

Brett Lee Trust

# The Brett Lee Trust

## 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: The Brett Lee Trust is a domiciliary care agency. It provides personal care to one person living in their own home.

People's experience of using this service:

The staff had received training including the safeguarding of people, administration of medicines, infection control and epilepsy. The staff also informed us they had regular supervision and a yearly appraisal.

The service had sufficient members of staff to cover the rota and the systems to recruit staff safely were robust.

Support was planned to meet the assessed nutritional and health needs.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

A care plan and risk assessments had been written from an assessment of the person's needs and was updated as necessary. The staff were aware of the contents of the care plan so that they understood the person's needs and how to support them to meet their desired goal.

The person who used the service shared positive relationships with the staff. Their privacy, independence and dignity was respected. We observed staff listen to and support the person to make choices. The person's relatives were involved in their care planning and the review of the care provided.

The person received a responsive service which was adaptable to support their needs depending upon how they felt during the day. There were systems in place to assess, plan and meet their individual needs and preferences. There was a complaints procedure in place.

The registered manager told us the aim of the service was to deliver person-centred quality care. The service provided was assessed and monitored by the registered manager and members of the trust to support the person using the service to meet their needs.

Rating at last inspection:

At our last inspection on 13 October 2016 the service was rated Good. The report was published on 18 November 2016.

Why we inspected:

We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# The Brett Lee Trust

## 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. This inspection was planned 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.

#### Service and service type:

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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

We spoke with the person who used the service, the registered manager, a relative and two members of staff.

We used information to plan the inspection that the provider sent us in the Provider Information Return (PIR). 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.

We reviewed the care record of the person who used the service, policies and procedures, records relating to the management of the service, assessments of need, risk assessments, medicine records and training records.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure in place. The person continued to be supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "We have had regular safeguarding training."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes.
- The staff assessed risks to the person's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, travelling, swimming, nutrition and personal finances.

Staffing and recruitment

- The service continued to have a robust recruitment process in place for staff recruitment. One member of staff told us, "I completed an application form and all my references were checked."
- The registered manager organised a staffing rota to ensure there were always enough staff on duty to provide the support required.

Using medicines safely

- Records showed medicines were administered as prescribed.
- The registered manager ordered the prescribed medicines and carried out a regular audit check of medicines in stock.
- Regarding prescribed medicines on a when-required basis, there was written information available for the staff to show how and when to administer to ensure the medicines were given consistently and appropriately.
- Medicines were reviewed as necessary with the GP and also specialist nurses.

Preventing and controlling infection

- Staff confirmed with us they had received training on how to prevent the spread of infection and food hygiene training.
- The service had a policy and procedure regarding the control of infection.

Learning lessons when things go wrong

- The registered manager informed us that they meet with the trustees regularly and held staff meetings to discuss how the service could be developed and improved.

# 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 our last inspection of 13 October 2016, which was published on 18 November 2016, the key question for effective was rated requires improvement. At this inspection of 17 May 2019, improvements had been made in this key question and the service was acting within the guidelines of the Mental Capacity Act 2005.

Good:  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

- The registered manager and staff continued to record in the care plan the assessed needs and how these were to be achieved.
- A member of staff told us, "I can understand non verbal communication such as touching head or tapping stomach, this can be a sign of feeling unwell." The staff then explained the action they would take to support.

Staff support: induction, training, skills and experience

- Staff were provided with induction and on-going training in order that their knowledge was kept up to date.
- Staff continued to receive supervision with the registered manager and a yearly appraisal. One member of staff told us, "Supervision is a time that we can discuss what we are doing and any potential changes."

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

- The registered manager told us how choices such as drinks and foods were offered and favourites were well known to the staff and recorded in the care plan.

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

- We were informed by the staff how they accessed specialist advice and guidance as necessary to aid them to provide the necessary support.

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

- The registered manager had sought advice from other professionals regarding mobility. This had resulted in adaptations to the bathroom and also accessing the garden.

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

- Staff informed us that appointments were made as necessary with the GP and also on an agreed timeframe with other services such as dentists.

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.

- At our last inspection we found that although the registered manager and staff had an awareness of the MCA the correct authorisations were not in place. At this inspection we saw that further advice had been sought and action had been taken to resolve the situation.

## 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

Good:  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

- The registered manager informed us that when employing staff, they were looking for people with empathy and understanding. These characteristics of the staff were confirmed to us by our observations of staff providing support. We saw positive exchanges of non-verbal communication, such as smiles.
- A relative informed us how the staff worked in a caring and respectful manner. Staff ensured whenever leaving the house to participate in an activity checks were made to be prepared for all possible weathers.

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

- We saw evidence of regular care reviews in the care plan to determine how to offer and support decision making and for views to be expressed.
- We observe members of staff explaining what they were doing and asking for confirmation this was correct or should they be doing something else.

Respecting and promoting people's privacy, dignity and independence

- Privacy was respected because confidential information was held securely in the office location.
- The staff showed respect by addressing the person with the name they wished to be called.
- The staff promoted independence by discussing and offering options and supporting the choices made.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- How to provide the support required was detailed and clearly written in the care plan.
- Personal preferences were clearly recorded. A member of staff informed us that they had worked at the service for over 12 years and had built up a knowledge of preferences and choices and these had been recorded.
- Regular reviews of care were arranged to reflect changing needs.
- Staff confirmed that the care plan in place reflected current needs and they recorded daily information in the plan each time they visited.
- We saw photographs which showed positive interactions of events such as swimming, sailing and trampolining being enjoyed. A member of staff told us, "We try to do something interesting and stimulating everyday."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure.
- Staff informed us they knew how to raise a complaint and/or concern with the registered manager.

End of life care and support

- The registered manager informed us they would seek support from other professionals and were confident that the staff would continue to support under that guidance.

# 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The service systems were designed so that person-centred care was delivered.
- Policies and procedures provided guidance around the duty of candour responsibility.
- Staff told us their views were sought around how the care was to be provided.

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

- The service had an on-call system so that people using the service and staff could call upon the registered manager for support as needed.
- The registered manager reported to and sought the advice of trustees of the trust.

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

- Staff spoke positively about the support they received from the registered manager. One member of staff told us, "They want what is right and the very best [for their relative]."
- Family members frequently escorted the staff and engaged in activities all together.

Continuous learning and improving care

- The registered manager carried out spot checks and supervision sessions with staff to determine how the staff were working and could there be any improvements.
- All family members were involved in the oversight and planning of the care to be provided

Working in partnership with others

- The service sought the advice of various professionals as appropriate to plan and review the care provided.