

Brandon Trust

Pizey Avenue

Inspection report

7 Pizey Avenue
Clevedon
North Somerset
BS21 7TS
Tel: 01275 341753
Website: www.brandontrust.org

Date of inspection visit: 25 January 2015
Date of publication: 10/03/2015

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	

Overall summary

This inspection took place on 25 January 2015 and was unannounced. The previous inspection was carried out on 14 November 2013 and there had been no breaches of legal requirements at that time.

Pizey Avenue is registered to provide accommodation and personal care in the form of 'short stay' care for people with learning disabilities. This is also known as 'respite' care. Four people are able to stay at any one time and overall there are between 40 and 50 people who use the service. People's needs are assessed by both the local

authority and the service. The local authority agrees a rota for the year for people to use the service. Depending on people's assessment outcome determines the amount of days per year a person can have.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

At the time of our inspection there were three people using the service and some people told us what it was like to use the service. For other people that were unable to verbally express their views, we spent time in shared areas to observe the care that was being provided. People's comments included: "Staff are lovely and if I didn't feel safe and happy I would tell [name]. They are a senior staff".

Staff received training and understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Within people's support plans we found the service had acted in accordance with legal requirements when decisions had been made where people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. One person in the home was subject to a DoLS authorisation. All documentation was appropriately completed that protected the person's human rights.

We found the provider had systems in place that safeguarded people. One person we spoke with told us "I feel very safe here. I love coming here". Staff received safeguarding adults training and staff we spoke with had a good understanding of the process and who to report concerns to.

Staffing levels were sufficient on the day of our inspection. Staff told us staffing levels were adjusted depending on the needs of people who were coming to stay.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided about current practice guidance and staff we spoke with were knowledgeable about

people's needs. One member of staff told us how they were being supported to undertake further development training that would enhance their role and they would share this with the rest of the team.

Most people who were staying at Pizey Avenue at the time of our inspection did not require any medicines to be administered by staff. However one person managed their own medicines and a policy and arrangements were in place to ensure this was safe to do so.

People received and were involved in reviews of their care needs to ensure that staff had up to date information about how to meet their. The care reviews also ensured the support plans continued to effectively meet people's needs. As the service provided a 'short stay' for people gaps between stays could be a few months. Therefore when a person returned for another visit, staff checked with family/professionals to ensure no changes in their needs had occurred.

People's records demonstrated their involvement in their support planning and decision making processes. Pictures were used to enable people to understand what was being asked of them where they needed help with communication. One person told us how they were able to be involved at every stage of their care planning.

Staff meetings and registered manager meetings took place with the operations manager on a regular basis. Minutes were taken and any actions required were recorded and actioned.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. People were asked their views each time they used the service and at any reviews of their care and support needs so they could express their views and opinions about the service,

There were systems in place to obtain the views of people who used the service and their relatives and satisfaction surveys were used 2013 - 2014. This was provided in a format to meet people's individual communication needs that used the service. The arrangements for this 'short stay' service are currently being reviewed by the local authority. As part of this the provider was gathering people's views to be considered.

Summary of findings

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.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks we made before people started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would have no hesitation to report concerns.

People's risk assessments were fully reflective of their needs and were reviewed regularly.

Safe medicines processes were in place that included a detailed policy to guide staff.

Good



Is the service effective?

The service was effective.

People's care records were maintained accurately and completely to ensure full information was available.

People who used the service had varying levels of care needs. Systems were in place that ensured staff were supported to meet people's needs. Detailed assessments were undertaken before people used the service and all staff received training to support people's needs.

New staff employed at the home completed an induction training programme that included training. Staff received regular supervision from a senior member of staff.

Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and had a good understanding of the protection of people's human rights.

Good



Is the service caring?

The service was caring.

Staff interactions with people were sensitive and caring. One person we spoke with also told us staff were caring.

People's independence and privacy was promoted and respected by staff.

We found people's opinions were sought during their short stay at the service.

Good



Is the service responsive?

The service was responsive.

Support plans were representative of people's current needs and gave detailed guidance for staff to follow. People and their relatives made choices about all aspects of their daily lives.

The provider had a complaints procedure and people told us they felt able to complain. This information was provided in a format that met the needs of people that lived in the home.

Good



Summary of findings

People were supported to maintain their independence and to take part in social activities.

Is the service well-led?

The service was well –led.

Staff felt supported by the management team and were able to approach the registered manager or provider if they had any concerns about the quality of the service.

The registered manager promoted an open and honest culture in the service.

The registered manager understood their legal obligations in relation to their registration and reported notifications to CQC as required.

There were effective quality assurance systems in place. The registered manager undertook regular audits that were fed back to the provider as part of the monitoring arrangements.

Good



Pizey Avenue

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 inspection took place on 25 January 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We reviewed the

information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people who used the service had complex needs and not all people were able to verbally communicate with us. On the day of our inspection three people were at home and one person was able to tell us their experience of the service. We observed staff interactions with all the people in the communal shared areas.

We also spoke with two members of staff and the registered manager. No relatives were visiting at the time of our inspection.

We reviewed the support plans of two people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

Is the service safe?

Our findings

People told us they felt safe when they stayed at Pizey Avenue. Not everyone was able to tell us if they felt safe. However when we asked if people felt safe one person nodded and smiled in response to the question and another person said; “Staff are lovely and if I didn’t feel safe and happy I would tell [name]. They are a senior staff”.

The provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff had to read and sign to say they understood the policy details and how to use it. Staff we spoke with had a good understanding of constituted abuse and who to report concerns to. Comments included “I would not hesitate to use the policy if I noticed anything of concern. I would also talk to a senior if I wasn’t sure”.

We asked staff if they understood the term ‘whistle blowing’. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people’s safety were assessed before they came into the service. People’s risk assessments were clear and detailed to guide staff. Documentation was in the process of being updated into a new format that was more detailed to guide staff. The risk assessment went through a step process that included; the potential risk associated with the task, who would be at risk, a measurement of the risk and risk controls to reduce harm in the least restrictive way. The final step was a new reduced risk level with the controls in place. This guided staff how to support the person safely. Documentation confirmed people’s risk assessments enabled the person to take reasonable risks associated with their daily living needs in a safe way. All risk assessments were reviewed yearly or before if people’s needs changed.

Safe recruitment processes were in place. Appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and the registered manager told us no member of staff would start working in

the service before all relevant checks were undertaken. This was confirmed by staff we spoke with, as all records were stored at the head office of the organisation so we were unable to check these.

The staffing levels were sufficient to support people safely. During our inspection there were two members of staff on duty and this was sufficient to enable some people to go out. The service reviewed their staffing numbers and staff told us the staffing level was determined by the needs of people that were using the service and changed accordingly. For example we were told how some people that used the service may need one to one staff support and therefore the staffing level would be increased. This could also include a member of staff to stay awake at night if required to ensure people’s needs during the night were safely met.

People’s care was provided at a pace that met their needs. Staffing was arranged to meet people’s individual needs to ensure care was delivered in a personalised way. Staff told us when different people used the service with higher support needs, extra staff would be on duty to ensure everyone had sufficient staff one to one time as detailed in their support plans. This ensured all people received the time they needed to receive personalised care. Rotas that we viewed confirmed this.

Staff who administered medicines were given training and medicines were given to people safely if this was required. A policy and systems were in place to guide staff. At the time of our inspection no one required staff to administer their medicines. One person who was staying for the weekend managed their own medicines and a locked cabinet was provided for them, to keep their medicines safe.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Safety audits were recorded and actions were recorded and signed off when they were completed.

Is the service safe?

Emergency contingency plans were also in place and regular fire alarm test took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

Is the service effective?

Our findings

People's care records were maintained accurately and completely to ensure full information was available. We saw two support plans. These were person centred and written in the first person together with pictures that enabled people to be fully involved in the process.

People's stay was on a short stay basis therefore people were registered with their own GPs in their home area. However people's on-going health needs were managed as people would be supported to see a local GP or hospital should they require it, during their stay. Full medical information was held on file in the form of a 'hospital assessment' documentation. This form included; 'things you must know about me' and 'things that are really important to me'. This would aid medical professionals to understand the person's needs and how they liked to be supported. Staff told us they would also inform family members if a person was unwell to enable them to support the person should they so wish during their stay.

People's needs were assessed jointly with their social workers. Staff described how the service worked together to ensure the service could meet the person's needs. Staff told us they had good working relationships with external professionals that supported people and referrals were actioned quickly. Members of the team and the local authority staff worked together to devise a yearly rota for people that used the service. They matched people's individual needs and interests together to make their stay as enjoyable as possible.

People received care from staff who had received training that enabled them to carry out their roles. Staff told us and records showed this included: fire training, first aid, food hygiene, diversity and equalities, medication and health and safety. Training was provided that was relevant to the individual needs of people living in the home and provided staff with the most up to date information and knowledge. This included: learning disability awareness, management of complex behaviours and epilepsy specific medicines.

People who used the service had varying levels of care needs. Systems were in place that ensured staff were supported to meet people's needs. For example detailed assessments were undertaken before people used the service and all staff received training to support people's needs. One member of staff told us how they had been

supported to undertake a higher level training qualification in 'positive behaviour management'. They explained how they would train staff in the future following best practice guidance to support people that had complex behaviour needs.

The provider had a system in place to support staff and provide opportunities to develop their skills. New staff completed a nationally recognised induction training programme that included training, supervision and competency checks. The registered manager told us one to one supervision was provided at the end of week one and then four weekly until the six month point, at which point they would receive it on a six weekly basis. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. New staff would not work alone until observations of their practice were undertaken that deemed them competent to do so.

Staff we spoke with and records confirmed on going supervision was provided following the induction programme. This was provided six weekly or sooner should the need arise. Staff could approach the registered manager or senior member of staff at any time and would not need to wait for the planned supervision to take place. Staff comments included; "[name] is very supportive". "I received enough supervision but we are a close team. Many staff are back in the team now following time away on secondments, so we are all very supportive". Staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. We saw information in people's support plans about mental capacity assessments and easy read pictorial information on the process was available in people's files to help explain the process to people. This demonstrated the provider gave people the information they required and had acted in accordance with legal requirements when required, to protect people's human rights.

Throughout our inspection staff were heard routinely asking people for consent in their daily routines. For example a member of staff said "would you like me to do

Is the service effective?

your hair for you before you go out, is that ok with you?" Another member of staff was heard to ask "is it ok if I help you with that". Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and treatment planning.

Menus were in place however staff told us they were flexible and if people wished to have something different they could. A fish and a vegetarian option would always be available and one person we spoke with confirmed this. Not all people were able to tell us their experience of the food offered however one person told us; "it's nice they always ask what we like and I don't have to eat it". The lunchtime meal was a Sunday roast that was nutritionally

balanced and portion size appropriate. During our observations of the mealtime, the atmosphere was relaxed and staff sat with people engaging in conversations. Staff supported people in line with their assessed needs throughout the meal and reminded people sensitively of best table manners and respect at meal times.

The service took into account the needs of people and adapted the home in order to be inclusive and effectively meet people's individual needs. Some rooms in the service were designed for people with complex physical needs and the environment was equipped to meet their moving and handling needs. For example an electronic ceiling hoist was in place that would support the person to use the bathroom facilities more independently.

Is the service caring?

Our findings

One person we spoke with said; “they are kind here and we have fun. They care for everyone! Sometimes it can be noisy with some people that stay here but staff are good”. People told us staff respected their privacy and their room was their own private space when they stayed at the service. During our inspection we observed staff maintaining and respecting people’s privacy and knocked on their doors before entering. One member of staff was heard to say “is it ok if I come in [name]”.

Staff promoted people’s independence and supported them to maintain this. For example one person told us; “I can do a lot for myself but staff help me with things I need help with”. People’s support plans held lots of information about how people’s independence should be maintained. For example a document in a person’s file stated ‘please read this about me and ways to communicate’. This held key information staff needed to know about supporting the person. For example it stated; “I am shy and need encouragement to join in and I don’t like people invading my personal space”. This ensured staff had understanding of what the person liked and didn’t like to do while maintaining their independence.

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do and. staff discussed with people what they might like to do during the morning and if they wanted to go out. Staff and people that used the service exchanged jovial conversations and people’s interactions demonstrated they enjoyed this as they laughed and responded to staff. All people were relaxed in the company of staff.

Staff had a good knowledge of peoples’ likes and dislikes, for example when they were providing lunch. Staff were heard saying “[name] doesn’t like carrots and [name] loves parsnips” demonstrating they had a good understanding of their mealtime preferences. Staff we spoke with were also able to describe what people liked to do during their stay. One person told us staff understood their preferences.

As part of the provider’s quality monitoring, we found people’s opinions were usually sought through surveys on a yearly basis. However one had not been undertaken in 2013 -2014 as the arrangements for the service were currently being reviewed by the local authority. As part of this the provider and the local authority was gathering people’s views to be considered. The registered manager told us therefore this took priority and people’s views were being gained as part of this process. However staff told us people were asked at every stay if they were happy with their stay. Each bedroom had a file containing information about the service, the staff, how to raise complaints and how people could provide feedback. This meant that people had clear information about what they could expect from their short stay break and how their views could be sought. Information included; ‘what do you think about Pizey Avenue’. One person was aware of the information file and what it contained, they also knew how to make a complaint if they needed to.

People and their relatives were involved in decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people wherever possible. We saw that support plans were personalised and showed people’s preferences had been taken into account. Pictures were used to support people understand what choices were available to them and confirm their agreement.

Is the service responsive?

Our findings

Personalised care and choice was delivered to all people that used the service. People's support needs were assessed and personalised care plans were put in place. These were person centred and written in the first person together with pictures that enabled people to be fully involved in the process. One person told us how they were involved in their review meetings and said; "we all have a meeting and they ask me how I feel about things. I can say if I am happy about things". People's support plans were signed by the person to demonstrate their involvement.

Support documentation was called 'Plan of life'. This was a collection of all support plans required for each aspect of people's daily living needs. Plans included detailed information for staff to follow and were personalised for each person. For example plans included: 'things that are important to me', 'how best to support me', 'how I communicate' and 'what I need help with'. One person's communication plan clearly described how staff could support them and stated 'staff to speak clearly and be patient'. We saw that the support plan was reflective of the person's needs and staff followed the plans for people.

Support plans held additional information about people to help staff to know and understand the person. Detailed things the person may like to achieve in their daily lives when they used the service. Documentation detailed how people wished to be supported and what social activities they wished to undertake. Internet access was available

throughout the home to enable people to use their own electronic devices in their own rooms as they wished. For example one person's file stated 'how I spend my time at home' which included choosing what to watch on TV and when they wished to have a bath or shower. Plans reflected people wishes and their 'usual' home routine continuing when they stayed at Pizey Avenue.

The registered manager told us that people's care needs were reviewed as and when required but at least yearly. However staff told us because people could have lengthy gaps between stays they would always ask if the person had experienced any changes in their needs to ensure their plans were up to date. A named member of staff would be responsible for updating the information of people that used the service to ensure all the information was kept up to date.

People knew how to make a complaint and easy read information was available in each person's room for them to use. The service had a complaints procedure that gave clear guidance for people to follow. This was provided to people living in the home in a pictorial format to support them. The provider had systems in place to receive and monitor any complaints that were made. No formal complaints had been made since our last inspection. We asked staff why this might be and they told us people would approach staff anytime if they were not happy with the service. Staff confirmed if anyone raised any concerns it would be addressed immediately and recorded in their care documentation.

Is the service well-led?

Our findings

Staff said the service was well-led and the registered manager managed several services but had a visible presence in the home and were approachable. Staff told us they felt valued and supported by the registered manager and the senior member of staff that provided support to them on a daily basis. Comments included; “[name] does my supervisions and I would feel very comfortable to go at any time to them”. “We got a good team here” and “we get plenty of opportunities to exchange good ideas and things that may concern us”.

We reviewed the information contained in the provider information return (PIR) in respect of well led. It highlighted the registered manager said they promoted an ‘open and honest culture’ and they intended to continue to do this. This was confirmed by people that we spoke with.

The management team communicated with staff about the service. Team meetings took place monthly and discussions were recorded that noted any actions that were required. Minutes demonstrated discussions were held around the care that people received and documented any actions that needed to take place. Staff were made aware of the discussions held even if they were unable to attend the meeting. This was evidenced as staff signed the meeting minutes to say they read the discussions that took place.

People, staff and their relatives were involved in the service improvements. The organisation had undertaken ‘Driving up Quality’ days. These were designed to encourage people to come together to listen to each other, recognising the good things the organisation was doing, yet acknowledging what could be done better and finding new ways to drive up the quality of the service. Following the assessment days a local action plan was drawn up to improve and ‘drive up’ the quality of services that the organisation provided. The action plan stated “We will create a consistent approach for involving people we support to choose their staff”. The action plan stated “We will review and revise our recruitment processes to ensure involvement happens in every situation”. The date for action to be completed was by the end of Jan 2015.

A system was in place that monitored the quality of the service provided. The registered manager undertook

various audits that included: health and safety, records, medication, environment, and care provision. Action plans were compiled and detailed when they needed to be completed by. A full yearly audit was also undertaken by the organisation in February 2014, this covered all aspects of the environment and health and safety and action plans were set to meet any requirements. Progress of any actions were monitored by the provider to ensure they were completed.

The registered manager audited incidents and accidents to look for any trends that may be identified. This ensured the registered manager was fully aware of any events that took place that may require actions or follow ups.

A new quality assurance programme for 2014/15 was in place. This quality audit was aligned to the Care Quality Commission (CQC) five questions covered in inspections. For example a schedule was in place for each month for the registered manager and staff team to complete an audit against each of the five questions and evidence in detail their self-assessment of compliance of this area. This would be monitored by the registered manager and the provider and action plans would be devised to address any shortfalls identified.

The provider undertook visits to the home to monitor the service people received. This was used as an opportunity for the senior manager and registered manager to discuss issues related to the quality of the service and welfare of people that used the service. This audit included; the environment, medicines, support records and health and safety. These audits were recorded and actions were set as required and followed up at the next meeting. Records that we viewed confirmed this did happen. This gave the provider regular updates on all aspects of the service and provided support to the manager.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.