person's admission regular assessments of care took place to ensure the service continued meeting their needs.

People had care plans that were person centred. For example, staff developed care plans which identified and recorded the care and support people required. Records showed that a person's mental health needs were monitored. People had regular reviews of their mental health needs. People underwent a care programme approach [CPA] that involved a reassessment and review of the persons health needs. Any changes were documented and a care plan developed to reflect the recommendation of the CPA panel.

People's social care needs were met by the service. One person told us, "I like to do keep fit here." Another person enjoyed doing their artwork and they had equipment available to complete this. Staff encouraged people to attend activities outside of the service. For example, people were encouraged to engage in community activities. We saw two examples were people were encouraged to go out into their local community. This was to support people reach their goals to develop and increase their independence skills.

People were supported to be as independent as possible. We saw people went out independently to complete their chosen activity. Staff supported people to prepare and make meals with staff supervision. People had a programme which encouraged them to participate in cleaning their rooms and completing their laundry each week. Staff supported people to follow their own interests and participate in activities that were meaningful to them and that they enjoyed. The registered manager arranged regular residents' meetings. People were encouraged to participate and share their views and staff and people discussed solutions to any concerns they had. Meetings were recorded and people had a copy of them for their review and records.

The registered provider had a complaints policy in place. This gave people and relatives guidance on how to make a complaint about the care and support they received. One person said, "I have no complaints about this service." People's care records held a copy of the complaints process and we saw the complaints form was available in an easy read format. Records showed the service had not received any complaints in the last 12 months. The deputy manager told us, they dealt with any issues promptly before a formal complaint was required.

Good

Is the service well-led?

Our findings

The registered manager and registered provider supported staff to provide a service that was well led. The deputy manager with the support of the team leader undertook the daily management of the service. People told us they were able to speak with the managers of the service as they wanted. We saw that people felt confident to speak with the registered manager if they had a concern or wanted something. We observed people and staff engaged well and spoke with each other in a polite and friendly way. One person told us "I like [the deputy manager] he's good." The deputy manager supported the service when the registered manager was not on site.

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider on the quality of the service provided. The provider analysed the survey responses people and their relatives made. The majority of the feedback said that people were happy with the service they received. People were able to give feedback through regular resident's meetings. During these meetings people were able to discuss concerns or issues they had. We saw records of the meetings which people decided where they wanted to go for their annual holiday and this was agreed. One person told us, "We all go to the meeting and agree what we want to do, then the staff do this for us."

Staff contributed to the management of the service through monitoring and reviewing the service. Staff completed regular checks at the service. From this, staff put in place a plan for action to make improvements to resolve any outstanding issues. For example staff made a recommendation for two members of staff to manage the administration of medicine and two members of staff to manage people's finances, we saw records that conformed this action was in place. There were regular staff meetings relating to the service and their caring roles. Staff were able to discuss any concerns they had regarding their caring role.

The registered provider had systems in place to ensure people received good quality care. Staff completed regular checks on a daily and weekly basis. For example each month a member of staff completed audit checks of each room to ensure they had sufficient equipment in place for people. If people required furniture this was provided to people. If major repairs were required these were raised with the maintenance worker to be completed. The registered manager reviewed and checked the actions taken to ensure these were done promptly to resolve any issues. People received a safe service because the registered manager and staff took action to mitigate risks and to improve the quality of care.

People lived in a service that completed internal audits on the quality of food and the home environment. For example, checks on the quality of the meals that were provided. People were involved in the review of the meals and changes were made in accordance to their wishes. These checks helped to improve the quality of meals to people.

The registered manager worked in partnership with health and social care organisations. Staff had developed working relationships with community mental health teams and local authority teams that promoted joint working, sharing knowledge and co-ordinated care for people. This ensured people received

care and support that was properly assessed and professional guidance in place for them.

There was a registered manager at the service. They were aware of their responsibilities and kept the Care Quality Commission (CQC) informed of notifiable incidents that occurred at the service.