

## Brandon Trust

# 100 Grosvenor Terrace

## Inspection report

100 Grosvenor Terrace  
Camberwell  
SE5 0NL  
Tel: 0117 907 7200  
Website: [www.brandontrust.org](http://www.brandontrust.org)

Date of inspection visit: 6 February 2015  
Date of publication: 19/05/2015

### 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?

Requires Improvement 

### Overall summary

This inspection took place on 6 February 2015 and was announced. We provided the registered manager with 24 hours' notice of our inspection. This was because the registered manager manages other locations supporting staff and is often not at the service. We needed to be sure that they would be in.

100 Grosvenor Terrace is a residential care home which provides accommodation and personal care for up to four adults with complex health needs and learning disabilities. At the time of the inspection there were four people living at the service.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The service was not well led. The service did not always carry out audits to improve the care delivery for people. We found that the service carried regular audits and acted on outcomes to make improvements to the service. However, we found that the service had not carried out

# Summary of findings

an overall audit of medicines; therefore the registered manager did not have an overview of the management of medicines. We have made a recommendation about the management of some medicines.

Despite this medicines were managed safely and medicine administration records were accurate and up to date. Staff carried out medicine audits at each shift change.

Staff were aware of what actions to take to protect people from abuse. Staff were of the signs of abuse and how to escalate an allegation of abuse to their manager and the safeguarding department of the local authority.

People received a safe service that assessed risks to their health. Staff developed and implemented plans to reduce occurrence of those risks for people.

The service employed skilled staff who could meet the needs of people, newly appointed staff worked with experienced staff to develop their caring skills.

Staff had regular training, supervision and appraisal to support and equip them in their caring role.

Staff were aware of their responsibilities of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to consent to care and their relatives were involved in making complex decisions, where required.

People had assessments completed before coming to live at the service to ensure that staff could meet their needs. Staff were experienced in caring for people with complex needs and were able to communicate with people they cared for. Staff engaged well with people and we saw that people responded well to staff. People were supported to participate in activities outside of the home and they were encouraged to be as independent as possible. People's confidential records were kept safe and secure.

Care and support was delivered to meet people's care needs. Care plans were used to meet people's needs and to provide appropriate care.

People and their relatives were encouraged to provide feedback on the quality of the service provided and staff acted on those comments received. People and their relatives were provided with information on how they could make a complaint and how their complaint would be managed by staff.

The registered manager was aware of their responsibilities of managing the service and of their registration with the Care Quality Commission.

Staff used incidents and accidents at the service as learning opportunities during team meetings to improve the service to people.

# 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. People had assessments in place to manage and reduce risks to them. Staff protected people from the risk of abuse. People received medicines safely.

Good



### Is the service effective?

The service was effective. People were supported with their health needs. Staff were supported with regular training, supervision and appraisal. The registered manager was aware of their responsibilities within the Mental Capacity Act (2005).

Good



### Is the service caring?

The service was caring. People received care and support from staff who were able to communicate in a way that they understood. People were treated with respect and dignity by staff.

Good



### Is the service responsive?

The service was responsive. People and their relatives participated in assessments and care plan reviews. People had regular house meetings where they were able to contribute to the management of the home.

Good



### Is the service well-led?

The service was well led. The registered manager was aware of their registration responsibilities with CQC. Effective quality assurance tools were in place.

Requires Improvement



# 100 Grosvenor Terrace

## 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 6 February 2015 and was announced. The provider was given 24 hours' notice because the registered manager provided management support to other locations and we needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed records held by us about the service including notifications.

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.

We spoke with the registered manager, two senior carers and two carers during our inspection. We looked at records held at the service which included; four care records, staff duty rotas, maintenance records and quality audit reports. After the inspection we spoke with one relative.

# Is the service safe?

## Our findings

People were kept safe from the risk of abuse. Relatives told us that they felt that their relative was kept safe in the home. A relative told us, "My relative is very safe here." Staff were aware of the signs of abuse and they told us how they would raise an allegation of abuse to their line manager, registered manager and local authority safeguarding team.

People were protected from the risk of harm and abuse because staff were knowledgeable and completed training about how to reduce the risk of this occurrence. Staff told us that they were aware of the signs of abuse and what they would do if they suspected abuse of a person. Staff described that they would discuss the allegation with their manager or with the local authority. A member of staff said, "Yes, I know how to raise a safeguarding allegation, speak to my manager first." We saw records of where a safeguarding allegation had been raised with the local authority. These records showed that staff had followed their safeguarding policy.

People were cared for by staff that were suitably skilled prior to working with them. Staff completed an application and there was an interview process. Criminal records checks were carried out, staff were unable to work at the service until these checks were returned. Newly employed staff were able to work with experienced staff to be able to care for people while improving their knowledge and skills.

People had assessments to identify risks to them. Staff developed care plans to manage those risks. Staff followed professional guidance from health care professionals. For example, one person had an assessment by a dietician because they were having difficulties with eating. We saw that the person required food to be of a soft and pureed consistency to reduce the risk of choking. We saw that the person's care records had details of the person's meal requirements and the support required to help them have their meals.

All people at the service had risk assessments to meet their needs. For example, a person was at risk of falls due to their medical condition. We saw that staff had made a referral to the occupational therapist for advice. An assessment was completed and equipment was provided to this person to support their mobility and reduce the risk of falls. Sensors were installed which would detect if the person had an epileptic seizure, a special mattress was provided for support if this occurred. Guidance was provided to staff to reduce risk identified. Staff were able to describe what support the person required and we saw the equipment in the person's bedroom. Risk assessments were updated and in the person's care records.

Another example we saw was staff had identified that meals for a person had to be monitored due to a risk of deterioration in their health. Staff ensured that they had a healthy balanced diet by supporting the person to make appropriate food choices to meet their needs, reducing the risk to their health.

People received their medicines in a safe way. We checked the medicine administration records (MAR) for each person living at the service. MARs were all updated, accurate and reflected that people had their medicines at the prescribed times. We found that the records for ordering medicines were accurate and we were able to check the stocks in the medicine trolley with the records and these were correct. There was a stock of controlled medicines to be used in an emergency. The medicine records for the controlled medicines were clear and medicine stocks correlated to those records. Medicines that were for disposal were returned to the dispensing chemist and records for this were provided.

There were sufficient numbers of staff who provided care for people. We looked at the staff rota and saw that there was a mix of skilled workers who worked on each shift. For example, a senior member of staff and supported care workers during each shift. People were cared for by enough staff to meet their needs.

# Is the service effective?

## Our findings

People received care and support from staff that were skilled, trained and supported by the provider. Staff had experience of working with people with complex health issues and learning disabilities. One member of staff said, "I've worked here a long time, the people have been here a long time, we all know each other very well." Another member of staff said, "Understanding [people] and their needs is the most important thing to meet their needs."

Staff were supported by their manager to meet their caring roles. Training needs were discussed in supervision and in their annual appraisal. Staff completed mandatory training, such as basic life support and medicine management, they also completed training in medical conditions that people living at the service had. One member of staff told us that this increased their knowledge on how to care for a person and what actions to take if an emergency occurred. We saw staff records which showed that training was up to date. Supervisions occurred every four to six weeks and annual appraisals were completed.

People were involved in planning the menu for the week. People were supported to make food choices by methods which people understood. For example, there were pictures available so people could choose what they wanted to eat. People could change their minds and choose other meal options if they wished. We saw that there were fresh vegetables and fruits available for people which supported a person's need to maintain a healthy diet to prevent deterioration in their health. A menu was displayed in the kitchen and in a menu folder which held details of the meals that were planned. People's dietary needs were also available, for example, if someone needed a special diet. For example, a pureed diet which reduced the risk of choking.

People had access to health care when required to meet their changing health care needs. People were supported to attend hospital appointments where necessary. People's appointments were recorded and staff had access to this information, so that they could support the person to their appointment. People had a hospital passport. A hospital passport contains information on people's health condition, their likes and dislikes regarding healthcare interventions and contact details. These were updated for all people living at the service and these were used in an emergency so that healthcare staff would have details about the person and their medical and health care needs to provide them with appropriate care. We saw records which showed that when required referrals were made for additional support and advice from an occupational therapist, speech and language therapist and the GP.

People were protected from unlawful deprivation of their liberty while staff protected their human rights. The provider had an understanding of their responsibilities of how to support people within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had identified people who would benefit from an assessment within the framework of MCA. At the time of writing this report, four DoLS applications had been submitted to the local authority for their consideration.

Staff training records showed that they had completed recent training in the MCA and DoLS. Staff were aware of their responsibilities in line with the MCA and DoLS.

People consented to care and support from staff. People were supported by a relative if they had complex decisions to make. Complex decisions were made and recorded as a best interest decision with a plan in place to implement that decision. The service had links to an advocacy service which could advocate for people if required.

# Is the service caring?

## Our findings

People and staff engaged well. People were encouraged to attend activities outside of the home. On the day of our inspection people were waiting to go out to their various activities, some people were going to the daycentre while others were going to their training course. They were relaxed, smiling and communicating with staff. We saw in people's lounge that they had photographs displayed of each person living at the service. The lounge was recently decorated and people looked comfortable and relaxed sitting in there. One relative told us, "I am happy [my relative] is here, staff are so understanding and caring." Another said, "Since [my relative] came here I can see the improvement in them, their health is better managed."

Staff responded to people in a kind and considerate way. Staff were able to respond to people's sudden changed in care and were confident to speak with their manager for advice, so that people's needs could be met.

During our observations we saw that staff respected people and protected their dignity. We saw that staff allowed people time to respond during their conversations with them. Staff communicated with people using methods that they understood. We observed staff using signs and symbols when communicating with people. We saw that

people responded to staff during their conversations and staff confirmed what people said to ensure that they were listening and acting on the wishes of the person they were communicating with.

The service operated a key working system. Staff were allocated to people they were and were responsible for co-ordinating their care and support. All staff employed at the service knew the care needs for the people living there. One member of staff said, "[This person] really enjoys music and likes to have the radio on, I can see that they enjoy it."

People were supported and encouraged to maintain relationships with people outside of the home. Relatives were encouraged to visit when they wished. One relative told us, "I visit whenever I want; the staff always make me feel welcome." Relatives were encouraged to participate in social events carried out at the home, such as barbeques and birthday celebrations.

People's care records were stored securely and staff had access to them when needed. Care records were updated daily to ensure that a record of people's wellbeing was recorded and action taken or followed up, as required. Staff were aware of the need of confidentiality when managing people's care records and keeping their personal private information safe.

# Is the service responsive?

## Our findings

People and their relatives were involved in an assessment before coming to live at the service. People were encouraged to provide information so that staff could assess whether the service could meet their needs. From the assessment, care plans, risk assessments and management plans were developed and in place.

Assessments and care plans were reviewed and updated each month. People and their relatives were involved a review of their care with their keyworker or an appropriate health or social care professional. Changes in care and support were documented and care records were updated with this information.

People were cared for in a way that they wished because their needs and wishes were taken into account. Each person had care records which recorded their health needs, support and care required relative's details, likes, dislikes, goals, risk assessments and care plans. These records were regularly updated and the records we looked at reflected the care needs of people. Where a person's care need had changed we saw that their care plan was updated to reflect this change, meaning that people received care which met their changing needs. Where a person wanted to take part in a social activity we saw plans were in place for the person to do this.

People were supported to be involved in planning their care. One person decided to improve their education by completing a training course. Staff supported the person to find the training course which met their goals, needs and abilities. Once this was achieved, the person was supported to attend the training course that they chose which met their goal.

Staff supported people to maintain their relationships with people that mattered to them. People discussed their goals in their keyworker sessions. Staff support people to achieve their goals, for example one person wanted to visit their relative and staff supported the person to do this.

People's rooms were decorated to how they wished. They were personalised and had photographs and personal artwork displayed on their bedroom walls.

People or their relatives were provided with the service's welcome guide when they used the service. This had information about the service, facilities and staff who worked at there. Signs and symbols were used so the welcome guide was in a format which people could understand.

People were provided with the complaints process. They were supported by staff to make a complaint if they wished. Relatives were also provided with a copy of the complaint process so they could raise a complaint if they needed to. The registered manager investigated and managed people's complaints appropriately and responded to the complainant with a written outcome of the findings. At the time of the inspection there were no current complaints at the service. A relative said, "I do not have any complaints about this service."

People received from a service which encouraged feedback from them and their relatives to make improvements to the care people received. A relative told us, "Staff are very open with me about my relative, if I have a concern or an issue the staff deal with it straight away."

# Is the service well-led?

## Our findings

People did not always receive a service which was well-led. Staff carried out medicine audits at each shift change to ensure that the medicine records reflected medicine stocks and emergency medicines available. However, we found that there was no overall audit of medicine management for the service which meant errors, areas for improvement or practice issues could not be identified and dealt with effectively. People were at risk of poor medicine management because errors could not be identified for the service. **We recommend that** the service considers guidance from the Royal Pharmaceutical Society on the management on medicines in care homes and to take action and update their practices, accordingly.

There were quality assurance audits in place at the service to assess and monitor the quality of care provided to people. Every two months an external manager completed an audit of the service. The audit assessed the quality of service delivery, care and support provided to people, and the home environment. Based on the findings from the audit an action plan was developed. It identified the need for a member of staff to be a health and safety representative to be responsible for the regular auditing of all equipment servicing schedules. The registered manager acted on this action plan as recommended.

People were encouraged to provide feedback in their key working sessions and worked with staff to make changes if needed. The service received feedback from people in

house meetings and a survey last conducted in February 2014. People said that they were happy with the service and living there. People raised no concerns about the service or the quality of care received.

There was a registered manager in post they were aware of the responsibilities of their registration with the Care Quality Commission (CQC). The registered manager sent appropriate notifications to CQC.

Staff told us their manager was supportive and listened to their needs. Staff had regular team meetings where they were able to discuss issues that related to their caring roles and service improvement. We saw an example where staff had raised concerns about a person's mobility. Staff agreed what action to take to resolve this issue. The registered manager discussed incidents and accidents which occurred at the service. Staff used these as an opportunity for learning, for example all staff improved their knowledge on actions to take in an emergency. One member of staff said, "At team meetings we discuss things that are happening at the home and we discuss solutions to any problems we have."

The registered manager encouraged staff to be open and transparent. Staff we spoke with told us that the team they worked with were supportive and were ready to give advice when needed. Staff provided feedback about the service during supervision, meetings and on an informal basis with their manager. A member of staff said "This is a really good service, people are happy here." Staff were aware of the service's whistle blowing policy; a member of staff said "I know about the whistle blowing policy and how to use it."