Care Quality Commission

Branksome Care Limited

Baroda Care

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

Overall summary

The inspection took place on 5 January 2016 and was unannounced

Baroda Care provides care, support and treatment to a maximum of 14 people who may have a mental illness. The provider works in partnership with other agencies to enable people to live safely in the community.

A registered manager was in place. 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 at Baroda care. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

Summary of findings

People were supported by staff that had the expert skills and knowledge to meet their assessed needs. Best practice training opportunities were provided by various healthcare professionals which gave staff strong understanding and knowledge about people's diagnosed conditions.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life.

Mental capacity assessments were conducted when required and any restrictions or controlled measures in place were frequently reviewed and assessed using the support of various healthcare professionals.

The provider had appropriate arrangements in place to assess people's capacity to make decisions about their care and treatment. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

People who required supervision in the community were supported effectively. Multi-disciplinary teams including community psychiatric nurses, psychiatrists and psychologists were involved in reviewing and updating people's risk management plans.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to their care and treatment were carried out.

People had access to activities that were important and relevant to them. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. People were protected from social isolation through systems the service had in place. There was a range of activities available within the home and community which aided people's recovery process.

The service was well led because the provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Senior management liaised with and obtained guidance and best practice techniques from external agencies, professional bodies and experts in their fields. Records showed care plans had been reviewed regularly and people's support was personalised and tailored to their individual needs.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager and said the management and leadership of the service very good and very supportive.

Staff were appropriately trained and skilled to deliver safe care. They all received a thorough induction before they started work and fully understood their responsibilities to report any concerns of possible abuse. Records showed staff received training in mental health and how to help people who display behaviours that may challenge others.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people's care plans and risks to health and wellbeing were discussed daily during staff meetings. Staff consistently told us they communicated risks associated with people health and behaviours frequently.

Summary of findings

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 could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Staff had undertaken training in safeguarding adults. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medications safely.

Is the service effective?

Good

Staff had received robust training and ongoing development to support them in their role. They undertook an effective induction and strong ongoing development that related to people's needs.

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). People's freedom was not unlawfully restricted as the provider had good checks in place to assess and monitor people's capacity to make decisions. The provider had effective arrangements in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at meetings.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Baroda care provided good care. Care plans were personalised and provided detail about people's hobbies and interests

Is the service responsive?

Good

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed.

Staff responded appropriately to people's changing needs. Records associated with people's health were updated quickly to provide accurate information to meet people's needs.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

Summary of findings

Is the service well-led?

Good 

The service was well-led. The registered manager and the provider had good relationships with healthcare professionals. Relatives told us healthcare professionals regularly visited the home to assess people's care needs.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and manager was approachable and took any concerns raised seriously.

Baroda Care

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 checked 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 5 January 2016 and was unannounced.

The inspector conducted the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the provider, two registered nurses, three support workers and the deputy manager. We also spoke with two external healthcare professionals, three people and one relative. After the inspection we spoke with a further three healthcare professionals on the telephone.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff files, feedback questionnaires, checked the providers recruitment practices, reviewed policies and procedures relating to medication, financial transaction records health and safety, reporting of incidents and checked decision making processes. We also checked the provider followed safety measures put in place by the courts to keep people safe.

We last inspected the home on 9 December 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People and healthcare professionals told us they felt the service was safe. One person said: "I am pretty safe here, the staff are always with me so I don't get myself in any trouble" Another person said: "They look after everyone well, there are always staff around to speak to if you are feeling low or worried about something". A healthcare professional said: "This service has some complex and challenging people in it. Some people must be supervised and I feel there are enough good staff here" and "They work with us really really well".

There were enough experienced staff in place to support people to access the community and to take part in activities. People were being supported to take part in dance exercise classes, attend appointments such as the dentist and travel to nearby towns to attend an interview. The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. Each person we spoke with told us they had things in common with the staff who supported them. Staff provided unrushed care and we observed they were patient with people. Healthcare professionals consistently told us there were sufficient numbers of suitable staff. One healthcare professional said: "Staffing has never been a question in my mind; they have plenty of staff here".

The provider had good arrangements in place to mitigate any risks associated with people's care. Handover meetings took place twice on a daily basis which provided staff with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. A member of staff said: "We speak about medication, any incidents which may have happened, meetings taking place and we talk about what people are doing during the day". Another member of staff said: "We speak about each person's support needs and talk about any visitors coming". Detailed risk assessments were in place which were created and developed with the support of a multi-disciplinary team, including community psychiatric nurses, registered nurses, the local authority, safeguarding teams and probation. Assessments were reviewed on a weekly basis and any changes or concerns identified were quickly reported to the appropriate professional for further review.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. A new member of staff said: "I had to go through a lot of checks, it was pretty professional".

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff accurately described the policy and said they would not hesitate to contact CQC or the local authority if they felt abuse had taken place. Staff had received training in safeguarding people from abuse.

Arrangements were in place for the safe storage and management of medicines. People told us they were satisfied with the support they received with their medicines and said frequent reviews took place. People received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. We observed staff following safe administration practices and staff were able to describe the provider's medicines policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Good

Is the service effective?

Our findings

Healthcare professionals and people using the serice felt staff received robust training specific to their role and were knowledgeable about people's needs. One healthcare professional said: "In my dealings with Baroda, staff have always been positive, professional and welcoming. They have always appeared well informed and willing to discuss any issues raised by me, members of my team or the patient". One person said: "The staff have a lot of meetings with me and they know what they are doing".

Staff understood best practice when supporting people in recovery and considered the National Institute for Health and Care Excellence (NICE) guidelines when making decisions about people's care and treatment. For example, various psychological therapies were provided in accordance with those recommended by NICE. We observed a member of staff interacting with one person using specific methods to help improve the person's memory and aid their communication. The person was smiling, laughing and appeared to enjoy the activity. Staff showed strong awareness of best practice strategies for people who displayed behaviours that challenged, for those who required substance misuse interventions and for people who had been diagnosed with schizophrenia and personality disorder. Staff were able to show us documentation in people's files which contained information on how to best care for people with specific mental health conditions.

Staff received training in the use of the 'Recovery Star tool', which is recommended by the Department of Health New Horizons programme (The programme is designed to improve the mental well-being of the population and services that care for people with poor mental health) . The recovery star tool enables staff to support people to understand their recovery and plot their progress. One person told us they had confidence in the staff and said: "We have reviews and the staff know what they are doing" and "We talk about my goals, interests and we write it all down". Positive outcomes for people included accessing employment and education. A member of staff told us the training they received was beneficial in helping people to be as independent as possible. They said: "The training I have has been great, I have learned so much". The provider was proud of the training offered to staff and told us one of the two employed nurses had an arrangement to deliver regular presentations and support to a local College to increase the public's knowledge of mental health.

Staff received an effective induction into their role. Each member of staff had undertaken a training programme before they were able to safely work unsupervised. Training included first aid, medication awareness, meeting people's nutritional needs, mental health awareness and infection control. Staff had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). The provider had organised additional training to support staff in their understanding of public protection arrangements.

Staff had received training in the Mental Health Act 1983 (MHA) and displayed strong understanding of its associated Code of Practice. Some people were subject to a section 41 restriction order of the MHA. The Crown Court can issue this order if they feel someone is a risk to the public or themselves. Staff were able to tell us about people's restrictions and documentation showed alerts to healthcare professionals were made when necessary, such as community psychiatric nurses (CPN), psychiatrists, psychologists and the Police. A member of staff said: "We have worked with the Criminal Justice Service and Probation" and "Some people here have been diagnosed with schizophrenia and some must be supervised when in the community or visiting certain areas because of the courts have put this in place". A healthcare professional said: "I have no worries about staff understanding and knowledge. They know about the section 41 order and I have complete confidence in them. I am very picky about where I place patients (people) but I have total confidence in the staff, it's one of the best services around for mental health patients".

Staff held detailed knowledge about the people they supported and were able to tell us about each persons diagnosed mental health condition, the behaviours they displayed and the interventions used to care for people effectively. A psychologist visited the service on a monthly basis to provide training specific to the needs and diagnosed conditions of each person. Subjects included bipolar disorder, substance misuse, behaviours that challenged, recovery approach and Dialectical Behavioural Therapy (DBT). DBT is a cognitive behavioural treatment

Good

Is the service effective?

developed to treat chronically suicidal individuals diagnosed with borderline personality disorder. Staff told us the training was useful as it encouraged staff to consider more innovative ways to best meet people's needs. One member of staff said: "We want to get better and better. The more we learn the more we can help people". Another member of staff said: "This training gave us time to talk to the psychologist about OCD (Obsessive Compulsive Disorder) and come up with new ideas" and "We use music, we adapt to people's preferred routines and we stay very patient, sometimes we have to sit for one person for three hours whilst they use the toilet".

People did not require support to eat and drink but everyone we spoke with told us they were fully involved in deciding what they had to eat for breakfast, lunch and their evening meal. One person said: "I have what I want when I want" and "I am involved in deciding what I want and I go and get it at the shops". Minutes from "resident's meetings" showed menus and healthy eating options were regularly discussed and promoted.

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 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. Staff had received training in the MCA and were knowledgeable about the how to gain consent from people before they provided personal care. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out and staff had liaised with people's relatives and health and social care professionals to reach a best interests decision about how aspects of their care and support should be provided. Staff were knowledgeable about DoLS and knew their responsibilities in relation to using least restrictive practices to keep people safe. Staff understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. At the time of our inspection two people were subject to DoLS. Staff were knowledgeable about their restrictions and knew when each person's authorisations expired.

Good

Is the service caring?

Our findings

People and healthcare professionals told us the service was caring. Comments from healthcare professionals, relatives and people included, “This is a great place to live, the staff have done loads for me, they help me to understand my mental health”, “The staff are special here, they care so much, they smile, they are relaxed and have so much patience” and “The staff here are a credit to the owners, they work hard and really care about people so much, they do little things people don’t even realise like fixing someone’s bike without anyone even asking”. One healthcare professional said: “All the staff are in it together, the owners are always here, the staff have a great attitude to mental health and the environment created is fantastic”.

Relationships between staff and people were friendly, supportive and empowering. People told us they were treated with kindness and were supported to maintain their independence. One person described the service as having a “Great atmosphere”. A healthcare professional said: “The staff and people using the service are very much like friends but they know the boundaries”. A relative explained they regularly observed the interaction between staff and people. They said: “I am very happy with how caring the staff are, I really think people here feel valued and looked after”.

The service had a good visible person centred culture and people were consistently encouraged to make their views known. Information about people’s history, likes, dislikes, preferences, goals and significant relationships was obtained and recorded. Detailed information about the type of treatment and support each person received was documented. This information helped staff to get to know the person well and provide them with the right care, support and treatment in accordance with their needs. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. Notes from team meetings showed respect, dignity and person centred support was frequently discussed. Staff consistently showed respect towards people, displayed good listening skills during conversations and encouraged people to take part in activities such as playing the guitar. People told us they trusted the staff and felt they were kind and thoughtful.

As part of the staff induction programme new employees learned about dignity and respect in a care home, person centred support and promoting independence. One care worker said: “The training helped me to make sure I treat people in the way they want to be treated and not the way I think they should be treated”. Training records demonstrated staff had completed refresher training in caring for people with compassion and dignity.

Good

Is the service responsive?

Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "The staff support me the way I need to be supported". Another person told us they were satisfied with the care and support they received and said: "If I become unwell the staff are good because they help me get better. Everything is in my file".

People confirmed they were involved in the planning and delivery of their care. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care. One member of staff said: "We speak with people everyday day, we have meetings to talk about their care and we work with them to make sure any activities they want to do are safe". People told us they were supported to express their views about their care, support, treatment or the service in different ways such as: one to one and group therapy sessions; individual meetings with staff, daily meetings held by people and regular feedback meetings. One person told us they preferred to talk with staff on their own rather than in group meetings.

People received care that had been properly assessed to meet their specific needs. Care plans were regularly reviewed and provided accurate information. Staff told us reviews of people's care plans took place weekly whilst comprehensive reviews took place on a regular basis with input from various healthcare professionals. A nurse told us healthcare professionals and relatives were invited to attend the comprehensive reviews to ensure people important to the person were able to contribute to reassessing and evaluating their progress. Records showed relatives and healthcare professionals such as community psychiatric nurses and occupational therapists were included in reviews. Care plans were written in great detail to outline the care individual's required at each stage of their recovery.

Any changes to people's care was updated in their review record which assisted with care planning and support, this system alerted staff to any changes made, so that staff had up to date information in regards to people's needs and care. An incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents. A relative said: "Sometimes things happen that is no fault of the staff but they seem to deal with incidents pretty well. They are confident and know what to do". One member of staff said: "I know exactly when (person) is becoming unwell because they display certain behaviours and that is the trigger for me to speak to them and get the CPN involved".

Records showed the provider had not received any formal complaints in the last 12 months. Relatives and staff told us the managers were approachable and if they had any concerns, they would speak with the managers or their support worker. The complaints procedure contained information for staff, relatives and healthcare professionals to follow should they need to raise any concerns. It detailed information about the Care Quality Commission (CQC) and the local authority. Feedback from people and relatives in the home's quality assurance survey confirmed they did not have any complaints about the home. Positive comments from relatives included: "First class, keep up the good work".

Good

Is the service well-led?

Our findings

People and health care professionals told us the management was strong and provided good leadership. A healthcare professional said: "This place is a wonderful service, I can't think of anything I would change. The management and the owners are fantastic. They are always on site to provide support to their team". Another healthcare professional said: "The owners are so involved, they want the best for people, and they are really passionate about providing the best service possible". One person said: "I can go and speak to them in the office whenever I want, the door is always open".

Health care professionals consistently told us Baroda Care was well-led and an example to other homes. One health care professional told us the managers were an inspiration to the care sector and said they were motivational and loyal to people and their staff. One healthcare professional said: "I only wish they would open up more homes, this is an excellent service and I don't say that lightly" and "The staff really know what they are doing because they are managed well".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. We also observed two members of staff speaking with one person about Southampton football club. They were all smiling, laughing and joking with each other. People were not frightened to to ask questions about their care and felt staff were non judgemental towards them.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

As part of the registered managers drive to continuously improve standards they regular conducted audits of medicines management, care records and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. The outcome from one discussion between the deputy manager and the registered manager resulted in the plan to create champions for specific subjects, such as a "staff dignity champion". The deputy manager told us other areas were being discussed and considered to help drive improvement.

The registered manager actively encouraged feedback and discussions with people, relatives and healthcare professionals. Meetings were held with people on a regular basis and minutes showed topics discussed included staffing, menus and activities. Team meetings took place every month giving staff the opportunity to talk about any issues they had. Recent meetings included discussions about pensions, flu vaccinations, medication audits, window dressing competitions, safeguarding, keys, data protection and Christmas. A "residents meeting" dated 4 January showed discussions took place about Christmas, activities, mindfulness, bingo and sewing. One person said: "We can talk about what we want to; it's good we get together".