

National Schizophrenia Fellowship

Bruddel Grove

Inspection report

4 Bruddel Grove
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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 ●

Summary of findings

Overall summary

About the service

Bruddel Grove is a residential care home providing personal care to five people at the time of the inspection. Bruddel Grove can accommodate up to five people in one building.

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

People were positive about living in the home. They felt they had the right amount of support and could seek help from the staff team as and when they needed it.

People were involved in the development and review of their care plans and risk assessments. They could give their views on the level of support they felt they needed, and request help as and when they needed to.

People were encouraged and guided on healthy eating and were supported to access support from external health and social care agencies.

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.

People's medicines were managed safely and effectively. Accidents and incidents were investigated. This included clear processes for investigation and support for staff to learn from mistakes. Complaints were handled and responded to in line with the provider's complaints policy.

Staff were happy in their roles. They were well trained and received regular supervision to enable them to carry out their duties effectively. There were sufficient numbers of staff in place and they understood how to provide people with safe and person-centred care.

There was a clear management and staffing structure in the home. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection

The last rating for this service was Good (published 14 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bruddel Grove on our website at www.cqc.org.uk.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Bruddel Grove

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 was carried out by one inspector.

Service and service type

Bruddel Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

Prior to the inspection we looked at information we held about the service. This included notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We also viewed the 2017 CQC inspection report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with four people who used the service, the registered and service manager and one member of staff. We spoke with one healthcare professional on the telephone. We reviewed a range of records. This included one person's care records and two people's medicines and associated medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We sought the views of five health and social care professionals who visited the service, however, on this occasion we did not receive their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. Comments included, "I feel safe living here with the other people" and "No issues with living here."
- Staff received safeguarding training. Information was available to staff on how to report safeguarding concerns. One staff member was clear what they would do if they had any concerns. They knew how to identify and escalate any safeguarding concerns and told us they would report issues to their line manager. In addition, they knew senior staff and external organisations they could share concerns with.
- The registered manager was aware of reporting any safeguarding concerns to the local safeguarding team and to the Care Quality Commission. There had been no safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management

- Risks to people, such as risks surrounding smoking and risk to themselves or others were assessed and recorded. Information was clear for staff to know what the possible triggers were for people and how they could support people to minimise the risks occurring.
- There were systems in place to manage risks regarding the environment. Regular and ongoing checks were carried out internally by the staff team and by external professionals. This included checks on areas such as, fire, water and equipment.

Staffing and recruitment

- People said there were always staff available if they needed to talk with them. A staff member also told us, "Yes there are enough staff working on a shift."
- The registered manager confirmed the recruitment checks had not changed since the last inspection. The recruitment records we saw showed the provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk. Some of the recruitment records were kept at head office and the registered manager told us they would complete an action plan, so they knew and could obtain copies of any recruitment records they did not have within the home. In the meantime, a summary checklist had been developed which noted all the required checks and documents that had been seen and obtained.

Using medicines safely

- People talked about the medicines they had been prescribed. One person commented, "I know why I'm on the medicines I am. I look after my own medicines and staff check them with me."
- Medicines were managed safely and where possible people were supported to manage their own medicines. There were safe systems for the receipt, storage, administration and disposal of medicines. Those medicines we counted were correct and matched the quantity recorded on the medicine administration records.

- Staff had been trained in administering medicines and their competency checked every three months to ensure they carried out medicine tasks safely.
- Guidance and protocols were in place for people prescribed 'as required' medicines. This enabled staff to know when people might require these medicines.

Preventing and controlling infection

- Staff received infection control training and had access to personal protective equipment such as gloves. The environment was fresh, clean and free of any unpleasant odours.
- Infection control audits were in place to ensure staff followed best practice when cleaning and carrying out daily tasks within the home.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. The registered or service manager checked these records to ensure appropriate action was taken.
- The provider had a group of senior staff who monitored incidents and accidents to look for any patterns or trends that could be fed back to the registered manager for them to action.

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.

At the last inspection this key question was rated as good. At this inspection this key has remained the same. 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 assessed and identified prior to them moving into the home. People confirmed they had been involved in this process. We saw information provided from the referrer. The registered manager would meet with the person who might move into the service to ensure their needs could be met.
- The registered manager confirmed they would be using the provider's pre-admission assessment for any new referrals. The assessment was in line with best practice and would enable the assessor to clearly record people's needs and outcomes.
- People's care plans gave staff information in areas such as people's background history, likes and dislikes, healthcare needs and how people would like to be supported.

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one and group supervision. A staff member confirmed, "There is nothing you can't talk about" in supervision meetings. These meetings enabled staff to share experiences, seek advice and guidance where needed.
- Staff continued to receive an induction to the home if they were new and received ongoing training on a range of subjects to ensure they could continue to meet people's needs. One staff member said the "The recent two-day training was good and felt like team building."
- The staff team had recently received face to face training on oral health awareness and implemented a new oral hygiene care plan for each person. This was new national guidance on this subject.

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

- People were involved in decisions about their nutrition. People were supported to eat healthily, and staff cooked the evening meal where people all sat together to socialise.
- Staff were aware of people's preferences. One person confirmed they were happy with how staff cooked them halal food in order to meet their religious preferences. Another person said staff knew they had to have a separate menu as they had specific dietary needs.
- Staff had made a referral to the Speech and Language therapist (SALT) so that a person's needs could be assessed. The registered manager was aware of the International Dysphagia Diet Standardisation Initiative (IDDSI). They confirmed they had informed staff of this guidance to safely support those people with swallowing difficulties and/or at risk of choking or aspiration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare resources which included attending appointments. One

person confirmed, "If I want staff to come with me I only have to ask."

- The registered manager worked closely with the multi-disciplinary community team to ensure any issues were discussed in a timely manner. A mental health professional commented positively on the regular contact they had with the registered manager.

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

- Bruddel Grove provided people with communal areas to sit with others and their own bedrooms when people required space. We saw people spent time in different areas of the home wherever they felt comfortable.
- The building was owned by a housing association and overall was well maintained. The kitchen looked several years old but was functional. The registered manager was keen for this to be updated but had no date for when or if this work would commence.

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.

- People told us staff respected their rights to make their own decisions. One person said, "I like to go out, I can go anytime, I just tell staff." Care plans noted if people struggled with making daily decisions.
- Staff had undertaken training about the MCA and DoLS and were clear they gave people choices and respected people's decisions.
- The registered manager knew their responsibilities if they were concerned about people's ability to make informed daily choices. In those situations, they liaised with the appropriate professionals to ensure decisions were made in people's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they got on well with staff. Comments included, "I like it here," "Staff are friendly" and "I have freedom here."
- Interactions we observed between staff and people showed people felt at ease with staff and engaged with them as much as they wanted to.
- Staff knew people well and valued them as individuals. They used their understanding of people to support them with empathy and patience. This included supporting people when they became anxious.
- We saw staff respected people's differences and offered support to people as and when they needed it. One person told us they sometimes attended a local mosque and staff understood how they followed their religious practices and ensured these were adhered to in the home.

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

- People said they were involved in the development and review of their care plans and met regularly with their keyworker (named member of staff). This enabled people to talk about any issues and discuss areas where they needed support.
- Staff met people to ask for their views on the service. We saw minutes from a recent meeting where staff had talked with people about outings and general activities.
- People attended review meetings held with the community mental health team, so they could feel part of the discussions and give feedback on their mental health and well-being.

Respecting and promoting people's privacy, dignity and independence

- People told us staff helped with everyday tasks, but also encouraged them to do things for themselves. People said they had a key to the front door and to their bedrooms, so they could be independent and have privacy. One person said, "It is important for me to have privacy."
- Staff helped people develop skills and confidence. One person spoke about the voluntary work they did and said this had given them joy.
- Staff recognised people had varied needs, requiring different levels of support and encouragement. One staff member said they helped people to be as independent as they could be. This included helping people carry out daily living tasks, such as cleaning, cooking and laundry.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were involved in their care plans. One person said, "I have agreed to it [care plan]." Care plans were reviewed on a regular basis to ensure they were up to date and accurate.
- We viewed a sample of daily progress records. We saw there was a new format being introduced on the day of the inspection. This was to encourage staff to record more person-centred information, as previously these records had mainly been task focused.

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.

- People's care plans noted people's communication needs. This information informed staff if there were people with specific communication needs. Those people living in the home were able to verbally express their needs and wishes.
- Information could be amended to ensure people understood written information. People we met told us they could read and write and understood information given to them via the staff team.

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

- There was an emphasis on enhancing people's lives by reducing the risk of social isolation. We saw photographs of where people with staff had gone on a train for a day out to the seaside. Everyone living in the home could go out independently without staff. However, one person preferred to go out with staff and was supported in the community to help build their confidence and support them to access places, for example the bank.
- People were encouraged to maintain contact with their relatives and friends. Some people chose to take social leave and spend time away from the home, so they could be with family or partners. One person said they liked seeing their family and spending time with them.
- Staff recognised part of their role was to encourage people to engage in activities and access community places. Some people needed more prompting than others and staff knew which people needed more help with daily life. People had the choice of which activities they were happy to take part in and their decisions were respected by staff.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. Their comments included, "If I was unhappy I would talk with staff" and "Staff are good and listen to me."
- There was a complaints procedure in place. We viewed a copy of this in the dining area, so people could easily access this. We saw complaints were dealt with appropriately in line with the policies and procedures.

End of life care and support

- At this inspection no one was receiving end of life care. If someone required end of life care, the registered and service manager would work with the relevant external professionals to see if they were able to meet such needs and seek support accordingly.
- If people wanted to, they could develop with staff an advance healthcare directive. This specifies what actions should be taken if the person was no longer able to make decisions for themselves because of illness or incapacity.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 management team actively engaged with staff to improve the culture of the service and outcomes for people. Just prior to this inspection, staff had received two days training to look at supporting people effectively, record keeping and working in a person-centred way.
- People were happy with how the home was run and a staff member spoke positively about working in the home. They commented, "It's like a family here. It's a supportive environment."

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff told us they could speak in an open and transparent manner about the home to the registered and service manager. They confirmed their views were listened to and the staff team shared best practice and ideas for the benefit of people living in the home.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post over two years and was supported by a service manager and a head of CQC registered services for the south region.
- There were effective quality assurance systems in place. These included, medicines and their associated records and health and safety. These provided an overview to ensure improvements were made where necessary. Additional audits were carried out by the provider's quality team and they reported on their findings, so the registered manager could act on any areas identified for improvement.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, development needs and staff's well-being.
- One staff member told us if they needed any support or additional training this was offered to them. The registered manager had arranged for professionals to visit staff to talk about current good practice for example, a community healthcare professional had visited staff to talk through how to support people with

their oral hygiene in line with guidance.

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

- People were encouraged to give their views on the home. One to one meetings and satisfaction surveys were offered for people to engage in, so they could give their feedback on the quality of the home. Some people were more involved than others, but all had the chance to contribute their views.
- Staff had regular contact with the registered and service manager and this helped with communication and ensuring there were two- way conversations about the home.

Working in partnership with others

- The management team worked well in partnership with key organisations including the local community mental health trust that commissioned the service, the GP practice and other health and social care professionals to provide joined up care.
- The registered manager attended meetings with other managers to share experiences and identify if improvements could be made to the home.