

Bruno's Care Limited

Bruno's Cottage

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?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 22 June 2017.

Bruno's Cottage provides accommodation with personal care for up to six people with a range of needs including, for example, people with learning disabilities and people on the autism spectrum. There were five people in residence when we inspected.

A registered manager was in not post. 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 2008 and associated regulations about how the service is run.

People were safe. Their needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. Risks to people's safety had been assessed and reviewed as people's needs and dependencies changed. Care plans reflected each person's individual needs and provided staff with the information and guidance they needed to manage risk and keep people safe.

People benefitted from receiving care and support from staff that knew what was expected of them and they carried out their duties effectively and with compassion. People were treated equally and shown respect as individuals that came together from a range of diverse backgrounds and cultures. There were sufficient numbers of experienced and trained staff to meet people's assessed needs.

People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. They were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening.

People's individual preferences for the way they liked to receive their care and support were respected. People were encouraged and enabled to do things for themselves by friendly staff that were responsive and attentive them. They had insight into people's capabilities and aspirations. People's capacity to make informed choices had been assessed and the provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support.

People had enough to eat and drink. People who needed support with eating and drinking received the help they required. Their individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon.

People that required support with taking medicines received the help they needed. Medicines were appropriately and safely managed and staff had received the training they needed in the safe administration of medicines. Medicines were securely stored and there were suitable arrangements in place for their timely

administration.

People had access to community healthcare professionals and received timely medical attention when this was needed. There were appropriate arrangements in place for people to have regular healthcare check-ups.

People, and where appropriate, their family or other representatives were assured that if they were unhappy with the care provided they would be listened to and that appropriate action would be taken to resolve matters.

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.

People received support from sufficient numbers of competent staff that had been appropriately recruited and trained.

People benefitted from receiving support and care from staff that were mindful of their responsibilities to safeguard them from harm.

People were kept safe care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual.

Is the service effective?

Good ●

The service was effective.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity to make decisions had to be taken into account and acted upon.

Is the service caring?

Good ●

The service was caring.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

People benefitted from receiving support from staff that respected their individuality.

People were individually involved and supported to make

choices about their day-to-day care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred to reflect their individuality and support needs.

People's needs were assessed prior to an agreed service being provided. There were regular reviews of each person's service to ensure their needs continued to be met.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

A registered manager was not in place.

Staff had the day-to-day support from senior staff within the organisation that they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Bruno's Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on 22 June 2017.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service, as well as 'Healthwatch' in Northamptonshire.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people in residence. We spoke with the team leader in-charge, and three other staff involved in supporting people. We spoke with one person using the service and used SOFI to look at interactions between staff and other people using the communal lounge area. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and senior staff.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the accommodation and facilities used by people.

Is the service safe?

Our findings

People's needs were safely met. The provider had ensured that there were sufficient numbers of experienced and trained care staff on duty. People's needs were regularly reviewed by care staff so that risks were identified and acted upon. A range of risks were assessed such as ensuring that when a person needed support to access community facilities they were accompanied by a competent staff member that knew the person's vulnerabilities and what to do to keep that person safe. One staff member said, "Risks will always be there; as a team though we know what to look out for so they (people using the service) are kept safe, especially when we are out in the community. Each person is different so we do have to know what they can do for themselves." There were also risk assessments in place, for example, to guide staff on the safe management of medicines for people that required prompting and supervision when taking their medication.

People received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the necessary training.

Care plans provided staff with guidance and information they needed know about people's needs. Staff knew how the service was to be provided to each person they supported. Care plans were individualised and reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

Staff knew what to do in the event of a fire. The premises and fire precautions had been checked by the community fire safety officer in October 2016 and found to be satisfactory. Each person had a personal emergency evacuation plan in place.

Is the service effective?

Our findings

People were supported by staff that had a good understanding of their holistic needs and the individual care and support they needed to enhance their quality of life. Staff that had acquired the experiential skills as well the training they needed to care for people with a range of complex needs, including people with learning disabilities and people on the autism spectrum.

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).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff acted in accordance with people's best interests. Timely action had been taken by staff whenever, for example, there were concerns about a person's health or behaviours that affected their quality of life or put them or others at risk. Action taken was in keeping with the person's best interest, with the appropriate external healthcare and social care professionals involved as necessary.

People enjoyed their meals, and had enough to eat and drink. Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. Where people were unable to express a preference care staff used information they had about the person's likes and dislikes as well as their nutritional needs.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated with compassion and in a dignified way. People's privacy was respected.

People were supported to do things at their own pace. Staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person needed their attention. Behaviours, such as verbal or physical aggression towards others were calmly and sensitively managed by staff who were mindful of 'triggers' that sometimes caused a person to get upset. Staff knew how to work with the person in a kind, thoughtfully measured way, whenever such behaviours occurred so that people were treated sensitively and appropriately.

People's individuality was respected by staff. They used people's preferred name when conversing with them. People were approached by staff that consistently explained what they were doing without taking for granted that the person understood what was happening around them. Staff were able to discuss how they facilitated people's choices in all aspects of their support, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. When talking with people staff presented as friendly and used words of encouragement that people responded to positively. People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome.

Is the service responsive?

Our findings

People received individually personalised care and support. People's individual support needs had been assessed prior to their admission to the home. They received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People had a range of activities that were organised to suit each individual and varied on a daily basis. These activities suited people's individual likes, dislikes and were tailored to their capabilities and motivation. Care staff also coordinated and organised outings to community facilities in Kettering, such as shops and recreational venues.

People's representatives were provided with the verbal and written information they needed about what to do and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There had been no complaints from people using the service since we last inspected. People without family or other significant persons to speak up for them had access to advocacy services.

Is the service well-led?

Our findings

A registered manager was not in post when we inspected. An application to register a new manager with the Care Quality Commission (CQC) had yet to be submitted although the provider was recruiting for this post as a matter of urgency. However, until an application to register a new manager was successfully processed the rating given was, therefore, 'requires improvement' under 'well led'.

People were assured of receiving support in their own accommodation that was competently managed by the Team Leader on a daily basis. The team leader had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the team leader or other senior staff employed by the organisation. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. People's care records were appropriately kept and accurately reflected the daily care people received. Records relating to care staff recruitment and training up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date.

People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. This included, for example, internal audits of care records and the ways in which staff were kept informed of people's changing needs.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.