

Brownhill Care Limited

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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:

- Brownhill Care Limited is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.
- This service provides rehabilitation and support to people with mental health care needs. Approximately half the people using the service also have a mild learning disability and behaviours that might be considered challenging. The service specialises in helping adults with mental health care needs develop the necessary independent living skills to 'step down' and live in accommodation where they will need 'less support'. The service is registered to support 14 people in two seven bedded adapted houses that are connected via an internal door. At the time of our inspection 14 people were using this rehabilitation service.

People's experience of using this service:

- At this inspection the evidence we found continued to support the overall rating of 'Good'.
- People were supported to take their prescribed medicines safely and when they should.
- However, although the service ensured people received their prescribed medicines as intended, which included more general 'as required' medicines; staff did not have easy access to sufficiently detailed guidance about when and how to use 'as required' PRN medicines safely.
- We discussed this medicines records issue with the registered manager who agreed to introduce guidance for staff regarding the safe use of 'as required' medicines. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.
- Most people told us they continued to be satisfied with the support they received from the service. This quote we received from a person using the service summed up how most people felt, "I want my own place and don't want to be living here, but its fine for now, and at least the staff are all nice."
- People received support from staff who were kind and compassionate. Staff treated people with dignity and respect their privacy.
- People were encouraged and supported to develop their independent living skills with the long-term aim of moving on.
- The service had safeguarding procedures in place and staff had a clear understanding of these procedures.
- Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met.
- Appropriate staff recruitment checks took place before staff started working for the service.
- There were enough staff available to meet people's support needs.
- The service had procedures in place to reduce the risk of the spread of infection.
- Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control over their lives.
- Assessments of people's support needs were carried out before they started using the service.
- Staff were suitably trained and supported to meet people's needs and wishes.
- People were supported to maintain a nutritionally balanced diet.
- People received the support they needed to stay healthy and to access physical and mental health care

services as and when required.

- Staff met people's spiritual and cultural needs and wishes.
 - People's care plans were personalised and routinely reviewed to ensure they remained up to date.
 - People had been consulted about their support needs and involved in helping staff develop their care plan.
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- People were supported to participate in meaningful activities at the service and in the wider community that reflected their social, educational and vocational needs and interests.
 - People were supported to maintain relationships with their relatives and other people that mattered to them.
 - People's concerns and complaints were dealt with by the provider in an appropriate and timely way.
 - People nearing the end of their life received compassionate and supportive care from the provider.
 - The service was well-led and management support was available for staff when they needed it.
 - The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives, professional representatives and staff.
 - The provider had effective systems in place to assess and monitor the quality and safety of the service people received. This helped the service continuously improve its practice and to learn lessons when things went wrong.
 - The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver an effective service.

Rating at the last inspection:

Good overall and for all five key questions, 'Is the service safe, effective, caring, responsive and well-led?' (Report was published on 12 August 2016).

Why we inspected:

This unannounced comprehensive inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 and remains rated Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective and remains rated Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring and remains rated Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive and remains rated Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led and remains rated Good.

Details are in our Well-Led findings below.

Brownhill Care Limited

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:

One inspector was involved in carrying out this inspection.

Service and service type:

This service is a 'care home' that provides rehabilitation and support to 14 adults with mental health care needs. The service specialises in helping people develop the necessary independent living skills to 'step down' and live in accommodation where they will need 'less support'.

The service continues to have the same manager registered with the CQC who is also the owner. 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:

Our inspection was unannounced.

What we did:

Before our inspection, we reviewed all the key information providers are required to send us about their service, including our Provider Information Return (PIR) and statutory notifications. We used all this information to help inform our inspection planning.

During our inspection we spoke in-person with five people using the service, a visiting mental health care professional, the registered manager/owner, the deputy manager, and two support workers. We also looked at a range of records including; four people's care plans, six staff files and various documents relating to the overall management of the service. This included medicines administration record (MAR) sheets, accidents,

incidents, complaints and quality assurance audits.

We also received email feedback from an external NHS mental health care nurse who had several clients using the service.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported by staff to take their prescribed medicines safely and when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Audits, which included checking running balances and stock checks of medicines, were routinely carried out by the deputy manager.
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely checked.
- However, although the service ensured people received their prescribed medicines as intended, which included more general 'as required' medicines; staff did not have easy access to sufficiently detailed guidance about when and how to use 'as required' PRN medicines safely.
- We discussed this medicines issue with the registered manager who agreed to develop detailed guidance for staff regarding the safe use of 'as required' behavioural modification medicines. This measure should help reduce the risk of 'as required' behavioural modification medicines being given in error or as a chemical cosh (the inappropriate use of medicines to subdue people).
- Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- The service had effective safeguarding policies and procedures in place.
- The registered manager and staff had received up to date safeguarding adults at risk training and knew how to recognise abuse and protect people from the risk of abuse.
- One member of staff told us, "I've received safeguarding training as part of my induction and know I have to tell the [registered] manager if I saw anyone here being abused", while another member of staff said, "I would contact Lewisham safeguarding team or the CQC straight away if I thought the managers weren't treating people who lived here right."
- The registered manager had reported allegations of abuse to the relevant local authority safeguarding team and the CQC when it had been raised.
- No safeguarding concerns were ongoing or being investigated at the time of our inspection.

Assessing risk, safety monitoring and management

- Care plans included detailed risk assessments and management plans to help staff reduce identified risks people might face. For example, it was clear what action staff must take to reduce risks associated with people being verbally or physically aggressive, smoking in their bedroom, using sharp knives in the kitchen, accessing the wider community and managing their money.

- On several occasions during our inspection we observed staff react appropriately to quickly de-escalate a potentially hazardous incident when people's behaviour became challenging.
- Staff demonstrated good awareness of what signs and triggers they needed to look out for which indicated a person might be becoming distressed and the action they needed to take to manage the risk.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency.
- People using the service and staff routinely participated in fire evacuation drills.
- Staff had received fire safety training.
- The registered manager gave us a good example of how staff had used their fire safety training to effectively deal with an electrical fire that occurred in the service.

Staffing and recruitment

- There were enough staff on duty to support people safely.
- We observed staff were available when people wanted them and responded in a timely manner to their questions and requests for assistance.
- One member of staff said, "There's always four staff working across the day during the week, which is usually enough to give people the support they need from us."
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- We saw the care home was clean.
- The provider had an infection control and basic food hygiene policies and procedures in place.
- Staff were trained in infection control and had access to supplies of personal protective equipment and knew how to prevent the spread of infection.
- Staff had access to equipment to maintain good food hygiene practices and had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses.
- The service had been awarded the top food hygiene rating of 5 stars by the Food Standards Agency.

Learning lessons when things go wrong

- The registered manager told us there had been one accident involving people using the service in the last 12 months, which had resulted in a serious injury. The provider had dealt appropriately with the incident at the time of its occurrence.
- The provider had systems in place to record and investigate such accidents. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

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

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

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- People's care plans clearly described what decisions people could make for themselves.
- The registered manager demonstrated a good understanding of the MCA and DoLS. They had applied for DoLS on behalf of people using the service. We saw clear records of restrictions that had been authorised by the supervising body (the local authority) for people's protection and in their best interests, which were kept under regular review.
- Staff had completed MCA and DoLS training, understood who they supported lacked capacity and always asked for people's consent before commencing any personal care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. These initial assessments were used to develop an individual's care and risk management plans as staff learnt more about the person.
- Care and support was planned and delivered in line with the individual assessments described above.
- Staff demonstrated good awareness of people's support needs and preferences. They told us care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to meet people's support needs. All staff had completed training that was relevant to their role including, mental health awareness training.
- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff demonstrated a good understanding of their working roles and responsibilities.

- Staff spoke positively about the training they had received and felt it was always relevant to their role. One member of staff told us, "The training I've had since working here has been excellent. The induction pack I was given has proved invaluable."
- Staff told us they felt supported by both managers. One member of staff said, "We have regular supervisions with the owner [registered manager] or the deputy manager. I had one just the other week where we talked about me doing my medicines training."
- Staff had regular individual supervision meetings with the registered manager or deputy manager and group meetings with their fellow co-workers.

Supporting people to eat and drink enough to maintain a balanced diet

- Several people told us the quality and choice of the meals they were offered at the service were 'alright'. One person said, "I like the food here...Its takeaway tonight, which we have once a week and is my favourite", while another person remarked, "I like to eat out at a local café, which I often do. Generally, we can choose what and where we eat."
- People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements and food and drink likes and dislikes.
- People were encouraged to eat and drink sufficient amounts to meet their nutritional needs and wishes. Staff routinely weighed people identified as being at risk of gaining or losing too much weight.

Staff supported people to live healthier lives, access healthcare services and support, and provided consistent, effective and timely physical and mental health care within and across organisations

- People were supported to stay physically and emotionally healthy and well. One person said, "Staff are helping me to cut down the number of cigarettes I smoke a day, which isn't easy, but I'm getting there", while another remarked, "I'm trying to lose weight so staff encourage me to eat more salads, vegetables and fruits."
- People's care plans set out for staff how their specific physical and mental health care needs should be managed.
- Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, opticians, dietitians and consultants overseeing people's specialist physical and emotional health care needs.
- Staff told us if they had any concerns about a person's physical or mental health and wellbeing they would immediately notify the registered manager, so that appropriate support and assistance could be sought from the relevant mental health and health care professionals.
- The registered manager gave us a good example of how staff had helped a former service user move into their own flat by improving their emotional and physical health. The registered manager said, "This had been achieved in part by supporting [name of former service user] adopt a healthier lifestyle, by eating better and quitting smoking."

Adapting service, design, decoration to meet people's needs

- The service was suitably adapted to meet people's needs.
- People had access to their single occupancy bedroom with en-suite toilet and shower facilities, communal lounges, smoking areas and the rear gardens.
- People were given keys to their bedroom, which people kept locked when they were not using them. Several people told us they had been given a key to the front door and a kitchenette/snack room.
- We saw the kitchen, laundry rooms and the front door were all kept locked, but were immediately opened at the request of people using the service.
- People told us they had been involved in deciding how the main communal areas had recently been redecorated and furnished.

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us staff who worked at the service were caring and always treated them well. One person said, "This is a good place to stay...The staff are alright and I know I can talk to them if I'm not feeling right or am unhappy about anything." Another person remarked, "The staff are the best thing about being here. Most of them [staff] are okay and so much better than the people who worked at the last place I stayed".
- Comments we received from external mental health care professionals were equally complimentary about the service and the staff who worked there. Typical feedback included, "We always receive positive feedback from the clinical team about the quality of the service provided by Brownhill Care", "The staff are always very friendly, caring and professional" and "The provider supports my clients extremely well, many of whom have complex mental health care needs."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and compassion.
- People's spiritual and cultural needs and wishes were met.
- One person told us, "I was brought up eating Caribbean food, so it's great the staff can help us make it when I ask them. We had rice and peas and curried goat the other day, which is my favourite." Another person remarked, "I have my hair done at a local hairdresser who knows how to cut my Afro hair."
- Information about people's spiritual, cultural and sexual orientation needs and preferences were included in their care plan.
- Staff had received equality and diversity awareness training and demonstrated a good understanding of people's diverse cultural heritage, spiritual needs and sexual preferences. For example, staff told us they supported people who had expressed a wish to attend church services on a Sunday and knew about people's preferences regarding their sexuality.
- People, and where appropriate their relatives and external mental health care professionals, were involved in helping to plan the package of personal care and support they received.
- Care plans included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity promoted.
- People told us staff always addressed them by their preferred name and were not allowed to enter their bedroom, which they could lock, without their expressed permission. One person said, "Staff always knock on my bedroom door and ask me if they can come in. I've got a key to lock my room when I'm out."
- Staff spoke about people they supported in a respectful and positive way. One member of staff said, "I always respect people's privacy and given them space if they want to be alone."
- People were supported to be as independent as they could and wanted to be. One person told us, "Staff encourage me to do more for myself, so I can learn to look after myself and eventually live in my own place."

Sometimes staff take me to the bank to sort my money out or help me buy food to cook." Another person remarked, "It's a house rule that we must make our own breakfast here, which I guess is a good thing because it helps us be more independent."

- External mental health care professionals were equally positive about the way staff at the service supported their clients to develop their independent living skills. One professional said, "Brownhill Care works within the mental health rehabilitation and recovery model and have successfully supported a number of our clients to 'step down' to live more independently in placements with less support." Another professional told us, "Staff did a fantastic job supporting my client to learn how to manage their money and personal hygiene better, which meant they could move out into a supported living scheme."
- People's care plans reflected this enabling approach and included detailed information about what people could and could not do for themselves.
- Staff gave us examples of how they supported people to maintain and develop their independent living skills, which included helping people prepare their own meals, budget their money, and where appropriate, manage their medicines. Several staff also told us there was an expectation that everyone using the service prepared their own breakfast in the morning and cleaned their own room.

Is the service responsive?

Our findings

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

Good: 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 received personalised care and support which was responsive to their needs and wishes.
- People's care plans were person centred and included detailed information about people's unique strengths, likes and dislikes, and preferences for how they wanted their care and support to be provided. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- If people's needs and wishes changed their care plan was reviewed and updated accordingly to reflect this.
- People were supported to make informed choices about various aspects of their daily lives. People told us they could choose when they got up and went to bed, when they had a shower, what they wore, what and where they ate their meals and what activities they did each day. One person said, "You have to choose what you want for breakfast every morning and staff ask what you want for lunch and dinner later in the day."
- During our inspection we observed staff invite people to choose what they ate for their lunch and the takeaway food the group planned to have for their evening meal.
- People were supported to follow their social and educational interests and live fulfilling lives at home and in the wider community. Activities included visiting local cafes, parks, the library, leisure centre, theatre/cinema and adult education college where people attended pottery, knitting and cookery classes.
- During our inspection we saw dancing and Karaoke happening in one of the main lounges, which were well attended by people from both houses. We also saw several people go out shopping, visit family or attend art classes at a local adult education centre.
- Care plans reflected people's social, educational and vocational interests and needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of care and support they received at the service and most felt the process was easy to follow.
- The complaints procedure was displayed in the service and set out clearly how people could make a complaint and how the provider was expected to deal with any concerns or complaints they might receive.
- A process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve issues raised.
- Records showed in the last 12 months people were satisfied with the way the registered manager had dealt with their complaint.

End of life care and support

- None of the people currently living at the care home required support with end of life care, although people's end of life care wishes were clearly recorded in their care plan.
- Staff told us they had honoured the wishes of a person who had recently passed away at the service by ensuring they were buried in their new clothes as recorded in their end of life care plan.

- The registered manager also gave us a good example of how people using the service had remembered this person's life by choosing to hold several wakes in the care home.
- The registered manager had liaised with the person's GP, the mental health team and local palliative care professionals to provide the individual described above with the end of life care they had wanted.

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

Good: 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

- The service continued to have the same registered manager in place who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- People using the service, their professional representatives and staff all spoke positively about the way the service was managed. Typical feedback we received included, "The managers are very nice. They're both easy to talk to and get along with", "we have a very good working relationship with the registered manager who is always professional and very well-liked by the clinical team" and "The managers are very supportive, approachable and likeable...I like working for them."
- The registered manager demonstrated a good understanding of their legal responsibility to notify the CQC without delay about incidents that affect the service and people using it.
- There were clear management and staffing structures in place. The registered manager was supported in the day-to-day operation of the service by two deputy managers who in turn were supported by two senior support workers.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their representatives including, relatives and external mental health care professionals.
- The provider used a range of methods to gather people's views which included, regular house meetings, care plan reviews and satisfaction surveys. Satisfaction surveys people had completed were in the main positive about the standard of service provided at the care home.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with the registered manager or team meetings with their co-workers.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality and safety of the service. We saw there was a rolling quality assurance programme in place which involved managers and senior support workers carrying out regular audits and checks to monitor the standard and safety of the service they provided.

- The registered manager told us they used the checks to identify issues, learn lessons and implement action plans to improve the service they provided. For example, they had used incident reporting to identify what might cause people to become anxious and verbally aggressive towards others and with support from the local Community Mental Health Team (CMHT) had developed positive behavioural management plans to reduce the occurrence of these incidents.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's latest CQC inspection report and rating was displayed clearly in the care home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. Staff knew of the provider's values and we saw they upheld these values when supporting people. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- External mental health care professionals told us they had a good working relationship with the service. One professional said, "Brownhill Care will also ask for our professional advice and support when needed. We often have multi-professional meetings with them to discuss the care and support needs of my clients who use this rehabilitation service."
- The registered manager told us they were in regular contact with the local authority and the local CMHT who commissioned the service. The registered manager said they frequently met with the CMHT to discuss how best to support their clients.
- The provider had good links with other resources and organisations in the wider community, such as the local adult education centre.