

Rutland County Council

# Community Support Services, Brightways

## Inspection report

Brightways, Catmose Campus  
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Date of inspection visit:  
23 June 2016

Date of publication:  
19 August 2016

### 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

This inspection took place on 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care, therefore we needed to be sure that someone would be available when we visited.

Community Support Services, Brightways is a domiciliary care agency that offers personal care to people in their own homes. On the day of our inspection the service was supporting thirteen people, twelve of whom lived at one location.

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 and associated Regulations about how the service is run.

People told us that they felt safe in their own home. They also said that staff knew the things that they liked and always offered people choices.

The registered manager had assessed the risks associated with providing support and care in a home environment.

Staff had undergone relevant employment checks. They also understood how to keep people safe and report any concerns if needed.

People received their medications as prescribed and records relating to people's medications were accurately completed.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported by senior staff and by the manager. Their competencies to undertake their specific work role was regularly assessed.

People had the capacity to make decisions about their care and the support they received. These people were involved in the reviews of their support plans. The service did follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink and a nutritional menu of food was encouraged.

People were treated with kindness and respect. People's independence was promoted and staff encouraged people to make their own choices. Staff knew people well and treated them with kindness and compassion. People received a consistent level of support.

The registered manager had assessed the care needs of people who used the service. Staff had a clear understanding of their role and how to support people as individuals. People were involved in the planning of their care and their feedback was sought.

Staff felt supported by the manager. They were clear on their role and the expectation on them. Staff felt able to speak to the manager about any subject and assured us that they were listened to and any issues were addressed if needed.

People who used the service told us that they knew how to make a complaint if they felt that they needed to. The registered manager had taken action to address concerns.

There were systems in place to monitor the quality of service that was provided. There were effective systems for identifying areas of concern and also information that supported the development of the service.

## 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.

Staff understood safeguarding procedures and how to protect people from abuse and avoidable harm.

The provider deployed enough suitably skilled staff to ensure that people's needs were met.

People were supported to have their medicines at the right times. Arrangements for the storage and disposal of medicines were safe.

### Is the service effective?

Good ●

The service was effective.

Staff had received all the training that they needed to carry out their role.

The service was working to the requirements of the Mental Capacity Act 2005.

People's health needs were met and when necessary, outside health professionals were contacted for support.

People were supported to have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring

Staff treated people with dignity and respect. People were supported to maintain their independence.

People received a consistent level of care from staff who knew them well.

### Is the service responsive?

Good ●

The service was responsive.

People's support was centred on their individual needs.

Care plans included comprehensive information about how people would like to receive their support.

People contributed to their support planning and reviews.

People told us that they knew how to make a complaint if they needed to.

### Is the service well-led?

The service was well-led

Staff felt supported by the registered manager. Staff were clear of their role and the expectation on them.

There were systems in place to monitor the provision of service and effective systems for gathering information about the service to drive improvement and resolve concerns identified.

Good ●

# Community Support Services, Brightways

## **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 23 June 2016 and was announced. The provider was given 48 hours notice because the location provides domiciliary care, therefore we needed to be sure that someone would be available when we visited.

Community Support Services, Brightways is a domiciliary care agency that offers personal care to people in their own homes. On the day of our inspection the service was supporting thirteen people, twelve of whom lived at one location.

During our inspection we spoke with the six people who used the service, one relative, nine care staff, one social worker, the registered manager and the adult social care service manager.

We asked the provider to complete 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 what improvements they plan to make. We therefore reviewed the completed Provider Information Return (PIR). We also reviewed the information we held about the service to see how the provider was working with other agencies and also with Care Quality Commission.

We reviewed four staff recruitment files, three care plans, staff training records, medication administration records and documentation relating to audits that monitored the quality of the service plus health and safety documents.



# Is the service safe?

## Our findings

People told us that they felt safe with support staff and in their own home. One person who used the service said, "Very safe. Look at the fencing, it is nice." Another person confirmed that they felt safe and said, "Staff are here." Everyone we spoke with told us that they felt able to talk about any worries or concerns with members of staff and with the manager. One member of staff told us, "We can always speak out and we all work together to keep people safe."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to senior staff or to the registered manager.

Policies and procedures in relation to the safeguarding of adults were in place to support staff with current information. This meant that their knowledge was current and supported the safety of people who used the service. Staff told us that they had received training around safeguarding adults. Records we saw confirmed this training had been completed by all staff. Each member of staff that we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission as well as to the local authority safeguarding team. We saw that the registered manager had identified concerns and made the appropriate authorities aware. They worked closely with other agencies to deal with any concerns or safeguarding issues. Records were audited and checked that any appropriate actions had been taken. This meant that people were protected from abuse.

People's support plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this. These included assessments about a person's general and physical health, and actions for staff to take if any risk was identified to reduce or eliminate the risk. Risk assessments were reviewed regularly unless a change had occurred in a person's circumstances, when the risk assessment was immediately re written. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and any necessary actions taken. This supported the safety and well-being of people. We saw that the registered manager monitored any incidents that had occurred to see if there were any patterns.

We saw that risk assessments had been carried out to make sure that the environment was safe for people as well as for the staff. This included the external area of the property. One person who used the service told us that they felt safe and pointed out the fencing surrounding the garden area. They said that they felt safe with staff support and any time they did not, they would tell a member of staff.

People were provided with routines that supported them when they were out in the community. There was an individual plan of action for people to use when they were out in the community and they did not feel



safe. Each person had a safe place and an identified individual that people were regularly in contact with. This meant that if a person who used the service felt unsafe or concerned for any reason, they had a safe place or person to go to. People also had emergency telephone numbers so that they could contact any person they chose if they needed assistance or support at any time.

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff that may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed. People who used the service were part of the recruitment and interview process if they chose to do so. How the person spoke and acted with people they would be supporting was taken into consideration. People who used the service gave their thoughts and feelings about any person who was interviewed and if they felt the person would fit into the staff group.

The support that people needed to take their medication had been assessed and guidelines for staff to follow were recorded in people's support plans. Staff showed us their storage and the routines that were in place to support people to take their medication. This information was clearly documented and medication was appropriately and safely stored. The medication administration records we reviewed were clearly and fully completed at each entry. This meant that people had received their medication in a safe manner and at the appropriate times. People who used the service also confirmed that staff made certain that they took their medication, we were also told by one person that they knew they had to take their medication for their own health. Staff had explained this to the person concerned. We observed staff discussing the reasons for medication with another person who used the service. Staff took their time to gently explain what the medication was for and why it was taken. The person listened and after agreeing they wanted to keep as well as possible, they agreed to take their medication. We saw that such guidance was clearly set out for staff for in support plans.

There were always enough competent members of staff on duty to provide the relevant support for each person who used the service. We saw risk assessments, duty rotas and planned outings that ensured the staffing levels were appropriate at all times to support the safety of people. Staff told us that they felt there were enough staff at all times of the day and night for the safety of people. They said that if they felt any additional staff may be needed, these were always in place. One example of this was when one person did not sleep very much and was awake during the night. Extra staffing was put into place to support this person. When behaviours and routines reverted to the person being settled during the night, then the additional staff were removed. This assessment and support was in place for all those who received support from the provider. Staff told us that there was never a problem with additional staff being put into place for any activities or outings, as the daily routines of people were always reviewed regularly.

## Is the service effective?

### Our findings

Staff had updated training to ensure their skill levels were sufficient to meet people's needs. One person said, "Staff know me and they help me if I need it." Another person told us, "Staff help if I want, some days I do things." A relative told us, "All staff are so very good and know exactly what support people need."

Staff told us that they received training and completed a full induction programme when they had started work at the service. This enabled staff to understand and meet the needs of people who used the service. Training included manual handling and health and safety training. We reviewed the training programme and found that staff had received the relevant training. We saw that staff's understanding of the training materials used had been assessed. Staff completed questions and evaluations after they completed training to demonstrate their understanding. There was a specific pack for all new starters and this had also been completed by all staff to ensure that knowledge was equal across the service.

Staff had access to support at all times via an on call telephone system. Staff confirmed this was routinely in place and that they had no worries about telephoning at any time the needed support or information. Staff received regular supervision that covered their training needs as well as the development of their role within the service. Spot checks were routinely carried out to ensure that they were competent and that standards were at an acceptable level within their role.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had contacted the relevant people to discuss these further and to carry out the required assessments.

We checked whether the service was working within the principles of the MCA. When we spoke with staff, they were knowledgeable about MCA (2005). Records showed that the registered manager worked with the DoLS team to review such orders to ensure they continued to be appropriate.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us how they did seek consent prior to providing support and they were aware that people had the right to refuse care. Staff told us that they always asked the person what they would like in any situation. We observed this was the case during this inspection. When we spoke with people who used the service, they confirmed this was the case. One person told us that staff had helped them with choosing colours for their room and staff had helped but the person had made the final choices. Another person who used the service

said that they did things they needed but if they asked staff, they immediately provided assistance. That was how they liked staff to help.

We saw that people were supported to maintain good health. Health professionals were contacted when required. Two people who used the service confirmed this and we saw this from our review of records. Support plans and any records that related to health care clearly set out the required support and any actions taken. Our discussions with staff showed us that staff understood information within these records and used them to ensure that people received the medical care and support they required.

People were encouraged to have sufficient to eat and drink. Staff explained how they prepared meals for people and individuals assisted following the appropriate risk assessments. People who used the service told us that they chose their meals and had something to eat and drink when they needed. Healthy choices were encouraged and meals were often enjoyed out in the community. We were also shown moulds for puree foods, this was to make the meal look appetising for the individual and encourage them to eat a sufficient amount. We saw that the food that people preferred to eat was recorded in their support plans.

## Is the service caring?

### Our findings

People who used the service spoke positively about staff that provided their support. One person told us, "Staff help if I want it, they helped me sort my things." A relative told us, "Staff know people, routines and what they like, they are very good."

We saw that information about the service was available in different formats to make it easier for the person to understand. For example information was supported with pictures or produced in larger print for those people who needed. This meant that the provider was making sure that information was made available to people in a way that they could understand.

Our observations showed that members of staff encouraged people to do things for themselves. Staff told us that they encouraged people to be independent and to choose what they wanted. This meant that staff encouraged people to maintain the skills that they had instead of doing things for people that they could still do for themselves.

Staff provided support to people in a dignified way and respected their privacy. We saw that staff always knocked and waited to be asked into a person's room or when choices were provided, staff waited for a decision. When a person asked abruptly for something we heard a member of staff say gently, "I would prefer that you asked politely please [person's name] if you could, thank you." The person was quiet for a beat and then repeated their request in a more acceptable way. The member of staff then thanked the person. This was undertaken in a moderate tone by the member of staff and the conversation continued with laughter. Staff told us that they respected people's dignity. We saw that one member of staff asked a person if they would like to talk in the lounge area about their forthcoming plans. This allowed personal discussions in a private space for the person.

There were regular meetings for people who used the service and these were known as 'Tenants meeting.' We saw that these were fully minuted with actions that had been taken if needed. People discussed such issues as why the alarms had to be checked regularly as well as how to act in case of a fire. Minutes were accompanied by pictures as support for those who may need this. People who used the service confirmed that they had regular meetings and that they were able to ask or discuss anything they wished. These meetings updated people of any developments within the service and again allowed them to discuss their feelings openly.

Support plans reflected the daily choices of people regarding their routines and preferred choices where this was relevant. One person who used the service told us, "I get up when I want, staff tell me if I have things to do." People who used the service confirmed that they regularly discussed their support plan. Support plans were person centred, meaning that they were set out as the person had discussed. For example, they contained such sections that were detailed with areas that stated, "I like to be called" plus "My views and expectations of support I receive." This detail gave a clear picture of the individual and their daily expectations to support their expected quality of life. Details were included for such areas that covered areas such as eating and drinking plans, health action file and permission from the individual for professionals to

have access to this information.

Records showed that information was passed to staff about any person who had specific choices about their routines. Our discussions with staff showed us that they knew people and their routines. Staff regularly read support plans and knew the choices that people had made. This supported the choices of people on a daily basis. One social worker made positive comments about the staff and told us that the service maintained, "Very good lines of communication." They went on to say that the people they were involved with were always happy when they saw them.

The registered manager told us that the development of plans for people when they got a bit older were on going. People discussed this area of their support if they were agreeable and comfortable with such discussions. This developed a document of personal choices and information that was continually updated. Therefore the support and any care provided by the service was delivered as the person chose and in line with their expectations.

We observed staff interacting with people who used the service in a relaxed and respectful way throughout this inspection. There was also much laughter between staff and people who used the service. People were clearly relaxed and confident when interacting with members of staff. The building had a relaxed atmosphere and there were many discussions being undertaken between people who used the service in the various areas of the building. Staff joined in or allowed private conversations where appropriate, recognising that people may need their own private space. Staff also ensured that people who used the service were included in discussions, they were asked if it was acceptable for us to speak with them or to sit with them while they had a drink. The choices of the individual were respected at all times.

## Is the service responsive?

### Our findings

People who used the service received individually assessed support that was personal to them. People and a family member or advocate were involved in the development of support plans. Those needing or choosing an advocate for support were enabled to obtain advocate services. Some people had family but did not always choose for them to know their support details or needs, therefore an advocate was better suited to provide assistance where needed.

One person who used the service opened the door to us and checked our identity, asked us to come in and sign in the visitor's book. Staff observed at a distance, providing the initiative for the person to deal independently with our visit. Staff had alerted people to the fact that an inspection was taking place. One person had forgotten this information and so staff went over the reasons for the inspection and then made certain that the person was comfortable where they were seated before we continued. This empowered people and made certain that they were fully included in this process. This person then chose to show us around the building and explain the routines of the service and people who used it.

Two people chose to show us their rooms and explained that they had chosen the soft furnishings, colours and what furniture was included. People were delighted with their room and the decoration. The theme of each room was personal to the individual and clearly meant a great deal to them and they had enjoyed the process of shopping for items with staff. We were also shown a board that each person had in their room that showed daily activities, with pictures if needed, and the allotted times for these. The person who was showing us this explained that this was to help them remember what they had planned with staff. Another person was due to give a presentation about their work role and they were happy to go over their notes. They were clearly proud to be chosen to do this and they told us that the presentation had been written with support from staff.

Some people who used the service told us that they had goals and aims for the future. They showed us that they had their support plans and details in their own rooms, providing ownership over the documents. They explained that they said if a person read these or not. They said that they always spoke with staff if they had worries and staff listened and provided support. Some people attended a day centre and had workers there who were able to provide additional support or who were available for any discussions if the person needed. This and other external services provided continued links within the local community.

Through a review of records and our discussions with people who used the service, we were assured that family members, friends or any person who was important to the individual were encouraged to keep in contact. Family visits were recorded and one person discussed visits with their family that were clearly enjoyed. A settled and consistent staff team meant that such people knew the staff team and were comfortable with being in touch with the service or making plans for visits.

Individual needs and choices were recognised and respected by the staff team. One person who did not reply when they were asked if they wanted to speak with us was left to their activity when they clearly did not want to join in the discussions.

One person had experienced some drop in their appetite and staff noticed that certain foods previously enjoyed were being left. Staff had explained that people had sometimes just not wanted a certain food for a short time and then returned to eating it. However, this particular person was not eating much at all. Their food was required to be pureed and staff researched how to encourage a better appetite. After some work, staff obtained moulds that were in the shape of the food itself. For instance, puree carrot was pressed from the mould in a carrot shape as was all the food on the plate, not just served as scoops. This changed the way the person viewed their meals and this individual now enjoys eating their meals and their nutritional levels have improved.

Our discussions with people who used the service showed us that they were supported to join in a variety of activities of their choice, both inside and outside of the service. People told us about recent and planned activities and outings. One person told us about their swimming, another had a part time job and was very proud to discuss this employment. We saw staff discussing a planned holiday with one person. The member of staff was quietly going over the arrangements with the person concerned and checking that their choices and preferences remained the same.

## Is the service well-led?

### Our findings

There was a clear management structure in place, this enabled people who lived at the service, as well as visitors, to know who staff members were. There were clear lines of communication and regular meetings with staff, visitors and people who used service. Our discussions at this time and our review of records confirmed this.

One social worker told us that the service did keep them informed of any changes or new developments. They confirmed that members of staff knew what was happening whenever they telephoned for information.

Three members of staff told us that there was an open working culture within the team and throughout the service. One staff member told us, "I am not just saying this, but I truly enjoy my job. I look forward to going to work."

People who used the service were regularly provided with the opportunity to share their views and to be involved in the development of the service. When a new person moved into the service the person chose the colours and décor of their room. People told us that they talked with staff about new things that were to happen at the service and told staff how they felt.

Discussions were undertaken at meetings about new events, routines such as in the event of a fire and people were supported to discuss anything that concerned them.

Questionnaires were regularly issued to gather the views of visitors, professionals and people who used the service. All replies were then reviewed and collated to develop any plan of action that may be needed.

Staff members we spoke with told us that they felt supported by the senior staff and management. Members of staff told us that they were able to discuss things as they occurred either directly or in supervision meetings. They had no hesitation with speaking out if they felt this was needed and were confident about expressing views regarding the development of the service. Staff said that they were actively encouraged to participate in all discussions and developments. We saw from records that staff meetings and supervision sessions took place regularly and that staff were involved in how the service was run.

There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as the handling of medicines and storage. Support plans were regularly reviewed or when any changes occurred in the needs of the individual. This showed us that the management regularly monitored the service that was provided to ensure that the standard was as planned. These audits also highlighted areas that may require improvement.

Our discussions with staff and our review of records showed that spot checks were also completed regularly to monitor the quality of the service. For example, the medication records and storage were audited regularly and checks that records had been signed by two members of staff had been completed. Petty cash



balance and records were also regularly audited and any cash held was checked at the changeover of each shift. This supported the quick identification of any errors and allowed for a quick resolution. There were additional checks and audits that included monthly health and safety checks and a yearly environmental check.

The registered manager was aware of their legal responsibility to notify the Care Quality Commission of such events as any deaths, incidents and injuries that occurred or of any occurrence that affected people who used the service. This was part of their registration requirements.