

Brand Homes Limited

Brand Homes Limited - 29 Berryscroft Road

Inspection report

29 Berryscroft Road
Staines
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Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

29 Berryscroft Road provides accommodation, care and support for a maximum of three adults with learning disabilities. There were three people using the service at the time of our inspection.

The service is owned and operated by Brand Homes Ltd. The provider owns another care service nearby and the staff employed work at both services.

The inspection took place on 30 July 2015 and was unannounced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

People's medicines were administered and recorded accurately. Risks to people had been assessed and control measures had been put in place to minimise these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were kept safe as the provider had a robust recruitment procedure to help ensure only suitable staff were employed. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

People were supported to stay healthy and to obtain treatment when they needed it. People enjoyed the food provided by the service and were supported to eat a well-balanced diet.

Staff were kind and caring and knew people's needs well. People had good relationships with the staff that supported them. Staff treated people with respect and promoted their independence. People received support in a manner that maintained their privacy and dignity.

People's needs had been assessed before they moved into the service and kept under review, which meant that their care plans accurately reflected their needs and preferences about their care. Care plans were

person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred.

People were involved in decisions that affected them. Staff worked co-operatively with other people who could support the person in making decisions, such as relatives and healthcare professionals.

People had opportunities to go out regularly and to be involved in their local community. They had access to a range of activities and were supported to enjoy active social lives. People were supported to maintain relationships with their friends and families and to share in celebrations and events.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Staff told us that senior staff were approachable and available for support and advice. Staff met regularly as a team to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring, which meant that key aspects of the service were checked and audited regularly. Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

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.

There were enough staff to keep people safe and meet their needs in a timely way.

People's medicines were managed safely.

People were kept safe by the provider's recruitment procedures.

There were procedures for safeguarding people and staff were aware of these.

Risk assessments had been carried out to keep people safe whilst promoting their independence.

Good



Is the service effective?

The service was effective.

People received consistent care from staff who knew their needs well.

Staff felt supported and had access to the training they needed to provide appropriate care and support.

People were supported to stay healthy and to obtain treatment when they needed it.

People were consulted about the menu and were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them and were sensitive to their individual needs.

Staff supported people in a considerate way, ensuring their wellbeing and comfort when providing their care.

Staff treated people with respect and promoted their independence.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed.

Care plans were person-centred and reflected people's individual needs, preferences and goals.

The service sought people's views about their care and support and acted on their feedback.

People were supported to go out regularly, to be involved in their local community and to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints which were easily accessible to people and their relatives.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to.

Staff told us that morale was good and that they worked well together as a team.

Staff had opportunities to discuss any changes in people's needs to ensure that they provided care in a consistent way.

Records relating to people's care were accurate, up to date and stored appropriately. There were effective systems of quality monitoring and auditing.

Good



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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 was 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.

The inspection took place on 30 July 2015 and was unannounced. Due to the small size of the service, this inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. We did not ask the provider to complete a Provider Information Return (PIR) as this inspection was brought forward due to information we received about the service. The PIR 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.

During the inspection we spoke with two people who lived at the service and three care staff. We observed the support people received and the interactions they had with staff. We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with a relative after the inspection to hear their views about the care their family member received.

At the last full inspection of the service in April 2014 we identified shortfalls in relation to medicines management, electrical safety and fire safety. We carried out a follow-up visit on 16 May 2014 and found that the provider had made the necessary improvements to address these shortfalls.

Is the service safe?

Our findings

People told us they felt safe and secure at the service. They said that staff were always available when they needed them, including during the night. People told us that their needs were met in a timely way and we observed during our inspection that people's needs were met promptly. A relative told us that they were confident their family member was safe at the service and staff said there were always enough staff to enable them to provide people's care and support in an unhurried way.

There were procedures in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place. Staff were also aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. Staff told us that the registered manager had made clear the requirement to report any concerns they had about abuse or poor practice. Information about safeguarding was provided for staff and people living at the service and the local authority multi-agency safeguarding procedures were available at the service.

People's medicines were managed safely. There were written procedures for the administration of medicines and appropriate arrangements for the ordering and disposal of medicines. Medicines were stored securely and medicine stocks checked regularly. Some people chose to manage their own medicines. Where this was the case, we saw that a risk assessment had been carried out to identify and manage the risks inherent in this activity.

Each person had an individual medicines profile that contained information about the medicines they took, such as potential side effects and any medicines to which they were allergic. We checked medicines administration records and found that these were clear and accurate. The service had access to advice from the dispensing pharmacist and people's medicines were reviewed regularly by their GP. Protocols were in place for PRN (as required) medicines and all homely remedies (medicines which can be bought without prescription) had been authorised by the GP.

Medicines audits were carried out to ensure that people were receiving their medicines correctly. The senior member of staff on duty told us that they had carried out a medicines audit the previous week which had identified some areas for improvement and that these were being addressed. For example the senior member of staff told us that the photographs on people's medicines profiles were being updated and the temperature at which medicines were stored was now being regularly recorded.

There were risk assessments in place to keep people safe whilst promoting their independence. We checked a sample of risk assessments and found that plans had been developed to support people's choices whilst minimising the likelihood of harm. Staff were aware of people's individual risk assessments and told us how they supported people to keep them safe. Where an incident or accident had occurred, there was a clear record of this and an analysis of the event and any action needed to keep people safe.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

Fire procedures were displayed in the service and staff were aware of these. Staff attended fire safety training in their induction and refresher training. Each person had a personal evacuation plan which detailed their needs should they need to evacuate the building. Records demonstrated that the fire alarm system and fire-fighting equipment had been inspected and serviced within the last 12 months. Staff carried out regular checks on premises and equipment and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to provide effective care. Staff told us they had access to the training they needed to do their jobs. They said that elements of core training, such as safeguarding, fire safety and food safety, were delivered in the induction and that refresher training was available in these areas.

Staff told us that they were well supported in their work. They said that they had an induction when they started work, which had included shadowing experienced colleagues. Staff told us that they were expected to develop an understanding of people's needs during their induction through reading their care plans and observing how they preferred their care and support to be provided. Staff were required to successfully complete a probationary period before being confirmed in post. Staff said that they had an annual appraisal each year. They told us that they were encouraged to contribute to this process and that the registered manager responded to any issues they raised about further training or support.

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. Staff were also expected to read the communication book at the start of their shift plan to ensure that they were up to date with any changes. The minutes of team meetings demonstrated that staff regularly discussed people's needs, health and well-being and whether the support they received was meeting their needs.

We observed that staff sought people's consent before they supported them. Staff told us that all the people living at the service had the capacity to make their own decisions about issues that affected them. Staff said that people's relatives and healthcare professionals were involved in supporting people to make decisions where necessary. A relative told us they were consulted about important decisions in their family member's life. We saw evidence of this in people's care plans. There were no restrictions on people's freedom of movement and people were able to exercise choice in all aspects of their lives.

People were supported to stay healthy and to obtain treatment when they needed it. People told us that staff supported them to see a doctor if they felt unwell and that staff supported them to attend medical appointments. Care plans demonstrated that people were supported to see healthcare professionals, such as dentist, chiropodist, optician and district nurses, when they needed to. The outcomes of all healthcare appointments were recorded and any changes made as a result were recorded on the person's care plan.

People told us that they enjoyed the food provided and that they were consulted about the menu. They said that the menu was discussed at residents' meetings and that their choices were reflected on the menu. The menu was displayed in the service so that people could see the meals that had been planned. Staff encouraged people to be involved in mealtime routines and shopping for ingredients.

Is the service caring?

Our findings

People told us that staff were kind and caring. They said that staff were friendly and that they got on well with them. A relative told us that their family member received good care from the staff. They said staff were kind and sensitive to their family member's needs.

The atmosphere in the service was calm and relaxed during our visit. Staff were friendly and proactive in their interactions with people, making conversation and sharing jokes. We observed that staff communicated effectively with people and were attentive to people's needs. Staff treated people with respect and it was apparent that people had positive relationships with the staff who supported them.

Staff understood the need to respect people's privacy. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. A relative told us that they could visit their family member

whenever they wished and that they were made welcome by staff. They said that staff were always available if they needed to discuss their family member's care and that staff communicated with them well.

People were encouraged to do what they could for themselves, which promoted their independence. People told us that they were involved in the routines of the service, such as shopping, cleaning, recycling and maintaining the garden. They said that there were rotas for household tasks and that this system worked well as it made sure everyone did their fair share of work.

People were encouraged to be involved in decisions that affected them and the service consulted people's friends and families where they needed support in making decisions. Staff explained how they involved people in decisions about their day-to-day lives. People had access to information about their care and the provider had produced information in a range of formats to ensure that it was accessible to people. Staff understood the importance of maintaining confidentiality and people's private and confidential information was stored securely.

Is the service responsive?

Our findings

People's needs were assessed before they moved in to ensure that the staff could provide the care and support they needed. Care plans were person-centred and there was evidence that staff had encouraged people to be involved in developing their plans. Each care plan reflected the individual needs, preferences and goals of the person. Care plans provided clear information for staff about how to provide care and support in the way the person preferred. We found that care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

The service sought people's views about their care and support and responded to their feedback. People told us that residents' meetings were held regularly and that they were asked for their views about the menu and the activities they took part in. People said they were also asked if they had any suggestions about how the service could be improved. They told us that any suggestions they made were listened to and actioned where possible.

People had opportunities to go out regularly and to be involved in their local community. People told us that they enjoyed going out for meals and to social clubs. The service had access to a vehicle which meant that people were able to choose when and where they wished to go. Each person

had a planned programme of activities for the week which reflected their individual interests. Records of the support people received showed that these programmes were delivered but remained flexible enough to change if people's needs changed. People told us that they could choose how they spent their time and that staff respected their choices.

People were supported to maintain relationships with their friends and families. A relative told us that they were invited to summer and Christmas events and that birthdays and other events were celebrated. People were supported to enjoy active social lives and participated in activities including swimming, bowling and going to the cinema. People had the opportunity to take an annual holiday and some people had been on holiday the week before our inspection.

The provider had a complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was displayed in the service. People told us that they could speak up if they were unhappy about any aspect of the service and that the registered manager responded to any concerns they had. A relative said they had not needed to complain but would feel confident in doing so if necessary.

Is the service well-led?

Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives and other stakeholders were encouraged to contribute to the development of the service. Staff told us that they were encouraged to give their views about how the service could improve or to raise any concerns they had.

Staff told us that the registered manager provided good support to the team. One member of staff said of the registered manager “He’s been a great support, I can’t fault him. If I have a problem or a grievance, I can go to him and he’ll sort it out.” Another member of staff said, “We all voice our opinions and he listens to what we have to say.”

Staff told us the registered manager was open and supportive and that they felt able to approach them for advice. They said the registered manager had an open door policy and encouraged people who used the service, their relatives and staff to speak with them if they had a concern. A relative told us that the service was well run and that the registered manager was available to resolve any issues that arose.

Staff said that the registered manager had clarified the vision and values for the service and set out expectations in terms of quality standards. Each member of staff had a job description and a person specification for their role. The person specification clarified the expectations of staff in terms of how they delivered people’s care and supported people.

Staff told us that morale was good and that they worked well together as a team. They said that they met as a team to discuss any changes in people’s needs, which ensured that they provided care in a consistent way. Records relating to people’s care and to the safety of the premises were accurate, up to date and stored appropriately. The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

The registered manager had implemented effective systems of quality monitoring and auditing. Staff carried out a programme of audits checking standards in key areas of the service, including medicines management, risk assessments and infection control. There was evidence that action was taken to address any shortfalls identified during audits.