Midland Heart Limited

Brunel Court

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

About the service: Brunel Court is a supported living service. At the time of the inspection it provided personal care support to 17 people aged 65 and over.

People's experience of using this service: People said staff were kind, caring and spent time talking with people. Staff treated people with respect and dignity. People were involved in decisions about their care and encouraged by staff to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people. Environmental checks were carried out to ensure people remained safe in their homes. Staff used personal protective equipment to prevent against cross infection.

Incidents and accidents were managed effectively; lessons learned were shared with staff to reduce the risk of further occurrences. Risk assessments had been completed, provided detailed guidance for staff to follow and were reviewed regularly.

The management of medicines was safe and people said they received their medicines as prescribed. Robust auditing of medicines meant medication errors were prevented or immediate actions taken to prevent future occurrences.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were robust and new staff completed a comprehensive induction and training programme.

Initial assessments were carried out to ensure people's needs could be met. Biographies of people's life had been created which helped staff understand people's daily routines. Care plans followed and detailed people's likes, dislikes and preferences and people told us they were offered choices about their care.

People's preferences and wishes for end of life care had been recorded in their care plans.

Staff supported people with their food and fluid intake and were trained to support people with specific dietary needs. People were supported to live a healthy life and staff supported people to access health care professionals when required. The provider employed a wellbeing nurse to support people in their own homes to prevent hospital admissions.

Complaints were managed effectively in line with the providers policy and actions were taken to address

concerns.

Quality assurance systems were in place to monitor the quality and safety of the care provided. The provider worked in partnership with other services to support people's care and quality of life. Surveys were carried out with people, staff and stakeholders to gather their views.

Values had been embedded within the service which staff followed. The management team were open, honest and supportive of their staff.

More information is in the full report below.

Rating at last inspection: This was the providers first inspection.

Why we inspected: This was the providers first inspection after they registered with the Care Quality Commission (CQC) on 26 March 2018.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well led findings below.

Brunel Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Brunel Court is a supported living service. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Brunel Court supported living services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, eating and medication. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service four days' notice of the inspection visit because it is a small service we needed to be sure that the registered manager would be in.

Inspection site visit activity started on 15 February 2019 and ended on 19 February 2019. We visited the office location on 19 February 2019. On 15 and 18 February 2019, we spoke with relatives and staff by telephone.

What we did: Before the inspection we looked for the Provider Information Return (PIR) completed by the provider. However, this was not available as this had not been sent to the provider prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications such as accidents and safeguarding alerts they had made to us about important

events.

We also reviewed information sent to us from other stakeholders including the local authority and members of the public.

We spoke with three people during our visit, and one relative on the telephone. We also spoke with three staff, the registered manager and the area manager during our visit.

We reviewed three people's care records, policies and procedures, documents relating to the management of the service, training records and two staff recruitment records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
●The service had appropriate systems and procedures in place, which sought to protect people who used the service from abuse. The provider kept a monthly log of all safeguarding incidents to identify any trends or themes within the service.
● Staff received safeguarding training and were aware of the different types of abuse and understood how to report their concerns.

Assessing risk, safety monitoring and management.
● People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity.
● Risk assessments contained clear guidance for staff to support people. These also included a summary of how many incidents each person had for the purpose of ongoing monitoring and to put in place preventative measures when required to reduce people's risk.
●Individual environment risk assessments were carried out to ensure people remained safe in their homes.
●Staff were knowledgeable about peoples risks and new what actions to take to keep people safe.

Staffing and recruitment.
●People were satisfied with the staffing levels and told us staff responded promptly when they needed assistance.
●Staff felt there were enough staff to meet people's needs. One staff member said, "Staffing is very good at the moment."
●We looked at the staffing rota's which confirmed staffing levels were above the expected amount. The provider had over staffed to ensure people's needs were met. The registered manager said, that should they need any extra support, staff would be available for this.
●Staff were recruited safely. We checked two staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Using medicines safely.
● Medicines were managed safely and people told us they received their medicines as prescribed.
● People preferences for medicine administration were provided. One person with swallowing difficulties received their medicines in liquid format to prevent possible risks of choking.
● Robust checks were in place to mitigate against medication errors. Weekly and monthly audits were carried out on all medicine administration records (MARs) to ensure there was oversight of any errors that may have occurred so that actions could be immediately taken.

●External medication audits were carried out by a local pharmacy. We looked at the last one in January 2019 which showed the provider had received an outstanding report following their audit.
● Staff completed training in medicines administration and their competency and knowledge was checked every three months.

Preventing and controlling infection.
●Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infection.

Learning lessons when things go wrong.
●Accidents and incidents were recorded and showed appropriate action had been taken in response.
● Staff learnt from accidents and incidents to prevent re occurrences. For example, the provider found trends in medicines which could not be accounted for. To ensure this did not continue they introduced daily stock checks.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
● Initial assessments were completed. The registered manager said they met with people to build up a picture of people's lives and establish their specific requirements to ensure their needs could be met.
●People's preferences for care had been identified before they began to use the service. One relative said, "They asked mum at the initial assessment whether they wanted carers to knock and come in or to wait for the person to answer the door. Due to her mobility they agreed to knock and come in."
●Regular reviews of people's care were carried out to ensure their choices and preferred care needs were continually being met. One relative said, "They check that the care is appropriate and have regular meetings with people and their relatives. There are monthly meetings and the manager lets you know what's going on in the service and we can ask anything we want."

Staff support: induction, training, skills and experience.
●All staff received training, which provided them with the skills and knowledge to care for people accessing care.
● New staff completed an induction which included training, shadowing of experienced staff, spot checks and competency checks to ensure their practice was safe.
● Staff told us they were supported with regular supervisions, direct observations and annual appraisals. One staff member said, "Yes, we get supervisions every month."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● People were supported with their nutritional needs. Care plans contained information about people's needs and preferences. Staff encouraged people to make choices about their food.
● Staff had received dysphagia training to support people who may have difficulties swallowing and to prevent possible choking risks.
●The service worked with general practitioners, social workers and district nurses when people required additional care.
● The provider employed a wellbeing nurse to support people in their own homes to prevent possible hospital admissions and to advise people about their specific care needs. The wellbeing nurse also provided documentation to people about specific physical health issues and actions to take to improve their health.

Ensuring consent to care and treatment in line with law and guidance.
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 living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the court of protection.

● Staff had received training in MCA and had a good understanding of the act. One staff member said, "We do best interest meetings. If we have a concern for example, administering someone's medicines we will discuss this in a best interest meeting. We will assess to see if the person can understand how their prescribed medicines should be administered and involve their family and social workers."

● Best interest decisions were completed and recorded in peoples care plans. We found where one best interest decision had been made, there was no record of a mental capacity assessment to show how the person lacked capacity to make the decision. This was completed by the provider during our inspection.

● People told us they were asked for their consent and were in agreement with their care. The registered manager said, "I'm very passionate about people making choices for themselves."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; Respecting equality and diversity.

- People and their relatives told us staff were caring, friendly and spent time getting to know people. Comments included, "I don't think mum could get better care. I think the care is excellent. The carers are supportive of my mum and all of the family. I see mum most days, so I see the carers and I've never seen one come in miserable or not chatty" and "Care staff are very good. I know everybody, they are quite nice. The staff are friendly. They stay here and have a chat."
- Equality and diversity was embedded throughout the service. People were asked about their protected characteristics to ensure their diverse needs were being met, we found this recorded in peoples care files. The provider completed questionnaires with people using the service about equality and diversity to ensure people understood what this meant and did not discriminate against others. Staff were keen to share their own diversities with people using the service. One staff member from another country organised an event to introduce people to their culture and involved people in learning about their beliefs.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were involved in making decisions about their care and were included in their care planning. One staff member said, "We review care plans with people every three months or if there is a change in need. We invite relatives and any health professionals involved."
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. No person using the service had an advocate. An advocate is a person who can support others to raise their views, if required.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff were respectful and maintained their privacy and dignity. One person said, "Every one of them (staff) are polite and knock on the door."
- People were encouraged to remain independent. One relative told us their relative had been in hospital and lost their confidence to walk. Due to staff continuously supporting and helping, the person is now regularly walking.
- People were given choice and control in their daily lives. One staff member said, "We always ask people what they want. We ask people what they want to wear and if they are happy with what they are wearing. Peoples likes are recorded in care plans and we ask them if they still want this to make sure they are happy with whatever they are having and if not, we can change this."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

●People's care plans clearly identified people's preferences for care including their likes and dislikes. One person told us staff always made their preferred drink on an evening because staff knew this is what they liked. People were asked about their preference for male and female staff to ensure they had a choice.

●Individualised biographies were created to inform staff about people's life histories which formed as part of how their care was provided. One staff member said, "This gives us a picture of their life. For example, if a person gets up at 5am this might have been their usual day to day life and we would respect this."

●People were offered a choice of activities to prevent social isolation. Some people preferred to go out independently with the support of staff and this was arranged. One person said, "I have got a carer who takes me out to the shops every Thursday and I choose where I want to go." The provider had built relationships with local volunteer services who supported people living at Brunel Court to go out in the community. There were two groups which people using the service called the 'Wednesday wobblers' and 'Wednesday wanderers.' This enabled people to choose where they wanted to go on trips out and the registered manager said this had been a positive experience for people.

● People's communication needs were being met. Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager said, "We can provide things in larger print or arrange a translator for people whose first language may not be English. One gentleman can't read and therefore we read this to them so they can agree to their care and still sign the care plan. He also has his family involved in the care planning process and they also read the care plan."

Improving care quality in response to complaints or concerns.

● Complaints were managed effectively in line with the providers policy and actions were taken to address concerns. One person had written to the registered manager expressing their satisfaction that the issues raised had been dealt with and managed effectively.

● The provider had received lots of compliments. One person said, 'I think that you all (staff) do an amazing job here and I want to thank all of you who have made my life so much better.'

End of life care and support.

● People were supported to make decisions about their preferences for end of life care. For example, one person wished to be buried in another country and their family to lead on their funeral arrangements when this is required.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team were open and honest throughout our inspection. Comments from people using the service and staff included, "If there are any problems or we need to ask questions we can. I feel concerns would be managed" and "The management are very organised. They are always informing us of any changes. It makes it easier to do my job."
- Values had been embedded within the service which staff followed. These included all employee's being people focused, inclusive of everyone and professional. One staff member said, "We are like one big family."
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out regularly to ensure there was oversight and to make improvements when required.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities and notified CQC when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Surveys were carried out every three months to gather peoples, staff and stakeholder views. We found the results were mainly positive and any issues raised were addressed by the provider.
- Staff were involved in monthly meetings which included updates on people using the service, any safeguarding's, health and safety matters, and any changes within the organisation.
- There was a 'staff shout out board' which encouraged staff to write positive messages about each other and to promote positive wellbeing. The registered manager said, "This could be a thank you comment for someone who has worked over and above or helped other staff."

Continuous learning and improving care; Working in partnership with others

- The registered manager was open to change and keen to make improvements. The provider used an improvement plan to show areas of change and were they had improved the quality of care for people.
- The provider had positive community links. The provider arranged a group called 'Friday friends' where people from the local community were welcomed to Brunel Court to meet people for a coffee morning. The registered manager said there were stalls for flower arranging, clothing, jewellery and handbags. One person set up a mini market selling cleaning items and creams. The registered manager said, "It's good to keep people in touch if they can't get out." The provider had close relationships with the local church and shops to ensure people felt a part of their community and were welcomed. The registered manager also attended

the local community association groups where they were informed of up and coming events in the area to ensure people could attend these should they wish.