Brighton and Hove City Council

Brighton & Hove City Council - 92 Cromwell Road

Inspection report

92 Cromwell Road
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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 the 21 March 2018 and was announced.

92 Cromwell Road provides tailored support packages for people with a learning disability or autistic spectrum disorder. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection three people were living in the service. People have their own bedroom and shared the communal facilities. The service is situated in a residential area with easy access to local amenities and transport links.

At the last inspection on 27 January 2016 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection robust supervision of care staff had not always been in place. We asked the provider to take action to make improvements in supervision procedures and this action has been completed. One member of staff told us, "Now we know further ahead when they (Supervisions) are happening. They are much more regular. Personal Development Plans (PDP's) the (Annual review process) are done annually and refreshed at six months."

Systems had been maintained to keep people safe. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had received supervision, and continued to be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Care staff had the knowledge and skills to provide the care and support that people needed.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People had been listened to, supported to be independent and they were involved in decisions about their care. Staff had a good understanding of consent.

Relatives were very happy with the care provided. People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to access a range of social activities.

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health.

Relatives and staff told us the service continued to be well led. One member of staff told us, "We are working on moving upwards. We have more direction." Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something.

The registered manager carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

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 remains Good

Is the service effective?

Good

The service is now Good

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains 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 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 21 March 2018 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We previously carried out a comprehensive inspection on 27 January 2016.

The provider had 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and two visiting health and social care professionals and received two responses. We also contacted two people's relatives for their experiences of the service provided and received two responses.

We spoke with people generally during the inspection. However, people could not fully communicate with us due to their conditions. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with two care staff, and the registered manager. We spent time looking at records, including two people's care and support records, three staff files, and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We observed the administration of

medicines. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. Care staff told us how they were working with one person who was blind. The sensory team had been contacted for support and guidance and to complete an environmental assessment. One member of staff told us, "It's all about making him feel safe in the home."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, people were supported if they wished to attend a range of social activities. To support people to be independent, risk assessments were undertaken. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed. Risks associated with the safety of the environment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Procedures were in place to protect people from financial abuse.

Staff were able to tell us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Care staff had the opportunity to discuss the best way to support people through regular reviews of peoples' care and support and from feedback from the care staff in team meetings as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. Records allowed care staff to capture any changes in behaviours or preferences and to be quickly responsive to these. These were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. One member of staff told us, "It works really well. We don't run out of medicines. It's ordered regularly, delivered and checked in." Care staff were trained in the administration of medicines. They had received a regular competency check to ensure that they continued to administer medicines in a safe way and in accordance with the provider's policies and procedures. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered

medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. One member of staff took a lead in infection control procedures and the registered manager told us, "We all have our daily jobs to keep the infection control down as much as possible."

There had been no recruitment of new staff since the last inspection. So it was not possible to fully evidence that safe recruitment process were in place. However, the registered manager had the support of the provider's human resources department when recruiting staff. They told us that all new staff would go through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. This included the completion of an application form, attending an interview and two written references and criminal records check being sought prior to commencing work in the service.

There continued to be sufficient staff on duty to meet people's needs. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. The registered manager regularly worked in the service and so was able to monitor that the planned staffing level was adequate. Staff told us there were adequate numbers of staff on duty to meet people's care needs. One member of staff told us, "Two staff are adequate. It allows the guys to go out. "There was a long serving, consistent staff team with regular bank staff who had helped to provide cover for staff absences. Care staff also worked extra shifts or senior staff covered the rota when necessary. The registered manager told us, "We use less bank staff now. It's a very stable team."

Good

Is the service effective?

Our findings

Staff were skilled to meet people's care and support needs and continued to provide effective care. Relatives told us that the staff were knowledgeable and kept them in touch with what was happening for people. We observed care staff interacting with the people and taking the time to meet their needs.

Staff continued to undertake an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-admission assessment was used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people and their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. The registered manager was able to tell us about decisions made for one person in their 'Best interest' to support them with a medical procedure they had. We observed people were always asked for their consent before any care or support was provided. One member of staff told us, "I would not want anyone to have anything they don't want to. I would explain why. There are times when I have stopped when applying creams. I have stopped and recorded it."

The registered manager told us they were aware of the need to assess people's capacity to make decisions and talked with us about the applications which had currently been made for restrictions on the liberty of people who did not have the capacity to agree to them to be authorised by the court of protection. Care staff told us they had completed this training and all had a good understanding of what this meant for people.

Staff continued to undertake essential training to ensure they could meet people's care and support needs. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) in health and social care. The majority of care staff working in the service held an NVQ Level 2 or Level 3. They told us they felt they had received the training they needed to meet people's care needs. They had received regular updates of training as required. Staff told us that the team continued to work well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers to share and update themselves of any changes in people's care. Staff all confirmed they felt very well supported by the registered manager. They had attended regular supervision meetings throughout the year and had completed a planned annual appraisal.

One member of staff told us, "Supervision has got better. We have a date so I can prepare for it. It has been consistently good for a long time. Personal Development Plan's (Annual review process) are quite regular." Another member of staff told us, "Supervision works really well for me."

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. Staff told us they had been working on accessing more training and guidance in relation to transgender.

Staff continued to support people to maintain a healthy diet. Staff told us they continued to monitor what people ate and if there were concerns they would refer to appropriate services if required. People's dietary needs were recorded in their care plans, for example for one person was detailed they required a, pre-mashed soft diet, and needed constant supervision when eating. People were being supported with food shopping and menu planning. One member of staff told us, "We are working with the guys more. For example, meal preparations like chopping vegetables. They know more about the process of how a meal is produced, and collecting things ready for the meal."

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. People had been supported to attend an annual health care review. They liaised with health and social care professionals involved in their care if their health or support needs changed. People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. One member of staff told us, "We are very good with health conditions. Spotting signs of any illnesses and liaising with healthcare professionals." A relative told us they were particularly impressed by the attention given to their relative's medical and dietary needs.

The provider of the accommodation had changed since the last inspection of the service. Work was in progress for the exterior of the building and communal areas of the building. The registered manager told us general repair and maintenance requests had been fulfilled and worked well and commented, "We needed radiators in the bathroom. They got that done very quickly. They have measured up for blinds."

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One member of staff told us, "We are really caring. We like the guys, we work well together. It's like a family." One visiting social care professional told us how staff had thought creatively about what they could do to improve the quality of the life for people.

Staff continued to demonstrate a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people and told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. Observations of people consistently told us they were happy and comfortable in the service. Where possible they and their relatives had been involved in drawing up their care plan and with any reviews that had taken place. Relatives told us they felt the care and support people had received helped them retain and develop their independence.

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People were observed to be able to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. Staff had received training on privacy and dignity and this had been embedded into their practice. One member of staff told us when they provided personal care when dealing with incontinence. They described how they had encouraged the person to move from the communal area to go into their bedroom to be supported to change their clothing. They tried to ensure other people were not aware of the issue and discussed the matter discreetly so other people could not hear.

Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and it was clear that people dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs.

Staff continued to encourage people to maintain relationships with their relatives. People were introduced to each other and staff supported people to spend time together, in this way friendships were formed within

the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. Relatives told us they were kept informed with what was happening for their relative.

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

Relatives told us that staff remained responsive to people's needs. Feedback from two visiting social care professionals was of good communication and involvement of people and their relatives. Staff were very caring, considerate of the people's needs and skilled at what they do. Support was person centred and they make every effort to communicate with people and actively involve them in decisions and to make choices etc. They had worked towards reducing any restrictions where ever possible and helped people to retain as much independence and freedom as possible while also keeping them safe.

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The registered manager undertook the initial assessment, and discussions then took place about the person's individual care and support needs. One visiting social care professional told us how staff were responsive and adaptable. As an example of this they told us the staff team had worked very flexibly at the end of last year to ensure that a person who had moved in the service was made welcome and comfortable whilst ensuring their safety. The staff undertook to rearrange their working hours to ensure that this person initially had support overnight.

Work had continued in order to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs. Feedback from relatives and care staff was that information was regularly updated and reviewed. Staff told us communication was good when changes had occurred and they received information about any changes in people's care and support needs.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The provider had developed a policy and procedure and care staff had received AIS training. There was an 'Inclusive communication charter' which was followed in the service. One member of staff took the lead for inclusive communication. They had ensured people's communication needs had been identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Information for people and their relatives if required could be created in a way to meet their needs in accessible formats to help them understand the care available to them. Although people were mainly communicated with verbally or read information, there were times when information was used in a pictorial or easy-read format. Staff told us they also used objects of reference and a wipe board with people. Communication boards had been developed using pictures and symbols. A member of staff also told us," We use a lot of body language."

People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own bedroom. We were shown individual activity plans for people, which were created to promote independence. People were supported to attend a range of activities, for example going to the pub for lunch, visiting a local day care facility, going out for a drive in the car. On the day of the inspection one person visited a garden centre. The member of staff told us, "I have given him three choices and he has

chosen Hassocks to go to." People were supported to attend social activities in the community for example staff told us about a Halloween party people had been supported to attend. People enjoyed participating in a range of leisure activities, for example, one person liked to look at their books, another like to watch their DVDs.

Technology was used to support people with their care and support needs. For example with the use of sensor floor mats and door sensors. The registered manager told us they were looking at technology available for example, the use of IPads to better support people.

Tenants meetings continued to be held regularly. This enabled people to find out what was going on in the service and agree menu options for the next week. We saw evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at 92 Cromwell Road. People and their relatives were asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. Feedback from the last survey in 2017 was that the relatives thought the service was safe and were happy with the care and support provided. We found the provider had maintained a process for people to give compliments and complaints However, no formal complaints had been received since the last inspection.

The registered manager told us end of life care had not yet been provided in the service. But where possible people would be able to remain at the service and supported until the end of their lives. Peoples' end of life care was starting to be discussed and planned through the review process to ensure people's wishes were recorded and respected.

Good

Is the service well-led?

Our findings

Relatives and staff all told us that they were happy with the way the service was managed and stated the registered manager was approachable. The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required, to ensure people received the correct care and treatment required. Visiting social care professionals told us staff had worked well with them. One member of staff told us, "It's quite a tight team. Staff have worked in the same way for years." Another member of staff told us of the team, "There's a lot of respect and everyone looks out for each other. There is always someone there. It's a supportive, responsive and competent team. It runs quite steadily here."

The service had a registered manager. 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. Staff told us they continued to be well supported. One member of staff told us, "He (Registered manager) has really taken ownership of the role. Things are more organised. He is growing in the role and commands respect. There is respect for him as a manager. He is very approachable and will direct. He has a great sense of humour. He knows what it's like being hands on. He is very approachable."
Policies and procedures continued to be in place for staff to follow. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

The registered manager continued to monitor the quality of the service by regularly speaking with people and their relatives to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service.

The registered manager had regularly sent information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, and complaints. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider also arranged for internal audits of the service to ensure the quality of the care being provided and this met current guidance. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and

share practice issues and discuss improvements within the service.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. The PIR detailed how the manager had kept up-to- date by attending training to support them in their role. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.