Brighton and Hove City Council

Brighton & Hove City Council - 20 Windlesham Road

Inspection report

20 Windlesham Road
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Date of inspection visit:
09 October 2018

Date of publication:
08 November 2018

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

Summary of findings

Overall summary

The inspection took place on the 9 October 2018 and was unannounced.

20 Windlesham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Care and support is provided for up to five for people with a learning disability or autistic spectrum disorder. At the time of the inspection five people were living in the service. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection on 22 September 2015 some of the records we looked at had not always been fully completed. At this inspection we found improvements had been made. However, the testing of the fire alarm system in between the regular maintenance by external contractors continued to be an area in need of improvement. People continued to be supported to have their medicine safely when they needed it. However, storage of medicines did not meet current guidance. There were some omissions in the recording of administration of prescription toothpaste.

Systems had been maintained to keep people safe. The building and equipment had been subject to regular maintenance checks. Infection control procedures were in place. People remained protected from the risk of abuse because staff understood how to identify and report it. People's care and support plans and risk assessments continued to be developed and reviewed regularly.

Staff spoke of a difficult period with a number of staff absences and vacancies. To maintain the right level of staff support and a safe service support to maintain staffing levels had been provided from other of the provider's services and there a high use of the providers bank staff. There was ongoing recruitment to address this

People and their relatives told us they had continued to feel involved and listened to. The culture of the service remained open and inclusive and encouraged staff to see beyond each person's support needs. The registered manager worked with care staff to develop the service with people at the heart of the service.

Staff continued to have the knowledge and skills to provide the care and support that people needed. Staff told us they had received supervision and appraisal's. They had been supported to develop their skills and

knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

People continued to live in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed.

Staff and relatives told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. Senior staff had carried out a range of internal quality assurance audits to ensure the quality of the care and support provided. People and their relatives were regularly consulted about the care provided through reviews, residents meetings and by using quality assurance questionnaires. Relatives told us staff kept in touch with them, and one told us of regular email contact with the registered manager and keyworker.

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 becomes Requires Improvement	**Requires Improvement**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service becomes Good.	**Good**

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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 inspection took place on 9 October 2018 and was unannounced. One inspector undertook the inspection.

The provider had completed 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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and four visiting health and social care professionals. We also contacted one person's relative for their experiences of the service provided.

Not everyone was able to tell us their experiences of the care and support provided. We spoke with people generally during the inspection and two people individually. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with the registered manager, the deputy manager and four care staff. We also spoke with a relative and an advocate who were visiting on the day of the inspection. We sat in on a staff handover meeting. We spent time looking at records, including three people's care and support records, three staff recruitment files, staff training records, and other records relating to the management of the service, such as

policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

We previously carried out a comprehensive inspection on 22 September 2015 and rated the service overall 'Good'.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt the service continued to be safe. However, we found areas in need of improvement in relation to the frequency of fire alarm checks, the storage and recording of medicines.

Regular Health & Safety inspections continued to be carried out in areas of building safety and maintenance, fire safety, and infection control. Regular fire drills had been carried out. There continued to be a maintenance programme in place, which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. At the last inspection on 22 September 2015 we highlighted the fire alarm system had not been regularly checked by care staff in the service to meet the provider's requirements. At this inspection discussions with senior staff and records we looked at detailed improvements had been made in the frequency of these checks. However, there were still some gaps in the testing of the equipment. The provider's current guidance did not specify the frequency of the checks to be completed. We discussed this with the registered manager who told us they had liaised with the provider's own Health and Safety department and were working to further improve the consistency of the checks completed. This was an area in need of further improvement. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans were in place to respond to any emergencies, such as flood or fire.

People continued to receive their medicines safely. Regular audits of medicines had been carried out to ensure procedures had been followed. Care staff were trained in the administration of medicines, and received a regular competency check to ensure that they continued to administer medicines safely. Since the last inspection a new medicines cupboard had been purchased and was in use. However, this cupboard was not used exclusively for the storage of medicines but also for example, for paperwork. Access to the cupboard was not limited and staff were opening the cupboard throughout the day accessing different items stored inside. This did not meet current guidance for the safe storage of medicines. This was an area in need of improvement. There were some omissions in recording of prescription toothpaste. Discussions with care staff identified this as a recording issue and not an error in the application of the toothpaste. This was an area in need of improvement. Where possible people had been supported to self-administer their medicines, and staff could describe the support given to one person to do this with staff verbal prompts. They spoke of how this had enhanced the person's independence and made her really proud of her self.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had risk assessments completed which were specific to their needs. For example, people were supported to go swimming. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed.

People remained protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff told us what continued to be in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. The provider had a positive behaviour support (PBS) team which provided support with new or consistent behaviours to improve the person's quality of life. People had a PBS plan in place which informed staff of triggers that could upset a person. Records allowed care staff to capture any changes in behaviours or preferences to quickly respond to situations. These were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. A relative told us, "It's always nice and clean and cosy here."

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Records we viewed confirmed this. The registered manager looked at the staff and skills mix needed on each shift, to ensure people were safe. They considered the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. This ensured that there were enough suitable staff to keep people safe.

Good

Is the service effective?

Our findings

Staff continued to be skilled to meet people's care and support needs and provide effective care. We observed care staff interacting with the people and taking the time to meet their needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. We observed people were always asked for their consent before any care or support was provided. One member of staff told us, "You have to use your knowledge and experience of working with that person. You can't push people. You reaffirm with them that everything will be ok and we'll have a nice time."

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had followed the correct process for assessing and submitting applications for DoLS for people who required them.

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. New care staff had completed an induction and shadowing programme. One member of staff told us, "I did lots of shadowing. It's the best way to understand a new service." Staff had access to essential training and regular updates. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care.

Staff told us that the team continued to work well together and that communication was good. They told us they were involved in reviewing care and support plans. They used shift handovers to share and update themselves of any changes in people's care. Staff all confirmed they felt very well supported by the registered manager. They had attended regular supervision meetings throughout the year and had completed or were due to complete a planned annual appraisal. A member of staff told us, "Supervision happens really regularly. It's better than anywhere else I have been."

The registered manager completed an assessment of people's care and support needs before they started using the service. Where appropriate, family members and health and social care professionals were also consulted. People's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and

diversity and told us how people's rights had been protected. A member of staff could tell us of the support they had provided to two people to go on one of the buses at the local 'Pride' festival. Staff could also tell us how they supported people with their dietary requirements

People continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. People chose the weekly menu and where needed pictorial prompts were used to help them make their choices. People were encouraged to help with the weekly food shop and those who could participate in food preparation. People's dietary needs were recorded in their care plans. Staff told us they had monitored what people ate and if there were concerns they would refer to appropriate services if required.

People continued to be supported to maintain good health and had on-going healthcare support. They had been supported to attend an annual health check. The registered manager could tell us about the process followed and the decisions made for one person in their 'Best interest' to support them with a dental procedure. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals, involved in their care, if their health or support needs changed. Where people were at risk of choking we observed staff following the guidance in place. A relative told us of the healthy eating plan being followed They said following this their relative had lost weight.

The registered manager told us general repair and maintenance requests had been fulfilled and worked well. There were rails around the service to encourage peoples' independence and ensure their safety when moving around the service. There also are bath chairs, and lower toilets installed for people with mobility problems. There were ongoing plans in place to further improve the environment in which people lived. A relative told us how the layout of the service had worked well, "The kitchen is great, with a big long table and looking out onto the garden. They can all be together socialising."

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. A relative told us, "I do check with (Person's name) and she is happy and everyone is kind." They went on to say after they had taken their relative out, "She is equally as happy to come back." Another relative said when asked what the service did particularly well, "They create a homely, family atmosphere. It has that friendly, slightly informal relaxed atmosphere."
Staff asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff talking to people politely, giving them time to respond and a choice of things to do. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people. They showed an interest in what people were doing.

The care and support provided continued to be personal and met people's individual needs. People were addressed according to their preference. A key worker system was in place, which enabled people to have a named member of the care staff, to take a lead and special interest in the care and support of the person. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals was regularly reviewed. People had a great deal of independence. They decided where they wanted to be in the service and what they wanted to do, deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved, where possible, in making day to day decisions about their lives.

Care staff had received training on privacy and dignity. Maintaining people's dignity was embedded within their daily interactions with people. A member of staff told us how they had ensured this when providing support, "Privacy and dignity is followed. Knocking on people's doors and making bathrooms accessible. There's a general air of respect."

People had their own bedroom and en-suite bathroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. The registered manager told us, "All of the ladies have chosen the colour of their room eight months ago. We did that over two-week daily sessions with two non-verbal ladies with using various tools and they all made their very own choices at the end. "A relative also told us of this process and said, "A lot of thought as to how this could be done."

People continued to be supported to keep in touch with relatives and friends. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People and relatives consistently told us how the service continued to be personalised to meet people's individual needs. When asked what had improved in the service since the last inspection a member of staff told us, "Getting people out more and more. Increased use of the communication boards. It's the little things that make the difference."

Staff continued to complete a detailed assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. A relative told us of the process followed, "(Staff member's names) went and visited her, and spoke with the manager and carers (At the persons previous home.) There were a couple of visits here with us and then a couple of tea calls on her own and an overnight stay. It worked really well." Work had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences, care and support needs goals and targets. Feedback from relatives and care staff was that information was regularly updated and reviewed. A relative told us, "We had a review in July, and went through the processes to be in place. Everything promised has come to fruition."

People were actively encouraged to develop their life skills. Goals and targets were identified on regular basis to ensure people were learning new skills and progressing. For example, one person revealed during their goal setting they would like to learn to how to read. Staff go with them to library on regular basis and work with them through some poems.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. For example, there had been the use of pictorial formats, objects of reference, communication boards, access to internet, pictures, diaries, day planners, Makaton and communication books.

Staff continued to enable people to live life to the full and continued do things they enjoyed. People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own room, food shopping and helping prepare the meals. People were in and out during the day of the inspection and were involved in a range of social activities in the local area. For example, attending local day care, going for walks, and shopping. Staff spoke of the picnics people had been on in the summer. Everyone had joined in and this was a favourite activity people like to join in. People had been able to choose and help plan their own holidays. Two people had been to the Isle of Wight. Another had had the support of staff to go on a family holiday in France. A relative told us, "I am pleased she gets to do as much as she can do. They are great at getting new things for her to do."

Technology was used to support people with their care and support needs. People had been helped to access and use the internet. For example, one person was supported to pay their own rent online with staff support. They also had a mobile phone and they used that as their calendar as well. For another person a sensor system was used to alert staff when the person needed assistance.

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. A further survey was in the process of being sent out. One returned survey detailed, "There is a lovely atmosphere in the house. Everyone is friendly, polite and helpful." 'Residents meetings' had been held regularly. This had enabled people to find out what was going on in the service and agree menu options for the next week and discuss anything they wanted/needed. They had discussed their achievements, any changes they would like to make, or discuss trips out.

The provider had maintained a process for people to give compliments and complaints. One formal complaint had been received since the last inspection which had been dealt with appropriately.

Where required peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Good

Is the service well-led?

Our findings

At the last inspection on 22 September 2015 some of the records we looked at had not always been fully completed, for example for one new person living in the service their care plan had not been started. We spoke with one member of bank staff who told us their essential training was up-to-date. However, there was no record of the training completed by all the bank staff who regularly worked in the service. Although staff told us that medicines guidance had been reviewed guidance in place for when PRN (as and when) medicines were to be administered did not always detail a review had been completed. At this inspection we found improvements had been made and these issues had been addressed.

Staff and relatives told us the service was well led. A relative told us, "There has been a high turnover of staff, but the staff are lovely."

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. A relative told us, "I have found the manager to be very good. She cares so much about the service users, the service and the staff. She cares for everybody." The registered manager was supported by a deputy manager. Staff told us they continued to be well supported. One member of staff told us, "We have good communication systems in place. We have new staff come in with fresh ideas. We are learning from staff who have been here longer. We listen to each other."

Senior staff continued to monitor the quality of the service by regularly completing quality assurance audits of the care and support provided. By speaking with people and their relatives to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider.

Feedback from health and social care professionals was of a well-managed service. They spoke of adaptable staff who had worked well with them, who were very aware of people's needs and of person centred care and support being provided.

The registered manager had continued to send information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider also arranged for internal audits of the service to ensure the quality of the care being provided and health and safety and this met current guidance. They had attended monthly manager meetings. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other

managers.

The registered manager continued to be committed to keeping up to date with best practice and updates in health and social care. They told us how they had kept up-to- date by attending training to support them in their role and receiving regular periodicals and industry updates. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.