

Brunswick Supported Living Services Ltd

# Brunswick Supported Living Services Ltd

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brunswick Supported Living Services provide supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, the service provided care and support to 16 people.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

### People's experience of using this service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Feedback and records showed people experienced choice and control over their support and care planning was person centred.

People told us people they were very happy, because they felt safe and all their needs were met by kind and caring staff.

Staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager. The provider employed enough staff to make sure people's need were met in a timely way.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained detailed information about each person's individual support needs and

preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Staffing levels were enough to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Most people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to their care. They had access to a range of activities and were encouraged to participate in events in the local community.

The managers of the service actively sought the views of people and their relatives about the running of the scheme and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 6 February 2018.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Brunswick Supported Living Services Ltd

## **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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Brunswick Supported Living Services is registered to provide domiciliary care and a supported living service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 carried out the inspection visit on 14 July 2021. It was announced. We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did

Before the inspection visit we looked at information we held about the service and used this information as

part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager, and three support staff. We looked at four care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to six people who used the service.

# 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 now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff completed safeguarding training during their induction and received regular refresher training.
- The service had safeguarding and whistleblowing policies and staff told us they knew what to do if they had safeguarding concerns.
  - People's care plans contained comprehensive risk assessments and clearly set out how staff should care and support people safely.
- The service completed detailed Positive Behaviour Support Plans which gave staff tools and ideas to support people when their behaviour became challenging as a result of distress or outside influences.
  - People told us they felt safe at the service. One person told us "Yes I feel safe, I receive support while living alone in my own home."
- A member of staff told us "The safety of the person is our priority."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives.
- Risk assessments had been completed in several areas including verbal aggression, drugs and alcohol and self-harm.
- The service had recently introduced a new lone working and environmental risk assessment, to ensure staff were working in a safe environment..
- Staff could tell us of potential behavioural triggers and described to us what they would do to support the individual and how they would diffuse the situation effectively with a positive outcome.
- There were regular health and safety checks done , including fire safety and the registered manager and told us that maintenance issues were dealt with in a timely way.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.

- There were enough staff to meet people's needs and keep people safe.
- A person told us "Absolutely brilliant help by the staff, could not wish for more."

#### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- One person told us "I take my tablets, staff prompt and remind me."

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment (PPE), for example, gloves and aprons. This helped to minimise the risk of infections spreading. This inspection took place during the COVID-19 pandemic. The registered manager reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was a good stock of PPE available (gloves, masks, aprons) and enhanced cleaning in people's homes.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to prevent re-occurrence.



# 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 now 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 confirmed that they had their needs assessed before they were offered a place at the service.
- The registered manager considered protected characteristics under the Equality Act 2010. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care.
- New staff completed an induction which included completing mandatory training and working alongside experienced members of staff before working alone.
- Specific training was also undertaken when required to manage specific conditions such as pressure sores and diabetes□
- Staff felt very well supported. They had supervisions and appraisals and told us "We are really well supported here, we have regular staff meetings and supervision."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.
- A staff member told us "We try to encourage people to make healthy choices, but they do like their take aways."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, landlords, GPs and psychiatrists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Contact with GPs was made when needed and people attended their hospital

appointments with the support of staff.

- A person using the service told us "Staff take me to see my GP and to hospital appointments."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with enough information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- A person using the service told us "If I want to go out, I tell the staff."

# 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 now 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service regularly carried out staff observations and gave feedback to identify training issues or adjustments that are required to people's support plans.
- People told us the at the managers at the service were visible and known to them and approachable. Staff told us that they knew everyone extremely well including their relatives.
- Comments included "I have met the manager he is approachable", and "I have been assessed through Brunswick, in comparison to other services Brunswick staff are angels."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The managers are always available, approachable and they know the tenants well." The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided strong leadership and everyone we spoke with said "they liked and respected him."
- Staff were happy, and proud to be working at the service. One member of staff told us, "I am very passionate and dedicated about my job, I give it the best I can."
- Staff told us that they had all been given thank you cards and a bottle of wine during the COVID-19 pandemic.
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as people's care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- The provider made regular visits to people to undertake spot checks to ensure that the service was providing high quality care.
- We found the culture to be honest and transparent, and the importance of quality monitoring and improvement was recognised.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor

practice should they need to.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. A member of staff said, "We can always voice our opinions; we have regular opportunities to feedback."
- The provider sent surveys to people each year. The last survey was carried out in April 2021 and the results were very positive.
- Staff accompanied people to their places of worship when requested.
- People and staff felt the management team were approachable and accessible.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority learning disability and mental health teams to ensure that people received joined-up care.
- The provider ensured that they worked proactively with landlords that people rented their home from. People held their own tenancy and managed their own affairs relating to their housing needs. When required staff supported them to ensure repairs were carried out and essential safety checks were undertaken.