

Dean House Care Limited

Braemar House

Inspection report

38 Seaway Road
Paignton
Devon
TQ3 2NZ

Date of inspection visit:
21 February 2020

Date of publication:
25 March 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Braemar House is a residential care home providing personal care to 12 people over the age of 18 at the time of the inspection. The service can support up to 12 people and is in a residential area of the seaside town of Paignton, the service primarily supports people with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. 12 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were happy living in the service, the atmosphere was homely and jolly. People and staff were relaxed and there were caring interactions.

People were active where they wanted to be and were encouraged to get out and about to do the things they loved. People were challenged by staff in a professional and supportive way to encourage them to be as independent as possible. Staff knew people well and were able to identify when people felt unwell or were feeling sad and needed some more time or attention.

People told us they would go to staff if they had any issues and relatives who gave us feedback had no safety concerns. Staff knew how to identify abuse and safeguarding information was available for staff and people to read in an accessible format.

There were enough staff with relevant training to meet the needs of people. Staff understood people's likes and dislikes and tailored the support accordingly. People were supported to access healthcare services and supported to eat a diet that was varied and had healthy options.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well-led by a provider and registered manager who were passionate about advocating for the rights of people, so they could have access to opportunities and have fun and feel safe. Quality assurance processes were robust, and the provider was keen to be signposted on how to further develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 February 2019 and this is the first inspection.

The last rating for this service was good (published 12 December 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection in line with our guidance for new providers. We inspected the service within 12 months of the new registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Braemar House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Braemar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced because some people using the service would benefit from being informed a new visitor was coming to the service. Most people in the service go out daily so we wanted to make sure some people and staff would be in to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Two people offered to show us their room and we also checked bathrooms and communal areas.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four professionals who regularly work with the service and contacted six relatives, we received feedback from two. We also heard from a further four staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service with this provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding people and identifying abusive practise was openly discussed in the service. People were invited to and attended safeguarding training if they wanted to alongside staff.
- People told us they felt safe. They said, "I am safe I go to staff."
- The registered manager and staff we spoke with had a good understanding of what abuse might look like and how to report it and where to report it. Records regarding safeguarding concerns were detailed and relevant professionals kept up to date.
- The provider told us of their human rights approach to support. They explained how they fought for people to have fair access to health services and opportunities to have fun and experience as wide a range of activities as they wanted to.

Assessing risk, safety monitoring and management

- Assessments were in place for risks relating to health and social care needs such as epilepsy, where people were at risk of abuse from others and environmental risks such as crossing the road. Instructions were clear for staff to follow to support people to manage and mitigate some of these risks.
- Safety monitoring of the environment was regular and included fire and gas safety, slips and trips monitoring and general maintenance. We identified where a window was not restricted in line with best practise guidance. Within an hour of telling the provider there were staff on site fitting a restrictor.
- We saw some positive examples of encouraging people to take measured risks and challenge themselves to do things they may not have in the past.

Staffing and recruitment

- There were enough staff to meet the needs of people. People and relatives said, "Always plenty of staff there" and "If I need help I ask staff, they are there."
- Staff told us there were enough of them on any given shift. We saw how staffing levels had increased when one person had a period of more heightened behaviour.
- Staff were recruited using a robust process that included application, interview, DBS (police check) and induction stages. This ensured the service could check new staff were suitable to work with people who may be vulnerable.

Using medicines safely

- Medicines were taken delivery of, stored, administered and returned safely.
- Staff were trained and observed to check their competency before they were permitted to administer medicines.

- Two staff administered medicines at all times and checks were very thorough, ensuring that stocks were checked at every administration and medicine administration records (MAR) were accurately filled out.
- We observed some medicines being administered to people. Staff were patient and gentle and waited for the person to swallow the tablets and checked they had before recording the person had taken them.

Preventing and controlling infection

- The service was clean and tidy throughout. Food was prepared in a clean hygienic environment.
- There were handwashing facilities and reminders for staff and people to wash their hands.
- Staff used personal protective equipment such as gloves and aprons where required and there were adequate stocks of these.

Learning lessons when things go wrong

- The service was open and reflected where incidents had happened, or a person's behaviour had changed. Staff and managers looked at what may have contributed to this and shared their experience and knowledge to try and prevent it happening again.
- A professional said Braemar House, "Are open about their own strengths and weaknesses. This openness is crucial."

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.

This is the first inspection for this newly registered service under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed, and assessments took into consideration people's wishes, histories and information provided by key stakeholders in the delivery of people's care.
- Staff were aware of and referred to best practise guidance and followed the advice of professionals. One professional said, "Professional advice that has been given by me or my colleagues ... has been taken on board and followed in the best interests of the individuals living there."
- Information was on display for staff to refer to regarding supporting people with learning disabilities and also signposting to up to date guidance from the National Institute for Health and Care Excellence (NICE).
- Staff used their initiative to research how they could support people to have better health outcomes and improved wellbeing based on their individual assessments. For example, one person was supported to go to aromatherapy massages after staff had read that massage can aid relaxation for people with specific needs. The family of the person reported they were impressed with the results and staff said, "He is calmer and sleeps longer after the massage."

Staff support: induction, training, skills and experience

- Staff were supported through regular supervision and appraisal. One staff member said, "I feel fully supported in all areas."
- All mandatory training was up to date and included safeguarding adults, fire safety, equality and diversity and moving and handling.
- Staff were provided with training in areas that related to the needs of people. A professional said, "[Staff] are able to speak knowledgeably about their residents...their individual needs are understood and met by the staff team."

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

- People enjoyed the meals that were provided. One person said, "The food is nice, I do cooking too."
- People were offered a range of meals throughout the week and if they didn't want what people had agreed was going to be on the menu, they could choose something else.
- Healthy options were available, and people had lots of fruits and vegetables in their diets.

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

- When people were referred from other services staff took time where possible to get to know their needs and routines to minimise distress and anxiety when they moved in. If people needed to, multiple visits were arranged so they could get used to their new surroundings gradually. Some people had moved in quickly and professionals told us despite there being no opportunity for them to get to know the service well, staff

had made them feel safe and cared for soon after moving in.

- People had "hospital passport" style information ready for when they started receiving support from a new service or needed to go into hospital. This ensured key information about their needs and preferences were passed on to other professionals.

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

- People were consulted on the décor and had their rooms in the colours they chose.
- There were handrails where needed.
- The environment was light, bright, easy to navigate and homely.

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

- Oral healthcare needs were assessed. One staff member said, "They are really hot on brushing teeth here." People were supported in specific ways to meet their needs such as using different colour brushes.
- People were supported to access health care services where needed including health screening and check-ups and accessing specialist services such as mental health support.
- Two people had expressed a wish to join a gym to get fitter. Staff supported them to do this and they now confidently use the local facilities. This encouraged other people to start exercising more too.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where needed applications for DoLS had been made and followed up where authorisations had yet to be granted by the approving authority.
- The service fostered a practise that gave people the least restrictive options in their day to day lives. A professional told us, "I feel they do advocate on my clients' behalf and have a good understanding of the MCA and best interests."
- Staff understood consent and asked permission before delivering care and waited for a positive answer.

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.

This is the first inspection for this newly registered service with this provider. This key question has been rated good. This meant 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

- Relatives said, "It's what I call a proper home, like being at home and its run like that" and, "They are very caring there, he seems happy every time I go and see him." Compliments sent by relatives included "We have the greatest confidence in your care" and "Your undying pursuit of [person's name] care, happiness, welfare and the love you show him is exemplary."
- People told us they were happy living in Braemar House. We observed staff being kind and caring and relaxed. People and staff shared jokes, ate lunch together and swapped stories.
- The service celebrated each person as an individual and recognised the importance of supporting people around their protected characteristics.

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

- People decided how they wanted their care delivered, by whom and when. Staff said, "They choose every day how they want to lead their lives."
- People had the opportunity to record what they did in a day in their daily diaries and contribute to care records rather than just staff writing comments.
- The service supported people to explore and express their sexuality how they wanted to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff, the language in care files reflected this.
- People were supported by staff to gain greater independence, learning to do their own laundry, cook and clean as well as achieve goals around mobility and continence.
- One person was supported through staff encouragement and perseverance to reduce their medicines intake so that some medicines could be stopped altogether. There was a marked reduction in the person's number of incidents of heightened behaviour and distress.
- Staff administered medicines to people away from communal areas in a medicines room that was private, to maintain greater confidentiality.
- People were supported with their continence care discreetly.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were highly personalised, capturing people's preferences and how they wanted their support to be provided. Staff told us about people and knew their preferences and they matched up to care records. One staff member said, "We provide person centred care."
- People told us they were happy, and staff tailored their support to each individual, down to how they liked their coffee, or their sandwich made, or how choices were offered to them.
- People had choice and control in their day and took a lead in what they did, how often, and where.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was displayed in a way that was accessible to people. Posters and guidance were available and on display in easy print or large print formats.
- Staff knew people's communication needs well and these were assessed in detail in people's care files.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in contact with family but also make new friends through local events, day services and through sharing events with the service's sister home in Torquay where some friendships were starting to form.
- People were very active where they wanted to be. Some people went out daily either with staff, or to local day services.
- During our visit one person had a volunteering interview which they were excited and nervous about and staff supported them to attend. Other people also had attended college or volunteered with staff support and encouragement.
- One person told us, "I like colouring and knitting". Their room was filled with different colouring and knitting activities. Other people were also supported to pursue their hobbies and spend time having fun doing the things they enjoyed.

Improving care quality in response to complaints or concerns

- A relative said, "I know who to contact if I needed to make a complaint."
- An easy read complaints process was on view. People told us they knew how to make a complaint and

would tell staff.

End of life care and support

- No people needed support with end of life care at the time of our visit.
- The provider and registered manager told us they wanted staff to have more in depth training in this area.
- Some people had assessments in place for when they may need end of life care. Some people did not want to discuss this with staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service with this provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was passionate about providing high quality care and said, "I will fight for these people, they are my family." The provider celebrated staff and praised how well they supported people. They said, "The staff are the backbone of this service, we couldn't do it without them."
- We saw multiple examples of positive outcomes people were supported to achieve around gaining greater confidence and independence, and to stay safer.
- People appeared happy and told us they liked living in Braemar House, staff all felt supported and professionals all gave positive feedback about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Professionals told us that through safeguarding processes staff and managers were open during meetings and they were kept updated appropriately.
- Relatives told us they were called promptly if their loved one became unwell.
- The provider and registered manager explained how they kept everyone involved and updated where appropriate if there was an incident or a person became unwell.

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

- There was a clear understanding of regulatory requirements and best practise in supporting people with a learning disability, autism and mental health support needs.
- There was a clear staffing structure and managers were confident to delegate to support staff where necessary.
- Audit processes were robust. Quality checks were completed on care records, medicines, the environment and fire safety and staff levels, support and training.

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

- People were engaged in the running of the service and their ideas were taken on board and acted upon. For example, in the décor, what activities were provided, what meals were cooked, and people gave feedback when new staff started.
- The service advocated well for people and their rights, recognising that all people should have fair access

to services.

- Staff told us they were listened to and had opportunity to feedback in team meetings, on a day to day basis and during supervisions. One staff member said, "They are the most caring and amazing bosses I have ever worked for, nothing is too much trouble." Another said, "We ask for something one day and it is done the next."

Continuous learning and improving care; Working in partnership with others

- The provider was in the process of setting up a support network for managers and providers of learning disability services in the local area to share best practise.
- The service was open to feedback and learning and encouraged staff to go on training.
- The service had a good reputation for providing person centred support to people with the professionals we had feedback from.