

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 ●

Summary of findings

Overall summary

About the service

Brownrigg is a care home providing accommodation and personal care for up to six people who are autistic or have a learning disability or mental health need. At the time of our inspection there were six people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they enjoyed living at the service.

There were enough staff to keep people safe. Risks relating to people's care and support were assessed and mitigated and people were supported to be as independent as possible. Regular fire drills were held so people knew how to evacuate the service in an emergency. Staff were recruited safely.

People told us that staff were kind and caring. Staff treated people with respect and dignity.

People led active lives and we were shown pictures of the things they enjoyed doing, such as travelling on the bus to the seaside, visiting places in the local community and taking part in sponsored walks.

People were encouraged to access the kitchen whenever they wanted and were able to prepare their own drinks whenever they wished. They were supported to eat and drink safely.

Staff made prompt referrals to healthcare professionals when they needed additional support and advice. People told us they saw a doctor when they were unwell and received their medicines when they needed them.

Staff knew how to recognise and respond to abuse and the registered manager had reported any safeguarding concerns to the local authority.

Small concerns raised by people were documented as complaints and responded to appropriately. People told us they were happy with the support provided.

Staff received appropriate training and were supported by the registered manager to carry out their roles effectively. The registered manager completed a range of checks on the service, including care plan reviews.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brownrigg

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Brownrigg is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service an hour's notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with all six people who lived at the service and observed staff interactions. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures, questionnaires and checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. One person told us, "I feel safe, I've been here 16 years. I know all the staff."
- Staff had received training in safeguarding and knew how to recognise and respond to abuse. One staff member told us, "I know about different types of abuse. There is physical abuse, mental abuse, financial abuse and signs would be that they may not go as close to the abuser or they would be acting funny. I would report it, to the shift leader in charge or whoever is in charge or your manager. I'd go to you guys [CQC] if I had any serious concerns."
- Since our last inspection the registered manager had reported any safeguarding concerns to the local authority and CQC as required, and these had been investigated and responded to appropriately.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were assessed and mitigated where possible. Risk assessments were in place for a range of needs including mobility, accessing the community safely and any healthcare needs such as epilepsy.
- The registered manager told us staff encouraged people to take risks in a managed way. One person was supported to use power tools independently and some people had learnt to manage their own money. All of the risks related to these areas had been assessed fully, which ensured people were supported in the safest way possible.
- A range of environmental checks were conducted to ensure the service was safe for people to live in. Regular fire drills occurred, and people knew how to leave the service in an emergency.

Staffing and recruitment

- There were enough staff to keep people safe. One person told us, "There is always staff around if you need them." Throughout the inspection there were staff available to offer people support, and people were able to go out with staff as and when they wished.
- Rotas confirmed that there was always a stable number of staff on shift and matched the number of staff available at the service during the inspection. Staff told us they never used agency staff, which meant that all of the staff team knew people well.
- Staff were recruited safely. Thorough checks were carried out before staff started working with people, including obtaining full employment histories, references and disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- People received their medicines safely. One person told us, "I take [named medicines] and some cream. All of the medicines are in the cupboard and staff help me with that, they have the keys."
- Staff had received training and their competency had been assessed in how to administer medicines safely. Medicines administration records (MARs) were fully completed which showed people received their medicines as prescribed. Some people were supported to sign their own MARs after they had taken their medicines.
- Some people were prescribed medicines on an as and when basis (PRN) for pain relief or anxiety. There were clear guidelines in place regarding when these medicines should be administered and the specific doses required.

Preventing and controlling infection

- The service was clean, and people were protected from the spread of infection.
- People told us they were supported to clean the service and were involved in all aspects of maintaining their home. One person said, "The staff help me clean my room, and we have a cleaning rota. We do Hoovering and we do the toilets and all that lot. We make sure the house is spotless."
- The kitchen was clean. The Food Standards Agency had given the service a rating of five (the highest) at their last inspection which meant hygiene standards were very good.

Learning lessons when things go wrong

- There were systems and processes in place to ensure that lessons were learnt when accidents and incidents occurred. Staff recorded all accidents and incidents and these were reviewed by senior staff to ensure appropriate action was taken.
- Each month accidents and incidents were collated and analysed to look for trends and patterns and ways of reducing the risk of them happening again. People's care plans and risk assessments were updated accordingly and any learning was shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. One person had moved into the service in the past year. They told us, "I had a chance to look and view it [the service], see my bedroom and view the whole place before I moved in. I met the manager, they came to the hospital to talk to me."
- Important information from professionals involved in people's care was used to draw up a care plan and risk assessments, and people were involved in this process wherever possible. These were reviewed regularly to ensure they were updated as and when people's needs changed.
- Recognised tools, such as Waterlow assessments (to assess the risk of people's skin breaking down) were also used to aid the assessment process.

Staff support: induction, training, skills and experience

- Staff received the training and support necessary to carry out their roles effectively. They had received training in a range of topics, including first aid, equality and diversity, mental capacity and moving and handling. Staff had also received training in areas specific to people's needs such as epilepsy, mental health and learning disability.
- Staff had recently completed training on 'active support' a model of supporting people with learning disabilities to be as independent as possible. Everyone we spoke to was enthusiastic about active support, and it was evident from staff interactions with people that they encouraged them to do as much as they could for themselves.
- New staff received a comprehensive induction into the service and were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that care workers work through based on their competency. Staff received regular supervision and were given a chance to reflect on their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink safely. One person had been assessed as requiring additional support to eat and drink by a Speech and Language Therapist (SALT) and staff followed this guidance during the inspection.
- People were able to access the kitchen freely and helped plan the menu each week, so it included their favourite foods. If people did not like what was on the menu, they were able to choose an alternative. One person told us, "Sometimes I do my own, so I don't have to eat the same stuff as everyone else. I have soup and a sandwich and I like eating out."
- During the inspection people helped themselves to drinks and snacks in the kitchen and offered to make us a drink when we arrived. At lunch time people were given the choice of eating in the lounge or the dining room, and there was a relaxed atmosphere and staff and people chatted as they ate.

Adapting service, design, decoration to meet people's needs

- The service was homely and people were visibly comfortable in their environment. There were grab rails on the stairs to assist people to move freely round the service, even though they needed support with their mobility.
- The inspection was completed in December and there was a Christmas tree and festive lights in the lounge.
- People proudly showed us their bedrooms, which had been decorated to people's individual tastes. Some people had football themed curtains and told us these represented their favourite teams. People had displayed photographs showing them taking part in activities and smiling and laughing with their friends.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed to manage their healthcare needs. One person told us, "I have got my GP and the hospital that we go to if there are any problems."
- Some people were living with health conditions such as epilepsy. There was clear guidance in place for staff regarding this, and what action to take if the person experienced a seizure.
- When people required specialist support staff made referrals to healthcare professionals such as occupational therapists and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff and the registered manager understood the requirements of the MCA. When people lacked capacity to consent to living at the service DoLS had been applied for and mental capacity assessments had been completed as necessary.
- People were encouraged to make decisions for themselves and were not restricted. Some people were able to come and go freely and others went out with staff support. Throughout the inspection staff were respectful and asked people if they needed assistance, to gain their consent before acting.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and had built up strong relationships with the people they supported. One person told us, "The staff are fine, very friendly, approachable, always willing to help you if something is wrong."
- The registered manager had introduced a display in the hallway, which celebrated the kind things which people did for one another. One person told us they had been awarded, 'service user of the month' for the helpful things they had done to assist other people.
- Staff knew people well and spoke to us with knowledge and understanding about people's diverse needs and preferences, which were celebrated and met. People were sensitively supported to express their sexual needs. Some people were supported to attend the local Church.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. Throughout the inspection people were able to make choices about what they did and where they spent their time. People's care plans recorded how they wanted to live their lives, and how they wanted staff to support them.
- One person told us they were planning to do more exercise in the new year and was already planning with staff how they would achieve this.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. There were clear plans in place to support people to learn new skills or work towards being more independent. People told us with pride about how they had been supported to learn new skills, such as managing their own money and carry a bank card when out.
- Staff were respectful and throughout the inspection gently encouraged people to do things for themselves. When people needed support, staff asked people's permission, and we observed staff knocking on people's doors before entering. One person told us, "It is the best home I've been in. We have nice staff and nice management."
- Records about people were written in a respectful manner and were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and plans for their care were designed to meet people's needs and preferences.
- The registered manager told us that the provider had recently introduced an electronic system, and staff used a combination of paper records and this system to document people's care and support.
- Care plans, risk assessments and other documentation such as positive behaviour support plans and guidance about people's health care needs were accurate and detailed and showed that people had been involved in their development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been fully assessed and documented in line with the AIS. Throughout the inspection people were supported to make their needs known clearly and with ease.
- Information was presented to people in an accessible manner. People showed us the weekly menu and the cleaning rota which were clearly displayed at the service in a format people understood.
- The registered manager confirmed that information could be made available in a variety of formats, such as large print or pictures if necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities and had busy and active social lives. Throughout the inspection people came and went and told us with excitement about their plans for the day. One person told us, "I am going out today, just to get some Christmas presents. And get a Cliff Richard CD for [relative]." When they returned they had bought food for all of the people living at the service and told us this was a 'thank you' for always being there for them.
- One person told us they worked on a farm. They said, "I work on a farm, we do arts and crafts. We do work like cleaning out the horses, doing the horses feet and yesterday we checked the pigs over." Another person told us they had taken college courses in baking and DIY and liked to use the skills they had learnt at the service.
- The registered manager showed us pictures of people taking part in a variety of activities and trips. People spoke excitedly about how they used their bus passes to visit places such as Brighton, and one person

showed us with pride medals they had gained on sponsored walks.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to ensure the effective management of complaints. People told us they were confident to raise any concerns they had with staff. One person said, "We talk to the staff. I'd talk to the keyworker or the registered manager if I am worried about anything and they look into it."
- There was an accessible complaints procedure in place that was easy to understand for people, and there were forms with pictures on that they could use if they wanted to make a formal complaint. Some people had used these forms, and the registered manager had investigated and responded to the complaint in line with the complaints procedure.

End of life care and support

- Nobody living at the service was currently at the end of their life. However, staff had worked with people to discuss what they want to happen if this occurred and documented their wishes accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they felt the service was well-led and there was a positive culture. One person told us, "The registered manager is a good manager. Every time I get upset she always says do you want to come and have a chat in the office? And the deputy manager as well. They will say what is on your mind...you can chat to me about anything and they will listen. The registered manager listens because she has been in this job for many years, and she knows what I am like and how I feel."
- The service had won an internal award from the provider for 'Care Home of the Month' in recognition of staff's support for people to complete a range of activities, such as sponsored walks.
- The registered manager understood the duty of candour and had notified CQC of important events that occurred at the service, as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider completed a regular audit on the service, in line with CQC's methodology, checking if the service was safe, effective, caring, responsive and well-led. After each audit an action plan was created and any small areas of improvement, such as reviewing a person's risk assessment were noted and implemented.
- The registered manager had worked at the service for a number of years and knew people and the staff team well. There was clear management structure, and staff told us they felt well supported and were clear on their roles and enjoyed supporting people to live full and active lives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had completed surveys with people and their relatives to gather their feedback. Feedback reviewed was positive, and comments included, 'Thank you for the support' and 'Brownrigg is a very nice place to work.' Some small areas of improvement had been suggested, such as accessing more external activities, and this feedback had been considered and acted on.
- Regular meetings were held with staff, people and their relatives. This gave everyone the opportunity to discuss what was happening in the service, and feedback directly. Any suggestions made were listened to and implemented where possible.

Working in partnership with others

- The registered manager and staff worked in partnership with a range of other organisations, including local safeguarding and commissioning teams.
- We received feedback after the inspection from a healthcare professional, who stated, "The service appears well run and all staff seem well informed of current issues and trained. Staff (usually the registered manager) attends all relevant formal meetings for clients and is therefore able to provide updated information to the care team and offer ways to better support individuals."