Florijn Care Limited

# Bruntsfield House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 27 January 2016 and was unannounced. Bruntsfield House provides accommodation and personal care and support for up to six people who live with a learning disability or autistic spectrum disorder. It also provides support for a further six people who live independently in the community. The service does not provide nursing care. At the time of our inspection there were five people living in the service with a further five people living in the supported living service. Each service ran as separate units within the same building

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

## 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 understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

### Is the service effective?

Good

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

### Is the service caring?

Good

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with

compassion based upon people's known needs.

People's dignity was respected by staff.

## Is the service responsive?

Good

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

## Is the service well-led?

Good

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

# Bruntsfield House

**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.

The inspection took place on 27 January 2016 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spoke with five people who lived in the service. We also spoke with four care staff members, one visiting healthcare professional, the maintenance staff member and the manager.

We looked at six people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

# Is the service safe?

## Our findings

People said that they felt safe living in the service. We saw people engage with staff members. The atmosphere was relaxed and interactions between staff and the people who lived there were friendly. One person told us "The staff really help me here." And another person told us, "The staff help me and keep me safe when I go out with staff."

Staff said that they had received guidance about how to keep people safe. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. This action included contacting external agencies such as the Care Quality Commission, the local authority and the police. Staff had a good understanding of how to protect people. They told us they knew people well and believed they would know if there was neglect or abuse taking place. Staff told us they would speak to senior staff or the manager immediately if they had any concerns ensuring they made accurate documentation of this. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken.

Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. Where safeguarding referrals had been made we saw clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them. All of the staff told us they knew people's needs well and how to manage risks to people's safety.

Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. Staff understood people's needs, and risks to people were managed. Care plans also contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers which might affect people's behaviour and different techniques they used to defuse and calm situations. The staff told us they did not use restraint and used various communication techniques and their knowledge of the person to keep people safe. Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. This was more prominent in the supported living side of the service. Where people did not have the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk and going into the community, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked

and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

We saw there were sufficient staff on duty to meet people's needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff told us they felt there were enough staff to provide a safe level of care and told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely as well.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service Staff said, and records confirmed, that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that other checks had also been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. Medication was given with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about their use. This included medicines that people needed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. We also noted that that where people had been prescribed PRN medication to manage their behaviours, these had been significantly reduced. This was evidence that the one to one work done with each person concerned had had a positive effect. ensuring they displayed less anxiety. The care files also contained clear protocols for PRN medication that provided guidance for staff to administer these medications safely. We spoke with the manager on the day of inspection with reference to the recording of room and fridge temperatures where medicines were stored as these had not been recorded regularly. Although this was not noted to be a problem on the day of inspection, the recording of the same is important to ensure the efficacy of medications is not compromised by the area being too hot or too cold. The manager agreed to address this. Training records for staff who administered medicines showed they were all up to date with safe handling of medication training. We also saw refresher training had been planned. This meant appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

Good

# Is the service effective?

## Our findings

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

Staff told us that they were supported with supervision, which included guidance on work issues and highlighted things they were doing well. It also focused on development of their role and any further training. They were able to attend meetings and reviews where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Staff meetings took place on a regular basis and the manager told us she also used team meetings to update staff about new legislation and updates for training. Staff said the manager of the service was very supportive and approachable and that they always took the time to offer support, advice and practical help whenever needed. The management team told us they supported staff in their professional development to promote and continually improve their support of people, however acknowledged that there had been a lapse in supervisions as the records we saw only evidenced one or two for the preceding year. We were advised that there was a plan in place to address this. Opportunities for staff to develop their knowledge and skills were discussed on an on going basis but had not been recorded as regularly as is expected.

We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. Staff had a good understanding of the issues which affected people who lived in the service. Staff knew the best way to support people during situations that made them anxious, in order to reduce their anxiety. One person who lived in the residential side of the service had communication difficulties. The manager described the way they and the staff were able to fully understand this person sensitively due to the excellent rapport they, had built with this person. A healthcare professional also commented, "I am very impressed at the work they have done with [person]. They have settled well and are very happy. They have a very good rapport with them."

People's capacity to make decisions was taken into consideration when supporting them and people's freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could enter their rooms.

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).

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 were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs. People's weight was monitored so that any significant changes were picked up that may indicate the person had risks relating to their nutrition. If a risk was identified, people would be referred to relevant health care professionals such as a dietician or speech and language therapist so that a full professional assessment could be carried out.

Staff told us people were able to choose their meals, which were prepared by staff and people who used the service. We observed people helping to make pizza at lunchtime and choose their own toppings; one person did not like pizza and was supported to make a sandwich.

People's day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. Records showed people were supported to attend health appointments and received care and treatment from health care professionals such as their GP, chiropodist, opticians, social worker and psychiatrists when required. A person who had suffered a bereavement had also been supported by a counsellor.

Good

# Is the service caring?

## Our findings

People told us that staff met their individual needs and that they were happy with the care provided. Staff understood their role in providing people with effective, caring and compassionate care and support. There was a 'keyworker' system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. When asked, people using the service were aware of who their key worker was. People were supported to maintain relationships with friends and family. People's relatives and those acting on their behalf visited at any time. One person told us "I can have visitors whenever I want, and I have good mates here." One person who lived in a supported living flat told us "Whenever I need help, I ring the bell and they come."

Staff demonstrated a good knowledge and understanding about the people they cared for. They were able to tell us about each person's individual needs and preferences. This showed that staff knew people and understood them well. Staff addressed people by their preferred name, and chatted with them about everyday things and significant things in their lives. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their life that had had an impact on them.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. People were treated with dignity and respect. Our observations confirmed this when one person showed signs of being upset following an outing and wanted someone to talk to, and staff dealt with this in an efficient caring manner. Staff spoke with people in a kind and caring manner and they respected people's choices. If someone was trying to communicate something staff listened attentively until they understood what the person wanted.

We observed the service had a good, visible, person centred culture which focused on providing people with care which was personalised to the individual. Staff were well motivated and caring. Staff respected people's privacy and dignity. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

Staff were responsible for ensuring accurate daily records were kept about how people were being supported and communicated any issues which might affect their care and wellbeing. We spent time during the inspection visit in communal areas observing interactions between staff and people who lived at the service. Staff were friendly and relaxed with people. At lunch people were involved in preparing and cooking their own lunch and were able to choose where they wanted to eat. Two people ate in the dining room, one in the lounge and one person chose to sit in the conservatory. A person eating lunch was concerned as they had dropped some food, the carer immediately reassured the person and involved them with clearing it away. This person could then relax and continue to eat. Immediately after lunch staff involved people in different things to do, one person was supported to do a jigsaw and the staff member communicated with the person throughout using non-verbal communication. The staff member clearly understood the non-verbal communication and responded appropriately. Additionally two people were taken out for coffee

during the day and one person who lived in a supported living flat assisted the maintenance man with jobs he was completing that day.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others. People were encouraged to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available and had been used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

People received individual care that was based on their assessed needs and was delivered in a way that put the person at the centre of the plan of care. The manager told us that people's needs and preferences were at the forefront of all their processes from care plans and risk assessments to staff training. Staff listened to people and enabled them to the best of their ability to have control over their lives. We spoke to a visiting professional who told us, "The staff are very good and care for people in a holistic way."

Care staff were able to describe the details of people's care plans and knew the needs of the people in their care well. Staff talked warmly about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. For example, one person could become anxious if it was too noisy or other people were being loud. In these circumstances staff ensured the person was able to sit in a quiet place so that they could relax.

People had access to a range of pastimes and activities that they could take part in if they chose. Social activities were designed to meet the needs and wishes of individuals. People talked about various activities available at Bruntsfield House such as swimming, football, pantomimes, and lunches out, going shopping, men's club, and gardening. Staff were also able to respond to requests, for example when one person asked to go out for a coffee, a staff member immediately offered to go with them and invited another person to join them. One person told us, "I go out when I want and the staff support me."

People in the supported living area of the service were also able to attend any activities or events in the care home and it was clear that close relationships had developed over time and everyone got on well together. A staff member responsible for maintenance regularly worked with one person who used the service who was interested in building and maintenance. The person often helped with any jobs in the service. They also helped with planting and landscaping at a pub nearby. Bruntsfield House had also recently purchased an incubator, to enable residents to be involved in incubating eggs and hatching chicks. Group activities that people could join in with were also popular and enabled people to socialise. We saw that people took part in cinema evenings in a dedicated cinema room and we were told these were always well attended.

Staff talked to each person in turn, using their name to engage their attention and encouraging them to join in conversations. Staff observed people's body language such as hand gestures to know whether the person was happy or not. In one person's case care staff looked for smiles or hand gestures for confirmation. Staff understood the signs the person made to communicate what they wanted. Their care plan clearly recorded the signs and signals that the person used for communicating their needs, so staff understood the person's individual way of communicating.

People were supported to maintain contact with family and friends and staff told us that they supported and encouraged those relationships.. One person told us how staff helped them keep in touch with their family and that they had visitors sometimes which they enjoyed a lot.

The provider had a process in place to deal with concerns and complaints. No formal complaints had been

received in the past year. People did not all have the capacity to make formal complaints but we saw that staff listened to them. Where people did not have family members who were actively involved in their care they were supported by advocacy services or social care professionals who monitored the care and support provided. The manager explained how they used the process of dealing with complaints as a means to learn and to improve the service. People told us the service was responsive to their needs and they were listened to. One person told us, "The staff help me if I am unhappy."

Good

# Is the service well-led?

## Our findings

The service was well managed and the manager was visible and accessible. From our discussions with staff it was clear that they were familiar with the people who lived in the service and their relatives. All the people we spoke with told us they knew who the manager was. All of the staff told us they worked in a friendly and supportive team. They felt supported by the management and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns and suggest ideas for improvement. Staff spoke well of the registered manager and the senior team. Comments included, "The manager has an open door policy and I can ask anything" and, "They helped me a lot with my course."

Staff had access to meetings where appropriate, supervision, observation and annual appraisals. Staff and resident meetings were held and staff told us that communication was always inclusive and they were always consulted about any proposed changes.

The organisation's values were based on respect for each other, putting people at the heart of the service and focussing on people's abilities, growth and development. Our discussions with staff and people, our observations of life in the service, and how care and support was planned and delivered showed these values were embedded in practice. Staff understood their responsibilities and took them seriously. Staff were able to demonstrate to us that the welfare of people was their priority, and the service maintained good links with the local community.

The management of the service had processes in place which sought people's views and used these to improve the quality of the service. The provider sought feedback from people and their relatives to improve the quality of the service. We were told that they sent out surveys to families, friends and health or social care professionals. We saw from the most recent surveys that there was positive feedback about the standard of care and how the service was managed. Action plans to address any issues raised were in place and were completed.

Systems were in place to manage and report accidents and incidents and monitor trends. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of incidents documented showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. The manager explained that all records were reviewed, assessed and updated according to changes in people's needs. Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the provider had an effective system to regularly assess and monitor the quality of service that

people received.