

In Chorus Limited

Brightwater

Inspection report

3-4 Otter Close
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Eastleigh
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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

We inspected Brightwater on 27 April 2016, the inspection was unannounced. The service was last inspected in July 2013; we had no concerns at that time.

Brightwater is a care home owned by In Chorus and provides accommodation and personal care for up to five younger adults with a learning disability or with autistic spectrum disorder. The service has two separate units and also provides care to one person in their own home. Brightwater is located in two adjoining houses located in a residential area, approximately four miles from the centre of Eastleigh.

Relatives of people who lived at the service told us, "We are very satisfied with the quality of the care and support provided by the service."

The service is required to have a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not everyone who used the service could tell us their views due to their health needs. We spoke to two people who lived at Brightwater and observed support provided. People told us they felt safe at the service and with the staff who supported them. People told us, "I feel safe," and "Yes, staff are nice to me." A relative told us, "Staff are very caring people and support [person's name] very well."

People told us they received their medicines on time. The completion of medicine administration records was thorough and accurate. Medicines were stored appropriately and staff who administered medicines received suitable training.

There were adequate numbers of staff available to support people. Relatives of people who lived at the service told us, "There are enough staff and what is really good is how flexibly they work to make sure things happen to suit [person's name] needs. They will do what needs to be done to get the best out of each situation for [person's name]."

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately. Staff training was delivered to a good standard, and staff received updates at regular intervals.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist and optician when required. People said they received enough support from these professionals and this was evidenced by detailed records kept by the service.

The service had a personalised social and activity programme for each person. This reflected things each person liked to do. For example, one person enjoyed active pursuits and swimming and these activities were scheduled and completed each week.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, such as the Mental Capacity Act (2005).

People were very happy with their meals and wherever possible, took an active role in cooking for themselves and others each week. People said they had enough to eat and drink and a good variety of choice. Comments received about the meals included, "The food is very good," and "The meals are chosen by the people who live here, so it is what they want."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

Relatives and external professionals familiar with the service said they felt the service was well managed. We were told the manager is, "Excellent." Staff told us the manager was, "Absolutely first class. Very approachable," and "Very nice." There were satisfactory systems in place to monitor the quality 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 ●

Is the service safe?

The service was safe.

Medicines were stored securely and records were accurate demonstrating that medicines were administered as prescribed.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their

choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the providers and registered manager and worked together as a team.

People and their families told us the management was very approachable and they were asked their opinion about the service, which was listened to and acted on.

Good ●

Brightwater

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 27 April 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. 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 also reviewed previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, four people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the home. We spoke with the registered manager, the two providers of the service and three other members of staff. We spoke with two people who lived at Brightwater and two relatives. We also contacted two external professionals who were familiar with the service.

Is the service safe?

Our findings

Not everyone who lived at Brightwater was able to share their experience of the service with us because of their health care needs. People we spoke with and their relatives told us they considered Brightwater to be a safe environment. A relative told us, "I believe it is a very safe environment for [person's name]. Management and staff are very attentive to every aspect of keeping people safe but also making sure they live as fulfilling a life as possible."

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety. They would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns. Staff told us they would have no hesitation in doing this if they felt it necessary.

Care plans included risk assessments which identified what level of risk people were at from various events when accessing the community. These assessments covered, activities such as swimming and environmental risks from hazards in the kitchen. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it. We saw that a kitchen was kept locked due to the risk posed to people from possible scalding because of their health care needs. We discussed with the providers and the registered manager, the options for ensuring risks were managed while making sure people's freedoms to access areas in their home were upheld.

People were individually supported to take their medicines. We checked a sample of Medicine Administration Records (MAR) and saw these were clearly and accurately completed. People received their medicines when they needed them and told us they were happy with the way the service managed their medicines. One person needed to take medicine out with them when they left the service. We saw a written protocol, of how the medicine should be administered, accompanied the medicine in a lockable bag each time it was taken out of the service. Medicines were stored appropriately. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records showed the temperature of the medicine refrigerator was consistently monitored.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The amount of medicine held in stock tallied with the amount recorded.

All staff with responsibility for administering medicines had received the appropriate training. Regular medicine audits were carried out to ensure the records were properly completed.

When any accident or incident occurred it was recorded in people's daily logs. In addition an incident sheet was completed to allow management to carry out audits of these events and identify any patterns or trends.

People were supported by sufficient numbers of suitably qualified staff. The service employed 19 staff in total, 16 of whom were support workers. During this inspection two support workers were on duty supported by the registered manager. In addition another support worker worked with the person who received support in their own home. People and visitors told us they thought there were enough staff on duty and staff responded promptly to people's needs. We saw people received care and support in a timely manner. A person who lived at Brightwater told us, "I feel safe here, the staff are lovely."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and the knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check.

Accidents and incidents were recorded, investigated and action taken to keep risks to a minimum. The premises had been assessed to make sure avoidable risks or hazards had been identified and action taken to avoid the risk.

Maintenance work was contracted to an external service when required. Maintenance was ongoing and a repairs and maintenance schedule was completed. For example, required work such as a broken radiator cover was noted and once completed this was dated and signed off as complete by the maintenance worker. Fire safety and emergency evacuation plans were in place to protect people in the event of an emergency. Fire evacuation procedures were carried out at regular intervals.

Is the service effective?

Our findings

People were supported by staff who were skilled in delivering appropriate care. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. We attended a staff handover meeting where staff discussed in detail, each person's needs and the planned activities that had just taken place or that were coming up. One relative of a person told us, "[Person] has such a great life at Brightwater. Staff work really hard to make [person's name] as independent as possible and the choices and opportunities [person] has are fantastic. We couldn't be happier with everything." Relatives told us they believed staff to be competent. One relative told us, "It's a lovely service. Staff are friendly and passionate about the work they do."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

The registered manager told us all new staff were supported to complete the Care Certificate. This replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff new to the role, have a wide theoretical knowledge of good working practice within the care sector.

There was a robust system of training in place to help ensure staff skills were regularly refreshed and updated. Recent training had included first aid, safeguarding and medicines management. In addition, the providers also offered specialist autistic spectrum disorder training in order to ensure staff were appropriately trained to meet people's needs. Staff told us they had enough training to enable them to do their jobs properly.

Staff said they received regular supervisions, annual appraisals and felt well supported by management. Supervisions took the form of one to one meetings as well as observations of individuals working practices.

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 people 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). 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. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. We saw evidence that formal mental capacity assessments and best interest discussions had taken place before DoLS applications were made. The registered manager and staff demonstrated an understanding of the principles underpinning the MCA.

Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. Comments included; "We use different communication tools like Makaton to assist people in making choices for themselves." The service had used a range of symbol boards around the building to aid people in being independent. For example, there were helpful prompts using symbols on the wall in the laundry to help people to carry out their own laundry.

Staff were aware of people's preferences for who was in their home when they returned from daily activities. We saw how staff worked to ensure they carried out domestic tasks before people came home so they could have space and time to relax. Staff understood people's rights to make decisions for themselves and explained how they worked to best support people. One staff member told us, "If someone refused care that's their choice. I'd go back and try again later, but it's up to them." People told us they felt they had control over their own lives.

People took an active role in planning their menus and cooking for themselves and others. People took turns to have some responsibility for the service's shopping rotas. There was a daily cooking and cleaning rota in place to encourage people's involvement while respecting some people's choice to undertake these tasks alone. For example, one person would cook dinner and tidy the kitchen and another person would then load the dishwasher and empty the bins.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of multi-disciplinary notes and any appointments. The registered manager and staff told us they had developed good relationships with local GP's and other health care professionals.

Is the service caring?

Our findings

People were complimentary about the care they received at the service. One person told us; "I am happy living here" and "Staff are kind to me, they listen to me and help me as much as they can." Relatives were also happy with the care provided. Comments included; "They do a great job for my [relative] here."

People were familiar with all the staff as well as the registered manager and providers. Staff were clearly passionate about the work they did. Staff told us, "The care and support delivered here is excellent. People have developed so much independence by living here. I am proud to work here." Another staff member said, "We are enthusiastic and proud about the work we do here. This isn't just a paid job, you have to take real pride in supporting people to get the most out of life if you're going to work here. The results we see make it very worthwhile."

People were actively engaged in their daily activities. One person had a relative visiting, while another person was supported to go into the community to go swimming. Each person had a detailed weekly activity schedule pinned up on their notice board. This provided details of what should be taken on each activity and travel arrangements for the trip. For example, one person had planned to go bowling and have lunch out. There were details of the medicines that needed to be taken and details of how the person would be supported to travel there. People were actively engaged in their daily activities. One person had a relative visiting, while another person was supported to go into the community to go swimming. Each person had a detailed weekly activity schedule pinned up on their notice board. This provided details of what should be taken on each activity and travel arrangements for the trip. For example, one person had planned to go bowling and have lunch out. There were details of the medicines that needed to be taken and details of how the person would be supported to travel there. However, we also saw that some personal information was displayed in communal areas such as the office and dining spaces of the service. We spoke with the provider about this. The provider told us they would immediately remove this information from display in areas where it could be seen by visitors to the service.

People's privacy was respected. Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal items in their room such as computer and games terminals. This helped people develop a sense of ownership for their own private spaces. When showing us around the building staff knocked on people's doors and waited for a response before entering.

People were supported to maintain family relationships. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. One said; "They are very welcoming." We heard how friends of people who lived at the service were frequent visitors and often stayed for a meal.

Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage more effectively. The registered manager and head of care encouraged families to share information with them to help build comprehensive pictures of each person's social history.

People were encouraged to share their views and experiences of living at Brightwater. They could do this informally by talking with staff and also by attending weekly residents meetings. In addition the service provided a yearly satisfaction questionnaires for people, their family members and external professionals, to ask for feedback on how the service was run. The responses from the most recent set of questionnaires was positive.

Is the service responsive?

Our findings

People received personalised care that met their needs and was flexible enough to respond to changes to people's needs. Before moving into the service people had their needs assessed to help ensure the service could meet these needs and expectations. The manager would meet with people, and their families if appropriate, to discuss their requirements.

People each had a key worker who took an active part in ensuring their ongoing needs were met. The key workers supported each person to regularly review how things were and if any changes were required. These meetings took place at least monthly or sooner if required. People were actively involved in their plan of care and support.

Regular review meetings took place at least monthly involving people who were supported, family members and external professionals if appropriate.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were consistently completed and there was a handover between different shifts. Information from daily records was monitored to identify any patterns that might indicate a change in people's well-being. Any small changes to people's care plans were discussed at handover meetings.

Care plans were an accurate and up to date record of people's needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example, there were sections on communication, social needs and day and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being.

People had access to a range of activities that were important and relevant to them. For example, one person enjoyed being active and taking part in adrenalin inducing activities such as rock climbing and canoeing. This was recognised and supported by the service who had ensured these types of activities were available to the person. On the day of inspection one person went swimming and out for lunch because these were activities they enjoyed. Another person spent time with a visiting relative. Maintaining relationships with friends and relatives was something that was encouraged and recognised as important for people. Activities were individual and person centred. The registered manager told us people enjoyed hosting themed parties and recently one person had celebrated their birthday with a Chinese themed party.

The service had a complaints policy in place which outlined the timescales for responding to concerns. There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Is the service well-led?

Our findings

The providers of the service were involved on a daily basis with how the service was run. The service was run on a 'family model of care'. This meant the service operated on a small 'family' environment structure based around independence and shared activities such as meals and celebrations prioritised. Management and staff told us this level of input was very positive because both providers had a clear and personal understanding of the people who lived at the service, their needs and aspirations.

There were clear lines of accountability and responsibility within the service. The registered manager was supported by the providers and a team of staff. Staff spoke confidently about their roles and were aware of who was responsible for the various aspects involved in running the service.

The registered manager had oversight of the service and was a visible daily presence. Staff were highly supportive of the manager. One staff member commented, "The manager is excellent. Very switched on and supportive of the staff team. She is the reason people come to work smiling." Another staff member told us, "The manager is a good leader. I love working here to support people to live fulfilling lives." Another staff member said, "I look forward to coming to work. The management are very supportive. You are given responsibility and accountability but with enough support to do the job."

People, relatives, staff and other professionals all described the service in terms associated with family and friendliness. For example, a relative of a person living at the service told us, "We're very satisfied with the quality of the care and of the excellent staff who work at Brightwater. We feel very lucky that [person's name] found a place there. It has been such a good move for [person's name] in helping to develop [person's] independence skills and make their own choices."

Staff had monthly meetings to discuss any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. A staff member told us, "It's far better than anything I have experienced in terms of training and support." The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experiences of the service on an annual basis. Although, the registered manager told us relatives did come to talk to staff about how the service was supporting people when they wished to. The results from the last survey were positive.

There were systems in place to monitor the quality of the service provided. Audits were carried out on all recording systems for example, medicines, care plans and accident and incident records. The provider undertook formal monthly visits and produced a report focused on specific areas which highlighted any shortcomings or room for improvement. Policies and procedures for a wide range of areas were in place. Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks

