

# Care Worldwide (Devon) Limited

# Bracken Tor House

## Inspection report

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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 unannounced inspection took place on 21 September 2016. The previous inspection on 26 September 2013 found that all the standards we looked at were being met.

Bracken Tor is a care home providing accommodation, care and support for a maximum of seven adults who have a learning disability. The service also provides care in people's own homes and those people know this service as Reach Out. At the time of the inspection there were six people living in Bracken Tor and three people receiving personal care through Reach Out.

The service is required to have 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. Bracken Tor had a registered manager.

People using Bracken Tor and Reach Out received a person centred service from staff who knew them well. Care was well planned, in consultation with people where possible. People's views were sought on a daily basis at Bracken Tor, through weekly discussions about activities and menus and at house meetings.

Staffing arrangements were flexible and met the needs of people at Bracken Tor and Reach Out. People were protected through robust recruitment, which checked staff were suitable to work with people using the service. Staff received induction, training, supervision and support to ensure they were effective in providing the care people needed in a safe way. Staff said, "I love it here and we all get on with each other."

Staff were considered to be kind, compassionate and caring. People's privacy, dignity and respect were upheld. A health care professional said, "I have always found (the staff) to be compassionate and treat the individual with kindness, dignity and respect." People's health care needs were promoted through timely access to health care professionals and support from staff.

People were protected through a well maintained premises, staff knowledge about how to protect them from abuse and harm, and assessment and management of risk, such as swimming and using a kettle. Medicine management helped people get their medicines as they were prescribed.

People had a wide range of activities available to them, based on their choices and abilities. They were supported to spend time in the community as they wished. People were involved in choosing their menu options and enjoyed a weekly take away.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they live in a care home and do not have capacity to make decisions, and where it is

considered necessary to restrict their freedom in some way, usually to protect themselves or others. People's consent to care and treatment was sought. Where they were unable to provide informed consent the principles of the MCA and DoLS were followed, so people's legal rights were upheld.

People said they would tell staff if they had any worries or complaints and staff knew how to respond to any issue raised. There had been no complaints about the service.

The manager was well known to people and considered by people using the service, staff and health care professionals to be an effective manager. The service was run with the needs of people using it at the heart of decision making. There were systems in place to monitor the service including getting feedback from people and auditing to ensure the service was safe.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected through staff understanding of how to safeguarding people from abuse and harm and robust recruitment practice.

Staffing arrangements ensured people at the home and in the community received the care and support they needed in a timely manner.

Risk was assessed, regularly reviewed and managed with as little restriction as possible.

People's medicines were managed safely on their behalf.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and supported to understand their needs and meet them.

People received a varied diet, according to their preferences.

People's legal rights were upheld.

Health care needs were met through timely contact with external health care professionals.

### Is the service caring?

Good ●

The service was caring.

People were consulted and treated with respect. Strong bonds were made with staff and people were able to make choices about which staff supported them.

Privacy and dignity were upheld.

### Is the service responsive?

Good ●

The service was responsive.  
People's care was planned with their agreement when possible.  
They had a wide range of activities available to them and the flexibility of staff to change their minds if they wanted to.

Where people had behaviours which challenged them or the service these were understood and people were supported to lead as contented and full a life as they could.

There had been no complaints but people were told what to do if they were unhappy about anything.

### **Is the service well-led?**

The service was well-led

There was a strong culture of putting the needs of people using the service first.

Staff felt supported in their role and said they enjoyed working at Bracken Tor and Reach Out.

There were effective arrangements in place to listen to people's views and monitor the standard of service provided.

**Good** ●

# Bracken Tor House

## 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 September 2016 and was unannounced. One adult social care inspector undertook the inspection.

Before the inspection, the provider 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 reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We met four of the six people living at Bracken Tor and three were able to comment directly on their experience of living there. We spoke with one person receiving a service from Reach Out. We spoke with two people's family representatives. We looked at the care plans and records of care of two people and sampled two medicine records.

We spoke with three staff members from Bracken Tor, one from Reach Out and the registered manager. We looked at records connected with how the home was run, including recruitment records, records of resident and staff meetings, audits and survey feedback forms. We requested feedback from two community health care professionals and received information from one.

## Is the service safe?

### Our findings

Two people told us they felt safe at Bracken Tor. One said, "I am safe here."

People were protected by staff who had the knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. For example, care workers knew how to report concerns within the organisation and externally, such as to the local authority, police and to the Care Quality Commission. The registered manager had worked with professionals to protect people from abuse and harm and knew how to report any concerns. All staff had undergone safeguarding training which was regularly updated. Staff had comprehensive policies in place which provided them with how to recognise abuse, how to respond to such concerns, and the contact details to take any concerns to the local authority. A health care professional said, "They have always shown a good level of awareness in protecting the individual from harm and abuse and regularly liaise with health and social care teams in relation to this as well as seek advice and guidance."

There were sufficient staff employed to meet people's needs in a flexible way. For example, to enable people to enjoy activities of interest to them in a safe way. The registered manager said that normal staffing within Bracken Tor was three care workers in the morning and never any less than two care workers throughout the day. There were four care workers on duty during our inspection. One person received eight hours of one to one support each day. At nights there was one staff member who slept on the premises. People using the Reach Out service had staff allocated to them for the times they required their care.

People in Bracken Tor were receiving their care and support in a relaxed way, with people rising and receiving personal care at their own pace. People were able to undertake the activities they chose for the day because there were staff available to support them in this.

The staffing arrangements included the flexibility to ensure people receiving support in their own home, through Reach Out, had the support they needed, according to their care plan. One person using Reach Out said staff arrived "dead on time, and that they were staff that they knew." Staff said that some staff chose to work within Bracken Tor and also support people in the community through Reach Out.

An on-call system ensured that, at any time, the registered manager or a deputy was available for staff support or to cover unplanned absence. People and care workers were therefore able to contact the service at all times if they needed support or advice. However, staff working for Reach Out did not have the details of who was on call at any one time, which meant they had to ring Bracken Tor to find out, which they said was frustrating. The registered manager said they would make changes to ensure the information was readily available.

People received their medicines on time and in a safe way. People were supported by care workers when taking their medicines. One person told us that they wanted the staff to help them with their medicines. The registered person said only care workers who were trained and their competence was checked, could administer medicines. The registered manager undertook regular checks to ensure medicines management was safe. Where a medicine error had occurred the care workers had been required to undergo further

medicine training and competency checks.

Medicines were stored either in people's room or in a separate locked cupboard, based on an assessment of risk. There were safety checks in place, such as codes if a medicine was not taken, body maps for creams and ensuring a written record of any change in a person's prescription. A pharmacist inspection in May 2016 had made some recommendations. Those recommendations were now in place. Staff had discussed the safe handling of medicines in a team staff meeting in July 2016 so they were clear about the changes and safety.

Recruitment was well organised and there were robust recruitment and selection processes in place. Two staff files included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager had systems in place to ensure people's money was safe, in accordance with the organisation's policy and procedure. When staff supported a person to purchase an item they were required to have a receipt and record the transaction. There was a running total and regular checks to ensure the amounts and records tallied. Where it was deemed a person was unable to manage their finances, application was made to the Court of Protection, for their financial protection.

The service had protected one person when they took out a loan without understanding what they had done. The staff had supported them to receive all their interest and compensation back.

People using the service were at varying levels of risk according to their ability to understand risk avoidance. Risks to individuals had been assessed and documented with plans to mitigate the risks were necessary. For example, assessments had included attending the swimming pool, using the kettle and nutrition risk, where appropriate. Risk assessments took into account whether people received the service in Bracken Tor or through Reach Out. There had been no serious accidents involving people using the service.

The premises at Bracken Tor were kept in a safe state for people to live. Servicing and maintenance records showed that there were regular safety checks, such as fire-fighting equipment, gas safety and portable appliance testing. There was a system in place to know when next testing was due. Staff said that any problem on the premises was dealt with promptly. For example, that day there was a problem with a kitchen door, an engineer was contacted and the problem was sorted straight away. The registered manager said that in the last year the lounge, dining room and kitchen had all been completely refurbished.

The service had plans in place for any emergency at Bracken Tor, documented in an 'Emergency and Evacuation and Contingency Plan', which was displayed for staff use. The plan included emergency contact details, individual evacuation plans and safe, alternative premises for use day or night. People using the service were helped to understand how to respond to an emergency, such as a fire alarm activating. The plan was discussed with staff at a staff meeting in April 2016 to update them about the changes.

## Is the service effective?

### Our findings

A health care professional said, "They have always shown a keenness to achieve good outcomes for the individual in the way their care and support are provided to ensure that the individual has a good quality of life. I have found that they are very responsive to (this individuals) needs and readily make contact with our services for additional support, guidance etc. This is also reflected when there are physical health needs."

People's healthcare needs were being met effectively. This was because each person living at Bracken Tor had an annual GP assessment and six monthly medicine review. People using Reach Out were supported to attend health care appointments. People were supported by a wide range of external health care professions, in accordance with their health care needs. These included: physiotherapy, occupational therapy, chiropody, psychiatry, psychology and specialist learning disability nurses. The registered manager showed how, having recognised a deterioration in one person's abilities, they had not taken no for an answer and had secured the specialist appointment they felt the person needed. This meant they could ensure the person's health could be optimised. One person said they had an appointment at the doctor tomorrow and which staff would be there to support them. Another person, who did not want to leave the Bracken Tor premises, had health care appointments arranged for them at the home.

Induction training ensured new staff were effective in their role. A care worker new to the service said their induction had equipped them for their work and their "confidence has grown". Care workers completed an induction when they started work at the service, which included training. New care workers were introduced to people and shadowed an experienced care worker for as long as it was felt necessary, longer when working in the community for Reach Out. New care workers who started at the service without any previous experience of working in care were supported to complete the care certificate. The care certificate is a national training in best practice which was introduced in April 2015.

Staff training included on-line and some face to face training, such as first aid. There was a system in place to know when training was due, so that staff had their skills kept up to date. Where a staff member was failing to meet that obligation this was part of their performance management. Staff training included positive behaviour support, equality and diversity, infection control, safeguarding adults and food hygiene. Three staff had achieved level two in mental health awareness and 18 of the staff members had qualifications to level two, three or four in health and social care. This showed that staff had training which helped them with their role and that they were encouraged to progress in their career.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities or as part of performance management.

People using the service received a varied diet taking into account their preferences. They met once a week to discuss the following week's menu. Menu choices were made using pictures of the choice of meals on offer. Every Friday they had a 'take away' from the local town. People prepared and made their own breakfast and lunch, with assistance as necessary. There was food and drinks available at any time, night or

day. People spoke about the meals in their meetings, one person saying the main meal was not always cooked to their preference. They were reminded to tell staff when they were cooking the meal how they would like their meal to be done.

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 at Bracken Tor had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. There were examples of where decisions had been made in people's best interest, by people who knew them best.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

We found people were not free to leave Bracken Tor without staff support because of the risk this would pose to their safety. The people we met did not want to leave the home without staff support but because this meant they were under constant supervision, their liberty was restricted.

We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS. At the time of the inspection, applications had been made to the local authority in relation people living at the service but no authorisations had yet been approved. The registered manager said they used the local authority DoLS team as a resource for advice if at all unsure about how to proceed in a particular case.

## Is the service caring?

### Our findings

A health care professional said, "I have had no cause for concerns (about the staff being caring) as I have always found them to be compassionate and treat the individual with kindness, dignity and respect." One person's family member said, "They seem to recruit staff who are quite friendly and helpful." A person living at Bracken Tor said, "I like all the staff."

Care workers spoke about people in a respectful manner, in a compassionate and caring way answering questions in a way which put the person using the service as the priority. They demonstrated empathy in their discussions with us about people and showed a good understanding of the physical, mental and emotional conditions people were living with.

People's privacy and dignity were upheld. For example, people decided which staff member would help them with bathing and dressing. The registered manager said that it always took some time before people using the service felt comfortable with a new staff member supporting them. A new member of staff confirmed that people had taken time to get used to them. The registered manager gave an example of one person receiving a service from Reach Out who had requested a different staff member, with ideas more aligned to their own, to support them.

People were treated with respect. One person's family member said, "He has everything he wants. He is respected, understood and is very fond of the staff."

Each person at Bracken Tor had their own bedroom and they confirmed that staff always knocked, and did not enter unless invited in.

People's views were sought through day to day involvement in decisions about their care and a weekly discussion about the menu and activities. Every few weeks there was also a 'House meeting'. A standing item on the agenda was a general reminder of how to respect and treat each other. The meeting on 7 July 2016 included people's thoughts on things which might affect each other. This included: changing the television channel without asking other people about it and making lots of noise.

Each person was supported by a key worker. The registered manager said that the key workers build strong relationships with people, giving them the opportunity to have someone they know who will listen to them and work in their best interests.

## Is the service responsive?

### Our findings

A person living at Bracken Tor said, "I always liked it here." Another said, "I am happy here. I have things to do here." People's family members said, "(The person) seems quite content. He has what he wants and is a happy chap" and "He is so happy there and so content; fulfilled and happy."

Staff had helped people to improve their lives through responding to their individual needs.

One person had successfully lost a lot of weight and maintained the loss enabling them to be more active and motivated. This had also helped reduce their back pain. Another person had been supported to manage an addiction. Staff were supporting one person who lived in the community to move home, through bidding through Devon Home Choice.

One person was spending less time in their room at Bracken tor, through being offered more activities and opportunities throughout each day; their level of participation had increased and opportunities had increased, whilst still being in control and refusing some options as they chose.

Another person had been on regular medicines because there was a cycle of them becoming unwell. There had been three attempts at Bracken Tor to reduce the level of medicines needed, the third attempt being successful. This meant the person's need for additional support, or living in an alternative service, was removed. The person had also learned how to cope better with how they felt. The registered manager said they can now often recognise a change in their behaviour and are able to take action before any escalation of behaviour. The person now calls Bracken Tor their home.

One person had been supported to manage her finances and had been able to start saving. A person using Reach Out said that staff helped them budget their money and they had been able to buy a new piece of kitchen equipment.

People in Bracken Tor, and supported through Reach Out, were supported to lead interesting and active lifestyles. Each person at Bracken Tor was asked what they want to do each week and a member of staff drew up a plan of how this was to be achieved. They said this could easily change as people were also consulted on the day, and sometimes changed their mind. Regular activities included swimming, walking, bowling and meals out and playing pool. Special events were celebrated, such as the Queen's 90th birthday.

Staff said they looked out for any advertised entertainment, which had included the theatre in Plymouth and each person had the opportunity to take a holiday. One person found leaving the home a challenge and so was supported to follow a sport, which they were clearly passionate about, based on their room décor. To help people with their confidence the home had produced pictures of places near to Bracken Tor. This included a local shop, restaurant, bank, GP surgery and the picture of a pint of beer. A staff member said, "You get a real kick out of introducing the guys to new things." As one person used some hand signing to communicate staff had pictures of what those particular signs meant to help them be sure what was needed when communicating.

Each person had access to the internet and where a person had the abilities to use a computer, they had one available for them. People said they had what they wanted in their rooms. A shared lounge had a large TV and the dining room a music centre, which we saw one person enjoying. Staff supported people to buy clothes and other items, which they wanted.

People were encouraged to maintain their independence or learn new skills. To that end they made their own breakfast and lunch and sometimes helped with shopping for meals and then preparing them.

Staff were able to identify any behavioural or health concerns. One person had changed their pattern of behaviour and staff tried many and various different ways to identify what the problem was, including changing the furniture and fittings in their room. This having failed, the registered manager dedicated a lot of time to just being with the person, giving reassurance and gradually changing the person's focus and helping them past that difficult period of time. This showed a responsive approach to meeting people's needs.

Some of the people living at Bracken Tor had behaviours which were a challenge to themselves and the service. A health care professional said, "They have been highly supportive of the person I have been involved with, and I commend the work they have done with this individual who is complex and can be very challenging."

People who received a service from Reach Out were receiving only small amounts of personal care support, such as help with showering and being supported to change clothes if necessary when attending activities in the community. A senior staff member organised the community visits and checked people's care was as they wanted it to be.

Each person had had their needs assessed and had a detailed care plan of how their needs and preferences were to be met. Care plans were discussed with the person, people that knew them best, and kept under regular review. Where information was necessary to ensure staff were fully aware how to meet a health or safety concern, there was reference to material for staff to follow. For example, to meet an infection control risk.

A complaints procedure was displayed in Bracken Tor but people were unlikely to be able to use it because of the format in which it was displayed. The registered manager said they intended to use a pictorial format in the near future. How to complain was discussed with people when they had house meetings. Where a person chose not to attend the meeting they were also reminded how they could complain if they wanted to.

Staff said that any complaint they received from people would be taken immediately to the registered manager, or any grumble dealt with straight away. One person told us they would talk to the staff if they were not happy. One person's family member said, "They would respond if I had a complaint and are always asking if everything is OK." There had been no formal complaints received by the service.

## Is the service well-led?

### Our findings

There was consistent and settled management at the service. A health care professional said, "Most of my dealing with the care providers have been directly with the home manager who has shown good leadership qualities and management skills in providing quality care that is based on the individual needs. There is a willingness to learn and adapt and the organization appears to embrace a spirit of openness and fair culture."

There was a strong ethos of support and advocacy for people using the service. Discussions with staff showed that people using the service were the priority. For example, people's preferences and needs took priority, with risk taken into account.

There were community links which provided people with opportunities, for example, a weekly day centre gave people from Bracken Tor the opportunity to meet with people receiving a service from Reach Out. People were encouraged to spend time in the local town and surrounding areas.

People's family members had expressed their satisfaction with the service. Feedback survey responses had included, "I feel Bracken Tor is particularly well run at present" and "I can relax knowing my son is so well looked after." One person's family member told us, "The home is really good. They tell me if there are any problems. I'm very pleased with it all."

Staff spoke of good team work and enjoying working at Bracken Tor and Reach Out. They said they felt supported and communication at the home was good. One said, "It is a really nice bunch of staff." Staff comments also included, "The (registered manager) does an amazing job, above and beyond" and "The (registered manager) maintains her own work load but steps in and deals with issues for residents and staff."

There were systems in place to check the quality of the service provided. In June 2016 this had included auditing care plan files and medicines management. Staff performance was monitored and any shortfalls addressed. The registered manager said they were setting up audits and the intention was for senior staff to take extra responsibilities, such as a daily safety check of the house. Daily logs were in place to provide evidence of care given.

The registered manager was fully aware of when to notify CQC of events which affected the service and the people using it, such as serious accidents. However, there had been no occasion when this was necessary.

The registered manager said that quality assurance visits by the organisation had been introduced. These were carried out by a company quality assurance team. The visits produced an audit inclusive of action plan from which the registered manager can work. This ensured that standards were maintained and effective.