

Brunswick Supported Living Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection which took place on 9 and 17 June 2016. We gave the provider 48 hours' notice of our intended inspection to ensure the registered manager was available in the office to meet us. This service has not been inspected since its registration on 16 October 2013.

Brunswick Supported living Services is registered to provide domiciliary care and a supported living service. At the time of the inspection, the service had 12 people using the service. The service was providing a 24 hours supported living service to two people in their privately rented flats and 10 people on floating and outreach support. Brunswick Supported living Services provided supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. A supported living service is one where people receive care and support to enable people to live independently.

The service had a registered manager who had been registered with the Care Quality Commission since 8 April 2016. 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.

People using the service and their relatives told us they found staff caring, helpful and friendly. People using the service told us staff were attentive to their health and care needs and listened to them. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared, for example we could see staff provided care that maintained people's privacy and dignity.

The service supported people to learn independent living skills by assisting them in areas such as shopping and cooking. The service worked with a specialist advisor to engage with people in identifying their likes, dislikes, wishes and preferences, and to produce their person-centred plans.

We checked medicines administration charts and found gaps in the records that were being kept of medicines administered by staff. Care plans and risk assessments supported the safe handling of people's medicines. Care plans had information on people's individual needs and likes and dislikes recorded, but lacked people's personal histories. Risk assessments were detailed and individualised. However, there were several gaps in the care records.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in making safeguarding alerts and raising concerns.

Staff told us they were supported well and we evidenced records of staff supervision. Staff told us they attended induction training and received additional training and training records evidenced this.

Staff files had records of application forms, interview assessment notes, criminal record checks and reference checks.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The service lacked effective systems and process to assess, monitor and improve the quality and safety of service provided.

We found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines, care records and quality and assurance processes.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Although, people told us they felt safe. The service did not always keep accurate records of medicines administered. The service did not maintain robust procedures in medicines collection and administration.

Staff understood principles of safeguarding and knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of trained staff to meet with people's individual care needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received appropriate induction training. Staff told us they received regular supervision and felt very well supported.

The service liaised with relevant agencies to request mental capacity assessments and complied with deprivation of liberty safeguards.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

There were gaps in people's care delivery records and did not always include people's nutritional and hydration intake.

Staff supported people to attend health and care professionals' appointment.

Is the service caring?

Good ●

The service was caring.

People using the service found staff caring and friendly. They told us staff treated them with dignity and respected their privacy and

wishes.

Staff were able to describe people's likes and dislikes. People told us staff understood them well.

The service identified people's religious, spiritual and cultural needs. Staff supported people in fulfilling their individual wishes and respected people's confidentiality.

People told us they were involved in planning and making decisions about their care. They said staff listened to them.

Is the service responsive?

The service was not always responsive.

People's care plans had necessary information about people's individualised health and care needs. However, they lacked people's personal histories.

Staff understood people's needs.

People participated in various activities including accessing local community.

The service did not follow any formal goal setting exercises to reward people in learning new skills.

People and their relatives felt they were asked for their feedback.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service did not maintain records of audits and checks to monitor the quality of the service.

The service lacked a robust system to monitor medicines administration and, safety and quality of the service.

People and their relatives told us they found management friendly and approachable.

Staff felt well supported and there was a positive culture within the staff team.

Requires Improvement ●

Brunswick Supported Living Services Ltd

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 9 and 17 June 2016 and it was announced. The provider was given 48 hours' notice because the location provided a domiciliary care and supported living service and we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return. 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.

The inspection was carried out by one adult social care inspector and a specialist mental health and learning disability advisor.

We spoke with four people using the service, the registered manager, and three care staff. Following our inspection, we contacted two relatives.

We looked at six people's care records, medicines administration records and three staff files including their recruitment and training records.

We looked at service's statement of purpose, workforce development plan, business growth plan, policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, handover records and communication book, quality audits and monitoring checks.

We contacted health and social care professionals and commissioners.

Is the service safe?

Our findings

People using the service told us that they felt safe. One person told us, "Absolutely, I feel safe with the staff." People and their relatives told us they felt the staff team knew how to support them and were very happy with the service.

Staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse. They told us they would report any concerns to the assistant manager and if they were not available then they would report it to the registered manager. Staff had access to an emergency number that they could contact if there was no one at the office. Staff also had the registered manager and the director's mobile numbers in case of emergency. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the management and the family, and the role of external agencies. The service maintained effective operations to prevent abuse of people using the service.

We looked at the whistleblowing policy. Staff we spoke to told us they had received training in Whistleblowing, they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact the local authority or CQC. One member of staff told us, "I would feel comfortable whistleblowing as I have duty of care towards the people I support."

We looked at accidents and incidents records. The registered manager told us they discussed the incidents with their staff team and introduced measures to prevent incidents from reoccurring. We spoke with staff and they were able to tell us how they ensured accidents and incidents were prevented by learning from previous incidents, for example, we saw an updated risk assessment in relation to absconding following an incident. One person had gone missing at night after staff had retired for the night. The person was found and returned back to the flat safely with the help of the police. Following the incident, the service updated risk assessments and measures were put in place to prevent the incident reoccurring. They introduced waking night staff, both front and back doors to be locked at night and window restrictors to be installed on the person's bedroom windows. During inspection we saw maintenance people putting locks on the front and back doors and window restrictors on the windows.

The registered manager was able to explain the measures they had implemented to avoid potential financial abuse situations. The registered manager was the only person with access to people's money. The money that the registered manager received from the people using the service to pay their utility bills was promptly deposited in the bank accounts of the relevant utility companies. There were robust systems in place for handling people's monies. People were involved in how their finances were managed.

Individual risk assessments and measures to reduce identified risks were developed and these were person-centred to meet people's individual health and care needs. Risk assessments were in place for areas such as behaviour that challenges the service, medicines, accessing community, premises and activities. The service had people's personalised emergency fire evacuation plans. Staff were able to describe how they would

support people in case of a fire emergency. The provider also maintained a detailed lone working risk assessment and a procedure that needed to be followed to ensure staff and people using the service's safety.

The risk assessments were reviewed every month or earlier if there were any changes in people's needs. The registered manager told us they reviewed people's risk assessments on a monthly basis however, not all risk assessments had review dates on them. Following the inspection, the registered manager sent us a review summary sheet that detailed date, signature and changes required after monthly reviews of the risk assessments. The registered manager told us in future, they would be using the review summary sheet to record risk assessment reviews.

The service had sufficient numbers of staff on duty to meet people's needs. People and staff told us there were sufficient numbers of staff on duty. Staff rotas were created on a weekly basis. Staff rotas for the 24 hours' supported living service showed morning and afternoon shifts had a staff member each, and the service had one waking staff member at night. The registered manager told us they had never used agency staff. In case of emergency or staff absence they would utilise staff who were working on the outreach service. The registered manager told us they had not had any staff absences and had a good staff team. The registered manager told us they were planning to recruit new staff to meet the needs of the potential new referrals.

The service had robust recruitment policy and procedures to ensure staff were suitable to work with people. We reviewed staff personnel files, these contained completed application forms, interview assessment forms, offer of employment letters, contracts of employment, copies of Disclosure and Barring Service criminal checks, written references and copies of passports and visas to confirm people's identity and right to work.

We looked at the medicines procedures. People who were accessing 24 hours' supported living services were supported with medicines administration. Medicines in those flats were stored in a lockable cupboard in the staff's bedroom. On the day of the inspection, the temperature of the rooms was hot. The staff did not maintain temperature logs of the rooms. This meant service did not ensure safe storage of people's medicines. Only trained staff members administered medicines. Staff told us they had received training and so felt equipped to administer medicines. People accessing the outreach service were encouraged and supported to self-administer their medicines. One person collected medicines with the support of the staff from their local pharmacy and they received them in blister packs. However, staff did not maintain any medicines collection records. The registered manager told us they were in middle of producing a medicines collection procedure.

We looked at medicines administration record (MAR) sheets, they were easy to follow and staff were able to explain how they maintained them. However, there were some gaps in the MAR sheets. We saw one MAR sheet had no records of medicines on two occasions and there were no explanations for the missing records. On another occasion it was observed that the person who had initially refused medicines was encouraged to take it later in the morning however, the time for the second dosage was not delayed. This meant sufficient time gaps were not maintained between two dosages thereby maybe putting person's life at risk of harm. We noticed one of the MAR sheets had a staff signature against a medicine that was supposed to be administered in the evening. The staff told us that it was an error, that the medicines had not been administered but wrongly signed and that they were going to rectify it. However, the staff was not able to explain the procedure of reporting an error.

The registered manager told us if there was an error in medicines administration or medicines

administration record keeping, staff were to inform the assistant manager who would then carry out an audit to ascertain if there was an error by counting the remaining tablets. This would then be recorded in MAR and daily care records.

The registered manager further told us that the assistant manager checked medicines on a weekly basis however; the registered manager did not carry out a medicines audit.

The above evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People using the service and their relatives told us staff understood their health and care needs and were able to provide the right support. People told us "staff support me with hospital appointments, they help me prepare for the appointments, my health and care needs are met"; "I like the staff, they give me medicines" and "I find staff understand me and can talk to them freely".

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them. One person said, "staff do ask my permission and give me choices."

New staff were required to complete detailed induction that had to be completed and signed off by the registered manager within the first three months of them starting the job. The induction included areas such as the role of the health and social care worker, safeguarding, person-centred support and health and safety, these areas were in addition to the Care Certificate training they were undergoing. The Care Certificate is a set of new minimum standards that care workers are expected to apply in their role. Staff received refresher training in safeguarding, health and safety, medication and challenging behaviour. The registered manager delivered training on the Mental Health Act 1983 to enable staff to work with people with mental health condition. Staff were also soon going to be trained and had to complete an assessment test in CQC's key lines of enquiry. These are a set of prompts and sources of evidence that help services to answer the five key questions. Staff gave examples of the training they had completed and how it had helped them in carrying out their responsibilities. They felt the training was very helpful. We saw the staff induction/training programme and additional training records.

Staff told us they were very well supported by the registered manager, and received regular supervision. We looked at the staff supervision and appraisal records, and they showed staff were receiving appropriate and regular support to enable them to do their job effectively.

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.

The service had signed consent forms for people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

Supported living services must make Deprivation of Liberty Safeguards (DoLS) applications to the Court of Protection where appropriate. This was undertaken by making a DoLS request to the local authority as the statutory body. We saw DoLS application forms made to the local authority however, we noticed one

person's DoLS authorisation had expired and the service had not reapplied. The registered manager told us that they had requested DoLS for one of their service users but they were unable to provide any correspondence to us either during the inspection or subsequently. The registered manager told us they were going to contact the local authority to request a copy of the correspondence. The registered manager told us in future, they would record in people's care plans DoLS requests.

Staff we spoke to were able to demonstrate the principles of MCA and DoLS. The registered manager told us they had arranged an external trainer to deliver training on MCA and DoLS. This was in addition to the training that was offered in-house.

People using the service told us they liked the food prepared and were given choices. People told us their specific food and drinks needs were met. We looked at the people's food menus, they had individualised food and drinks menu for people as per their personal and cultural needs. People were supported to prepare their menus and meals. The care plan detailed people's likes and dislikes in food and drinks and that meant staff were informed of people's preferences. However, the care delivery logs did not always record information on what people had eaten and drunk. This meant staff on the following shift were not always informed on what the person had eaten in the morning or the afternoon. It was difficult to evidence if people who were required to maintain a nutritious balanced diet received sufficient support to follow it.

We looked at care delivery logs and there were gaps in the records. There were missing records and this meant the service could not be sure if people had received care. The registered manager acknowledged that there were gaps in the care delivery records and said they would ensure that this is recorded fully in future.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us their health and care needs were met by the service. People and their relatives told us staff and management were efficient in maintaining contact and in liaising with health and social care professionals. Staff accompanied people to health appointments. We saw records of correspondence and referrals to healthcare professionals such as psychologist. We saw an appointments' book maintained by staff for people's various healthcare appointments to ensure they were not missed.

People's rooms were personalised. People told us that the facilities met their needs. We observed people access their bedrooms, kitchen and dining areas with ease.

Is the service caring?

Our findings

People using the service told us they were very happy with the support they received from the staff. People and their relatives spoke very highly of staff's caring and kind approach. One person said, "the staff care about me" And another person said, "The staff are friendly and caring."

During our visit to people's flats, we observed staff interacting positively with people. People were supported and encouraged to participate in their daily activities. Staff were calm and did not rush providing care and were attentive towards people's needs.

People and their relatives told us they found staff caring and friendly. People were happy with the staff team and said they treated them with respect and dignity. Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy.

One person told us, "the staff listen to me, [they] respect my privacy, if I want some quite time on my own, I tell them and they respect my wishes. They provide me with verbal support." Another person told us, "sometimes I need my own space, but staff understands this". One relative said, "My family member is independent but enjoys staff's company and looks forward to their visits."

People using the service told us they were involved in planning and making decisions about their care. They told us they chose what kind of support they needed and staff helped them with their wishes.

Staff and the management told us they recognised people's individual needs and preferences and tried their best to meet them. One member of staff said, "I look at people as individuals with different needs and abilities, I support people as per their wishes and preferences. Some people I support are more able whilst others need more support. I encourage people by getting involved in activities with them. I support them to be as independent as possible." For example, we were told one person needed support in deciding what to eat and encouragement and assistance in cooking. We saw this person supported by a staff with preparing their lunch. We saw people's culturally specific food needs were met, for example a person was supported to access a specific shop in a different borough to buy food from their cultural background.

People were encouraged to be as independent as they were able to be. One person said, "I like to manage my own bills and finances, and I self-medicate. But I need support with checking medicines and going through bills to make sure I have not missed out on anything. Staff are excellent at that support."

We asked people and they confirmed they were able to pursue their interests. People's religious and spiritual needs were met, for example, the staff supported one person who wished to attend midnight mass during Christmas time.

We saw people's personal information was stored securely which meant that their information was kept confidential. Staff told us they understood the importance of confidentiality. One staff member said, "I keep

people's sensitive information secure and disclose information only to the relevant staff."

Is the service responsive?

Our findings

People using the service told us staff were responsive to their individual health and care needs. One person told us, "the staff are very much aware of my preferences, likes and dislikes, they give me choices." Another person said, "the staff are intelligent and support me with my wishes."

The registered manager assessed people's needs before they began receiving support. Care plans were drawn up by the registered manager once the initial assessment was carried out. We looked at people's care plans, these were thorough and easy to follow and consisted of people's support plan that included their personal information, medical history, health care professionals' details, health matters, food habits, hobbies and interests, cultural and spiritual needs, weekly activities and health related information and correspondences. The care plans lacked people's personal histories. This meant staff did not have sufficient information on what was important to people. Hence, staff were not enabled to provide people with individualised support.

The registered manager told us they knew that the care plans did not have people's personal histories. The registered manager told us they had hired specialist services to work with people to develop their person-centred plans. These person-centred plans detailed people's interests, likes and dislikes for example, favourite television shows, music, food, games and things they did not like. We evidenced three life story books in progress. These books had a list of people's preferences, hobbies and interests and their photos and videos. The specialist service worked with staff to engage with people using the service to get to know their wishes and preferences. We saw how one person was supported to visit one of the local museums as it was an interest picked up whilst developing their person-centred plan.

With people's permission we looked around some people's flats and bedrooms. They had a copy of the service user guide, information on people's care, activities, food preparation and cooking meals rota, and a daily task sheet. In one person's flat, their care plan was missing. However, the staff working with this person were able to describe person's care plan and the support they needed. The registered manager told us the staff had forgotten to print out the amended care plan. We were shown this care plan at the registered office. The registered manager assured us that the care plan would be updated at the person's flat.

The registered manager told us they reviewed people's care plans on a monthly basis. The care plans we looked at were reviewed but did not have review dates on them. Following the inspection, the registered manager sent us a review summary sheet that detailed date, signature and changes required after monthly reviews of the care plans. The registered manager told us in future, they would be using the review summary sheet to record care plans reviews.

We looked at the activities schedule in people's care plans and found they were as per each person's needs and preferences. For example, people who were accessing the 24 hours' supported living service were supported with independent living skills such as cooking, cleaning, tidying the flat and shopping. People accessing the outreach and 24 hours' supported living service were supported with social activities including going to local cafés, restaurants, pubs and museums. People told us they enjoyed going out with staff. On

person said, "I go out with staff, I like it", and "I go out to cafés with staff and have conversations about the articles in newspapers, I enjoy doing that." People told us they enjoyed those activities and were developing their skills.

Although people were supported with various activities, the service did not have any goal setting systems that rewarded people on their achievements. The registered manager told us people were assisted to follow their activities plan in their preferred pace but the service were not following any formal goal setting exercise.

We looked at people's individual communication books where staff recorded information they wished to share with each other related to people's care. Staff also maintained a diary where they recorded important dates and appointments for example, solicitor, social worker's appointments date and time. We also saw an assessment appointment time in the diary for one person to become a member of a local social group.

The registered manager told us they visited people using the service every two months to seek their feedback on the service, staff that supported them and the activities. This was confirmed by people using the service. One person said, "the registered manager visits me to ask for my feedback, he is a good man and good at his job."

People were actively encouraged to raise their concerns or complaints. People told us they knew how to make a complaint and felt comfortable to do so if required. The provider's complaints procedure was part of the service user guide and available in people's flats. The provider's policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. There had been no complaints made in the past 12 months.

People and their relatives felt they were listened to and acted upon in a prompt manner. People told us, "The registered manager listens to me; if I am not happy I would call the registered manager." And "I feel comfortable talking to the registered manager, they always listen to me." One relative said, "Staff are good, [I] cannot complain about anything."

Is the service well-led?

Our findings

The service had a registered manager in post who had been managing this service for the last two years. Since then, the registered manager had introduced new quality assurance systems and processes. The registered manager had a good understanding and experience in working with the people the service provided care for.

People using the service and their relatives told us they were happy with the staff. Their comments included, "I am happy with the service, I have used several services and I find this service the best." And "I am not their salesperson, but the staff and service is very good." One relative said, "The staff are very supportive and good".

People and relatives told us they were able to speak to the registered manager, and their messages and calls were always returned. People told us if the registered manager was not there they could speak to the assistant manager.

Staff told us they felt well informed on the matters related to the people using the service, their role and improvement of the service. Staff and the registered manager told us they had staff team meetings four to five times a year. We looked at staff team meeting minutes; they included discussions around shift patterns, training needs, time keeping and future developments. Staff told us they were listened to and their suggestions were taken on board. They felt they were consulted by management on matters related to people they were supporting. People using the service and staff told us they found the registered manager approachable. They told us they would contact the registered manager if they needed to speak them. People told us the registered manager had visited them to inform them of their intended health related break. People told us they found that reassuring and caring. Staff told us they were able to speak to either the registered manager or the assistant manager when they needed help.

People using the service told us the registered manager asked them about their views on care delivery on a regular basis. The registered manager told us they visited people regularly to seek their views on staff and the care delivery. The registered manager told us they asked people how their care support could be improved. People's views were then discussed with staff in their supervision sessions. We saw evidence of this in staff's supervision notes. For example, one person gave feedback that they did not like the approach of one of the staff supporting them. We saw in the staff member's supervision notes this issue been discussed and suggestions to improve. The registered manager told us they were in process of securing people's feedback via questionnaire. Following our inspection, we spoke to people using the service and they told us they had completed and signed feedback questionnaires.

The service's internal audit checks were seen including health and safety, staff personnel files, people's care files and supervision records. The service did not maintain records of any spot checks. We saw records of care plans and risk assessments' reviews but they were not always dated. The registered manager told us that every week the assistant manager visited people's flats and checked medicines however, there were no records of these checks.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were aware of the areas of the service that needed to develop to ensure continuous improvement of the service. The registered manager told us they were going to start keeping records of medicines collections, care delivery logs and quality audits and spot checks.

The registered manager told us they were introducing robust quality systems to ensure an effective monitoring and evaluation of their services to enable them to improve. The registered manager was working with the local authority's integrated quality team to improve the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support. Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (1) (2) (a) (c) (e) (f)</p>