

London Borough of Camden

Physical Disabilities

Outreach Support Services

Bramshurst

Inspection report

10 Bramshurst, Abbey Road Estate
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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

The inspection took place on 18 December 2017 and was announced. At the last inspection on 27 August 2015 we rated the service Good. At this inspection on the 18 December 2017, we found the service remained Good.

The Physical Disabilities Outreach Support Service Bramhurst, provided a domiciliary care support service from the location and assistance to people with a range of physical disabilities and varying support needs in their own flats at the location. Due to the budget re-evaluation by the provider, the service was scheduled to close down in March 2018. At the time of our inspection, the service was providing care to three people. The service was in the process of finding the most appropriate accommodation for all three individuals that would be in line with their needs and their individual preferences.

Although the provider had made the decision about closing the service the registered manager and the remaining staff team continued to provide good quality of care to people who used the service. There were many good things about the service. It provided care to people with complex needs and behaviour that often challenged the service. We found that there was very positive and trusting relationship between staff and people. People spoke positively about the support they received and staff appeared compassionate and caring towards people.

Staff supported people to take their medicines and the registered manager took appropriate action to address any gaps in medicines management by staff.

People were safe at the service. The risk to people's health and wellbeing were assessed and managed and accidents and incidents were reported. There were appropriate infection control measures put in place and people were protected from unnecessary infection. Safe recruitment procedures ensured that people were supported by staff that were appropriately vetted. There were sufficient staff deployed to ensure people's need were met.

People were appropriately assessed and their needs had been discussed before they started receiving support from the service. People were happy with the support they received and they thought staff had the knowledge, skills and experience to support them effectively.

Each person had been receiving the support from the service for at least four years. Staff working at the service were employed there for at least two years. Staff and people told us they knew each other well.

Staff received regular training that the provider considered mandatory. Staff said the registered manager supported them through regular supervision, staff team meetings and working alongside them.

Staff had good knowledge about people dietary needs and preferences and people received appropriate support in relation to their food and drink intake. Staff also supported people to have access to appropriate

health professionals and staff worked together and with other health professionals to ensure people received required medical attention.

The service followed the principles of the Mental Capacity Act 2005 (MCA). People's capacity was assessed by respective professionals if required and there was evidence that people gave their written consent to care and support provided by the service.

People were supported by staff who cared for them, were compassionate and were respectful and responsive to their needs. Staff encouraged people to build on their confidence and life skills.

Staff met with people for regular one to one keywork meetings in which people were encouraged to discuss various elements of their care and decide how they would like their support to be provided. When requested by people staff supported them in following their interests and doing things they liked.

People's dignity and privacy was respected and when providing personal care staff ensured this was done in a respectful way and how people preferred it.

People received care that was bespoke and in line with people's needs and preferences. People's care plans were person centred and gave staff sufficient information on how to support people safely and effectively.

People had access to the provider's complaints procedure and staff offered their support if people wanted to make a formal complaint about the support they received from the provider or any other service.

There were monitoring systems in place that helped the registered manager to monitor various aspects of the service and to ensure that people received support that was safe and effective and in line with their needs and preferences.

The registered manager and the staff team received positive feedback from external health professionals, who thought staff had positive relationship with people, encouraged them to undertake treatment and accept the support that they had previously refused.

We saw that the service had appropriate policies and procedures in place to guide staff on various areas related to their work and their professional roles.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Physical Disabilities Outreach Support Services Bramshurst

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 checked 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 18 December 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by a single inspector.

During our visit, we spoke with the registered manager, a member of the staff team and a person using the service. Due to frail health of people who used the service we were only able to speak to one person using it.

We looked at records, which included care records for two people, recruitment, supervision and training records for two staff members. We also looked at other documents relating to the management of the service, such as, medicines, care records and training audits.

Following the inspection, we contacted and received feedback from two external health professionals.

Is the service safe?

Our findings

Two people using the service managed their own medicines and staff only prompted and reminded them to take it. Staff administered medicines to one person as they had guidelines in place on how to administer medicines safely. We looked at the medicines administration records (MARs) that were used by staff to record medicines administration. We saw MARs contained appropriate information. We looked at MARs for one person for the period of two months prior to our visit. We saw that staff who administered medicines had not always signed it. We discussed this with the registered manager who confirmed each medicines administration should have been recorded. We cross-referenced unsigned administration on the MARs with respective daily care notes. Records showed that medicines had been given to the person and this was recorded on daily care notes. We spoke with the person using the service who told us they were happy with how staff supported them with their medicines, and they had no complaints. Following our discussion, the registered manager took immediate action to remedy the situation.

A person using the service told us "Staff is better now, I am feeling safe." There were safeguarding policies and procedures in place to help to protect people from abuse. Staff we spoke with demonstrated good knowledge about how to safeguard people and what to do if they thought a person was at risk of harm from others. At the time of our inspection there were no safeguarding concerns related to the service.

We asked the registered manager and the staff how the service protected people from any discrimination. We were told that this was an ongoing subject of conversations with people and staff. There were no current issues at the service related to any form of discrimination.

Risk to people's health and wellbeing had been assessed and reviewed. Each person had an individualised risk assessment document in their file, which stated clearly, what the identified risks were. Each document highlighted what were the contributing factors that could increase the risks and how staff should support people to minimise it. Staff told us they knew the risks to people's health and wellbeing as they knew them well. They discussed people's wellbeing with their colleagues and they read people's care files. Risk assessment we saw included risk of falls, diabetes, self-neglect and behaviour that challenged the service.

The service had a system in place to record and report any incidents and accidents. We saw that there were guidelines for staff in the staff room on how to report any accidents and incidents and staff confirmed they knew them. The registered manager provided us with a copy of an accidents and incidents report which they used to monitor and analyse any accidents and incidents that took place at the service. We noted that there were four instances on the report which related to a neighbourhood patrol visiting a person using the service to discuss their behaviour that challenged the service. The provider had not informed the Care Quality Commission (CQC) about this as required by the Regulations. However, following our inspection the registered manager sent us detailed information about these incidents and they reassured us that they would notify CQC about similar incidents in the future. Since then the CQC received a notification about a police incident at the service. This reassured us that the provider would make appropriate notifications in the future.

Safe recruitment procedures ensured that only appropriate staff were employed to work with people. The recruitment process was managed centrally by the provider's human resources department. We saw evidence in staff personnel files that all appropriate checks had been carried out.

There were sufficient staff deployed to ensure people's needs were met. One person told us they would prefer there were more staff; however, they said they did not have to wait for staff support long. They especially enjoyed visits from night staff who often came to have a chat and listen to the music together.

The service had appropriate policies and procedures in place to ensure infection control when supporting people. Evidence showed that all staff had received infection control training and were provided with appropriate personal protection equipment (PPE). A cleaner cleaned the service three times a week and we observed that all cleaning products were stored safely in a lockable cupboard. Additionally, the registered manager informed us that staff were required to abstain from the service when they had cold or flu. This was to protect people's frail health and prevent avoidable virus contamination.

Is the service effective?

Our findings

A person using the service told us, they were happy with the support they received and they thought staff had the knowledge, skills and experience to support them effectively.

Each person had been receiving support from the service for at least four years. Staff working at the service were employed there for at least two years. Staff and people told us they knew each other well.

We looked at staff training records and we saw that all staff had completed a mandatory refresher training every two or three years, depending on the subject. This included managing challenging behaviour, safeguarding, lone working, epilepsy and the Mental Capacity Act 2005 (MCA). This ensured continuous review of staff skills and knowledge.

We were told that if agency staff were used, they were appropriately inducted and informed about people's needs and preferences to ensure they supported them as required. During our visit we were told that one person using the service was not fully satisfied with how the agency staff supported them. The registered manager confirmed that they were aware of the issue and they had scheduled a meeting with the agency staff in question to address the matter and to ensure the situation would not happen again. This meant issues with agency staff was appropriately addressed.

Staff told us they felt supported by the team and the registered manager. The support was provided in the form of regular team meetings, handovers and individual one to one supervision with the registered manager. The supervision matrix showed that all staff received their supervision monthly. Staff meeting minutes showed that discussed items included people's needs and progress, communication with other professionals and general discussion on how to empower people to live as fulfilled a life as possible.

People received support around eating and drinking depending on their needs, preferences and abilities. These were documented in people's care files and staff we spoke with had a good understanding of what people's dietary requirements were. A person using the service told us they were happy with the support they received from staff and they always had access to food they liked and wanted to eat. They said, "Staff support me with my food shopping which we do together. They help to cook and I get to choose what I eat."

People were supported to get access to appropriate health professionals. The service had developed a positive and strong relationship with the local General Practice (GP) surgery and they were in regular contact with the surgery to ensure people received appropriate and regular medical support. A health professional we spoke with confirmed the staff at the service were proactive in supporting people in maintaining their good health and ensuring people received suitable support when required. When people's health suddenly deteriorated, staff were able to recognise this and take appropriate action to ensure people received support they needed. For example, during our visit, we observed how staff recognised the person's health suddenly worsened. The emergency services were called and the person received immediate medical attention. We observed that staff team were working closely together and with the emergency service to ensure the intervention provided to the person was in line with their personal wishes and preferences.

All of the people using the service had mental capacity to make decisions. We were told that staff had assessed people's capacity during each activity to ensure they received the support that was most appropriate and in line with their human rights.

We found evidence showing that staff sought people's consent prior to any support and intervention provided. In people's files, we saw that every activity provided by staff was consented by people in writing. This, for example, included consent to medicines administration, cleaners' visits, monthly nail treatment or ordering shopping online. During our visit we saw evidence of staff asking people for their permission before supporting them. This included knocking on the door before entering, asking if people were happy with receiving support or asking how they would like the support to be provided.

Records showed that staff had received MCA training and staff we spoke with demonstrated good knowledge and understanding of the principles of the Act.

Is the service caring?

Our findings

People were supported by caring and compassionate staff. A person using the service told us, "Staff listen to me, definitely. Thankfully, they are focusing on us."

The service provided bespoke care that was in line with people's needs and preferences. Staff knew people well and understood how they liked their care to be provided. People, staff and the registered manager told us people were strongly attached to the service and they appreciated the support received. The recent news about the service's closure caused upset and people were not ready to move on and start their life somewhere else. The registered manager told us this matter had been managed sensitively. The provider was in the process of finding the most suitable accommodation and support for people that would be the most appropriate to their complex care needs, personal preferences and that they would be happy to move on to. A person using the service told us, "They [staff] do a first class job here, I am sad they are closing." A staff member told us, "Whatever we do we must involve people. They like to be involved and tell us how they like things to be done".

In our discussion with staff and the registered manager we found that, the service genuinely cared for people having their best interest in mind at all times. A staff member told us, "I love my job because I can help people". The registered manager said, "I at times give my own time to support the team so they can spend time and do things with people." Records from the recent team meeting showed that the team had discussed how to support people in building their confidence and to empower people to live as a good life as possible. For example, in October 2017, the team discussed how to help people to ensure they received a good service when accessing various support provisions in the community. The November 2017 team meeting minutes read, "Please remember, customers always come first."

External health professionals also gave positive feedback about the approach of the staff employed at the service. One professional told us, "Staff have very good rapport with people using the service and people told us they did not want anyone else to support them" and "They [staff] are kind and caring, and they are well informed about the needs, services and responses."

Staff supported people in expressing their views and being actively involved in making decisions about their care and life. People could discuss their care and support in their individual key work sessions with their allocated key-worker. The frequency of key-work sessions depended on people's preferences. Records showed that each person had these sessions regularly and they were able to discuss any matters related to their care. These included discussions on how people would like staff to support them with different aspects of their life, such as, personal care, physical health or marking important life events. Staff told us it was important to empower people to partake in decision about their care and support. They said, "You do not want to take away their independence so they can live a quality life."

Staff respected people's privacy and dignity when providing personal care. A person using the service said staff were very good and they always ensured the person was treated with respect and felt comfortable. A staff member told us how they always covered people and protected from unnecessary body exposure

when providing personal care. We were also told about a person who struggled with some elements of personal care, however, with staff gentle and persistent approach, the person gradually felt more confident, accepted staff support and increased their self-care.

Is the service responsive?

Our findings

Each person had a care plan that was reviewed regularly and people were involved in the review process. Care plans were person centred and contained a good level of information on people's personal history, care needs and preferences. We saw there were detailed guidelines for staff on how people would like the support to be provided. Staff we spoke with had a very good understanding of people's likes and dislikes and how to best meet people's complex needs.

Any support provided to people was well documented in people's daily care notes. These included information on people's, physical and emotional wellbeing, activities they undertook during the day and any other matters related to their care. This meant that there was a written evidence trail of the support provided to people, which could be accessed and reviewed by people, staff and respective professionals if needed.

Staff supported people in following their interests and doing things they liked to do. We were told, when requested by people, staff were happy to enable them to do things they enjoyed. For example, we were told by a person using the service how they enjoyed time spent with staff on listening to the music or visiting the local community for walks and essential shopping. A staff member told us, "Our people are not isolated. They know what they like and they can do their own thing" and "It took time to build trust with people. The carers are everything to them and I am happy to spend time just to listen to them."

The service had a complaints procedure in place and we saw that this was available in care files in people's rooms. The registered manager said staff reminded people about the formal complaint procedure and were happy to support people if they were willing to use it. We were told about a situation when the registered manager had supported a person to make a formal complaint. We were told the person was happy that the issue was taken seriously and they were satisfied with the outcome. One person, using the service told us they never had to make a formal complaint and they were happy how staff dealt with any concerns they had about the care received.

Is the service well-led?

Our findings

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager had relevant experience and training to provide regulated activity to the standard required by the Regulations.

In July 2017 CQC has received an application for closure of the Physical Disabilities Outreach Support Services Bramshurst in Camden. Since then the service had started closing procedures aiming to close down on 31 July 2017. Due to various administrative delays, the service remained open and was due to be closed in March 2018. In August 2017 the service stopped their outreach support to people living in their own homes and since then they only provided supported living care to people residing at 10 Bramshurst, Abbey Road Estate in Camden. At the time of our visit there were three people using the service.

Records and conversations with people, staff and external professionals indicated that the service had a clear system of values, which aimed to provide person centred, dignified care that had people's wellbeing and safety in mind at all times. Everyone we spoke with expressed their sadness about the closure of the service and it was described as providing very good, professional and caring support to people who used it. We observed that, although there was to be this change, the quality of the service provided had not been compromised and people were happy with the support they received.

The service had a registered manager that had experience and appropriate training to manage the regulated activity. People, staff and external professionals thought the service was well run and they spoke positively about the registered manager. Their comments included, "[Manager] is first class. I would recommend him to everyone. He listens to people", "[Manager] is good, and he is calm. He helped me build my professional confidence" and "The communication with the manager is very good. Any problems he contacts us immediately by phone or email".

Staff told us they worked well together. They said, "We work as a team, we are very good and we work as one." A person using the service supported this statement, "There is a good team work here. Without the team this place would not exist." The service received positive feedback from external health professionals. They said staff worked well with other agencies and kept in contact with relevant professionals when required. One professional told us, "I have had emails, conversations and meetings with the staff one-to-one or in MDTs about how to support the client. I don't have any concerns." Another professional stated, "They have been providing good service and it will be a shame when they close. I know the residents think the same."

The registered manager had monitored the care and support provided by staff to people who used the service. We saw evidence of regular audits related to medicines management, supervision, training and accident and incident logs. The registered manager had also monitored the care provided through regular staff supervisions, team meetings and working alongside staff to observe their practice. Team meeting

minutes showed that the registered manager had discussed any matters related to the service provision and any issues arising or gaps in performance were addressed with staff promptly. Staff were also given the opportunity to talk about any aspect of their professional roles and responsibilities and to provide suggestions on how the care and support provided could improve. The registered manager told us, "I wouldn't have done it [run the service] without the staff team who understand the business. Staff come up with ideas. For example, they recently suggested how to run the service with the reduced staff numbers."

At the time of our inspection there were no surveys scheduled to receive feedback from people about the care and support they received. However, this matter had been discussed with people regularly in their individual key-works and day to day conversations. Positive feedback from people who use the service indicated that they felt listened and they were happy with support provided by the service.

We saw that the service had appropriate policies and procedures in place and staff could access them on the provider's online system at any time. This meant staff had been provided with guidelines supporting them with various areas related to their work and their professional roles.