Brighton and Hove City Council

Brighton & Hove City Council - 15 Preston Drove

Inspection report

15 Preston Drove
Brighton
East Sussex
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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

The inspection took place on the 16 January 2019 and was unannounced.

15 Preston Drove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Permanent and respite care and support is provided for up to five for people with a learning disability or autistic spectrum disorder. At the time of the inspection four people were living in the service and one person was receiving regular periods of respite care. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection 14 March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection we found some systems had been subject to slippage in the agreed timescales, for example, not all staff had received regular one-to-one supervision at a frequency determined by the provider. The frequency of team meetings had not been maintained. Although staff spoke of a comprehensive induction process for new staff, the supporting paperwork had not been fully completed and was not available to view during the inspection. Records we looked at had not always been fully completed. For example, the recording of people's weights and where food and fluid charts were required, these had not been consistently filled in. There was no record of the training completed by the bank staff who regularly worked in the service. Although staff told us regular monthly medicines audits were completed there were no records of these, and annual competency checks for people administering medicine had not all been completed. At this inspection we found improvements had been made and the issues highlighted addressed.

There was a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They had drawn up a robust action plan which staff had followed to ensure the continuous improvement in the service.

Systems had been maintained to keep people safe. The building and equipment had been subject to regular maintenance checks from external providers. Infection control procedures were in place. People remained protected from the risk of abuse because staff understood how to identify and report it. People's care and support plans and risk assessments continued to be developed and reviewed regularly.

Relatives told us they had continued to feel involved and listened to. The culture of the service remained open and inclusive and encouraged staff to see beyond each person's support needs. The registered manager worked with care staff to develop the service with people at the heart of the service.

All the feedback from staff was of a supportive, consistent team with dedicated bank staff. Staff continued to have the knowledge and skills to provide the care and support that people needed. Staff told us they had received supervision and appraisal's. They had been supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

People continued to live in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed.

Staff and relatives told us the service was well led. A member of staff told us when asked what the service did well, "It feels like a home away from home. They (People living in the service) are safe, I feel really safe and well supported. We have really good managers." Staff told us the registered manager and senior staff were always approachable and had an open-door policy if they required some advice or needed to discuss something.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service becomes Good..

The management team promoted a caring and inclusive culture. Staff told us the service was well-led, and the management team was approachable and very supportive.

Quality assurance was used to monitor and help improve standards of service delivery. Robust action plans were in place to ensure the continuous improvement of the service.

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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 16 January 2019 and was unannounced. One inspector undertook the inspection.

The provider had 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and three visiting health and social care professionals and received two responses. We also spoke with four relatives for three of the people living in the service for their experiences of the service provided.

People were not able to tell us their experiences of the care and support provided. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with the registered manager, the two deputy managers, three care staff and a member of bank staff. We sat in on a staff handover meeting. We spent time looking at records, including two people's care and support records, three staff recruitment and training records, and other records relating to the management of the service including accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

We previously carried out a comprehensive inspection on 14 March 2016 and rated the service overall 'Good'.

Good

Is the service safe?

Our findings

Staff and relatives told us they felt the service continued to be safe. A relative told us, "He is safe. Staff are marvellous, some of whom I have known for 16 years. They understand him. He has a key worker."

Systems were in place to ensure the maintenance of the building and services. Regular health and safety inspections continued to be carried out in areas of building safety and maintenance, fire safety, and infection control. There continued to be a maintenance programme in place, which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans were in place to respond to any emergencies, such as flood or fire.

People continued to receive their medicines safely. Regular audits of medicines had been carried out to ensure procedures had been followed. Care staff were trained in the administration of medicines, and received a regular competency check to ensure that they continued to administer medicines safely. Staff told us about for one person in the way they took their medicines had been considered through a best interest meeting.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had risk assessments completed which were specific to their needs. For example, for activities people participated in. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed.

People remained protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and responded in line with the provider's policy and procedures if it occurred. Procedures were in place to protect people from financial abuse. We observed these checks being effectively carried out during the inspection.

Staff told us what guidance and training continued to be in place to support people who displayed behaviours that challenged others. Staff could talk about individual situations where they supported people, and what they should do to diffuse a situation. The provider had a positive behaviour support (PBS) team which provided support with new or consistent behaviours to improve the person's quality of life. People had a PBS plan in place which informed staff of triggers that could upset a person. Records allowed care staff to capture any changes in behaviours or preferences to quickly respond to situations. These were reviewed on a regular basis, which reduced the risk of further incidents and ensured learning, to provide a responsive service.

Staff continued to take appropriate action following any accidents and incidents to ensure people's safety and this had been recorded. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. Personal protective equipment (PPE) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. The registered manager reviewed the staff rota to ensure the right number of staff were on duty with the skills mix needed on each shift, to ensure people were safe. They considered planned activities planned, where people needed one to one support, and anything else such as appointments people had to attend each day. This ensured that there were enough suitable staff to keep people safe. A member of staff told us, "We work well together. It's a stable strong staff team. There is a solid group of bank staff." Another told us, "All the staff team work well together, even with bank staff we are getting good consistency. They know the guys just as well as any of us."

Good

Is the service effective?

Our findings

Staff continued to be skilled to meet people's care and support needs and provided effective care. We observed care staff interacting with the people and taking the time to meet their needs.

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." 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. Staff demonstrated they continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. A member of staff described how they ensured people gave their consent to the support provided, "I talk to them and make sure they know what's going on. Make sure they indicate if they are happy. When you work with them you get to know what they don't like."

People continued to be supported by staff that had the knowledge and skills to carry out their role in meeting people's specific care and support needs. New care staff had completed an induction and shadowing programme. A member of staff told us, "We have a good full induction. When you come here even as an agency person you are shown around." Staff had access to essential training and regular updates. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care.

Staff told us that the team worked well together and that communication was good. They told us they were involved in reviewing care and support plans. They used shift handovers and weekly team meetings to share and update themselves of any changes in people's care. Bank staff were now also invited to the team meetings and a member of staff told us, "We now have input and it makes us feel included. The team all work well together and the team dynamics are good." Staff all confirmed they felt very well supported by the registered manager and deputy managers. They had attended regular supervision meetings and had completed or were due to complete a planned annual appraisal.

People had lived in the service for many years. People's differences continued to be respected and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected.

People continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. The menu was drawn up considering the meals that people enjoyed eating. A member of staff told us, "We know the guys and know what they like. We give (Staff member's name) feedback on what the guys have enjoyed." They went on to say this feedback was then used in any review of the menu plan. Pictorial prompts were used to help people make choices. People were encouraged to help with the food shop and one person they regularly participated in the preparation of the evening meal. People's dietary

needs were recorded in their care plans. Staff told us they had monitored what people ate and if there were concerns they had referred to appropriate services, if required. There was guidance in place where advice had been sought for example from the speech and language team (SALT.) Staff were able to tell us about how this information had been used to ensure a consistent approach by the staff team.

People continued to be supported to maintain good health and had on-going healthcare support. They had been supported to attend an annual health check. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals, involved in their care, if their health or support needs changed.

The registered manager told us general repair and maintenance requests had been fulfilled and worked well. There were ongoing plans in place to further improve the environment in which people lived. We looked at two bedrooms which had already been redecorated. Staff told us of a recent request for guidance from the occupational therapy services for one person on the layout of the room and how this had been implemented to help improve their mobility around the room.

Good

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in their approach. We observed staff talking to people politely, giving them time to respond and a choice of things to do. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, they showed an interest in what people were doing. When asked what the service did well a member of staff told us, "I only come to work to make sure the people have the best quality of care they can. We try to keep the guys as active and out and about as much as possible." A relative told us they called the staff team, "My angels." Another relative told us, "They are doing well. They are good with the care they give."

The care and support provided continued to be personal and met people's individual needs. People were addressed according to their preference. A key worker system was in place, which enabled people to have a named member of care staff, to take a lead and special interest in the care and support of the person. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. For example, for one person they had been encouraged and supported to go out from the service more regularly. These had been discussed with people and their family and their progress towards their goals was regularly reviewed. People were involved, where possible, in making day to day decisions about their lives.

Care staff had received training on privacy and dignity. Maintaining people's dignity was embedded within their daily interactions with people. A member of staff told us how they had ensured this when providing support, "We always ensure their bedroom doors are closed There is a screen for one person. We use a sign on the bathroom door when in use."

People had their own bedroom and en-suite or adjoining bathroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. People continued to be supported to keep in touch with relatives and friends. People could have access to advocacy services if they required assistance to make their needs known. Staff were able to tell us how an advocate had been requested to support one person to contact their family. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

Relatives consistently told us how the service continued to be personalised to meet people's individual needs. A relative told us, "We are pleased. They are doing very well with the care they give. They take him out and that has had positive results."

Work had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences, care and support needs, goals and targets. Feedback from relatives and care staff was that information was regularly updated and reviewed. A relative told us, "We always have a good discussion on these days. They do listen and do their best." Another relative told us they could not get out so easily now so they review was held at their home so they could still be part of the process. People were actively encouraged to develop their life skills. Goals and targets were identified on a regular basis to ensure people where possible people were learning new skills and progressing.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. There were two 'Communication Champions' for the service who were taking a lead with the staff team. They looked at the way staff communicated with people and if there were new ideas that could be adopted. For example, there had been the use of pictorial formats, objects of reference, communication boards, and Makaton. Makaton uses signs and symbols to help people communicate. For example, for one person, who used Makaton, they tended to also have their own signs they used to communicate with staff. Staff were making a video with the person to support new staff to understand their signs and aid communication with them.

Technology was also used to support people with their care and support needs. For example, one person had a sensor mat which was used to alert staff when the person needed assistance. Agreement had just been received for Wi-Fi to be available in the service. There was a portable electronic pad which staff had used with people and for one person, who loved music, a portable speaker had been purchased to improve the sound level.

Staff continued to enable people to live life to the full and continued do things they enjoyed. A member of staff told us, "We are always looking for new activities for the guys to join in. We'll have a quick risk assessment, change things around and if they are not engaging then can change things back." People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own room, food shopping and helping prepare the meals. People were in and out during the day of the inspection and were involved in a range of social activities in the local area. People chose and helped plan

their own holidays and trips out.

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires. One returned survey detailed, "The home is very friendly. He is treated as an individual." Another detailed, "The carers are wonderful, helpful and I cannot praise them enough."

The provider had maintained a process for people to give compliments and complaints. No formal complaints had been received since the last inspection.

Where required peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. This was in the process of being reviewed again to ensure the information continued to be up-to-date. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Good

Is the service well-led?

Our findings

At the last inspection on 14 March 2016 we found effective systems were in place to audit and quality assure the care provided, but these had not been fully maintained. Senior staff spoke of having to cover staff shifts in the service, which had impacted on the completion of quality assurance processes. They told us that some systems had been subject to slippage in the agreed timescales. For example, staff feedback as to the frequency of supervision was variable. Records we looked at had not always been fully completed, for example the recording of people's weights and where food and fluid charts were required, these had not been consistently filled in. There was no record of the training completed by bank staff who regularly worked in the service. Although staff told us regular monthly medicines audits were completed there were no records of these, and annual competency checks for people administering medicines had not all been completed. At this inspection we found improvements had been made and these issues had been addressed.

At this inspection staff spoke of a consistent staff team that worked well together and when needed regular bank and agency staff were requested to cover and shifts. They spoke of good communication and of good support with regular supervision and team meetings. Staff told us there were good opportunities to attend training, they had received a thorough induction and their training was up-to-date. This included medicines training and a competency check. Training records including those for bank staff were in place and in the process of being updated to reflect all the training staff had recently completed. The registered manager told us since they had commenced work in the service robust action plans had been drawn up and had been followed to ensure the continuous improvement of the service.

Senior staff had monitored the quality of the service by regularly completing quality assurance audits of the care and support provided. This included a medicines audit which had been recorded. This had also ensured that records were completed appropriately. Feedback was sought by speaking with relatives to ensure they were happy with the service and by completing regular reviews of the care and support provided and quality assurance questionnaires. No concerns were raised following the 2018 questionnaires completed. The information gathered from regular audits, monitoring and feedback could be used to identify any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider. They were updated with any changes to people's care and support needs and this was provided in a consistent way.

Staff and relatives told us the service was well led. A relative told us the registered manager, "Keeps in touch with me. He has things at his fingertips. He communicates with me and knows what I am thinking."

The service had a registered manager who started working in the service six months ago. The registered manager was supported by two deputy managers. Staff told us they were well supported. A member of staff told us about the registered manager, "He came in and got a feel of the place. He had one-to-ones with the staff and asked for suggestions. He is very approachable and always makes time for us. He likes to bounce ideas off us and will ask us for ideas." All three of the management are good. It's such a friendly

atmosphere." Another member of staff said, "It's so much better with more stability through the managers. More consistency with how we work with the guys which is discussed in the staff meetings."

Feedback from a health and social care professional was of a well-managed service. They spoke of adaptable staff who had worked well with them, who were very aware of people's needs and of person centred care and support being provided.

The registered manager had continued to send information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The registered manager also attended monthly manager meetings. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other managers.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They told us how they had kept up-to- date by attending training to support them in their role and receiving regular periodicals and industry updates. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. 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 registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.