The Brandon Trust

Queens Road Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 31 August 2017. This was an unannounced inspection. Our last comprehensive inspection took place in July 2016. No breaches of regulation were found at this time, however the service was rated as requires improvement.

The service provides care and accommodation for up to seven people with learning disabilities. At the time of our inspection there were six people living at the home.

There was a registered manager in place at the service. 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's rights were mostly protected in line with the Mental Capacity Act 2005 (MCA), however we did find occasions where the best interests decision making process had not been followed as it should. We also saw that for some decisions, staff were unable to find records of decisions that they said they had made using the MCA. This was an area of the service that required improvement.

Since our last inspection, the registered manager had made improvements to the outside environment; however further work was required to make sure it was fully suited to the needs of people in the home. The registered manager told us they had addressed this with the organisation.

We found that people received good care at the home and their needs were met by staff who were well trained and supported. Staff told us they had received the training they needed to meet people's complex health needs. Staff confirmed they received regular supervision as an opportunity to discuss their performance and development needs.

Staff supported people in a kind and caring manner and were respectful in their communication. Staff used visual prompts to help people make choices. People were involved in giving their views and opinions about how the service should develop.

People using the service were safe because there were sufficient staff on duty to meet their needs. Staff had been trained in safeguarding vulnerable adults and were confident about reporting any concerns.

The service was responsive to people's needs. People had clear support plans in place to describe how people should be supported. These were person centred in nature. Staff were knowledgeable about the people they supported and there was a keyworker system in place. This provided opportunity for people to build strong relationships with staff.

There was a system in place to respond to complaints. Any learning points from complaints were addressed

with staff.

The home was well led. Staff were positive about the support they received and told us communication was good. Team meetings and shift handovers took place as a means of ensuring staff were aware of important information and developments in the service.

There were systems in place to monitor the quality and safety of the service provided. In the last 18 months, the provider had recognised that improvements to the service were required and an action plan had been devised. We saw that progress with the action plan was being made.

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.

People were supported by staff who had been trained in and understood safeguarding procedures.

People had risk assessments in place to support staff in providing safe care.

There were sufficient numbers of staff to meets people's needs.

People received support with the administration and storage of their medicines.

Is the service effective?

Requires Improvement

The service was mostly effective, however some improvement was required in relation to ensuring people's rights were met in line with the MCA.

Staff worked with healthcare professionals to ensure people's health needs were met.

People received support with their nutritional needs.

Staff were well trained and supported in their role.

Is the service caring?

Good

The service was caring. Staff were kind and respectful.

People's privacy and dignity was protected.

People had opportunity to give their views about how the service should be run.

Is the service responsive?

Good

The service was responsive.

People had clear support plans in place which were person centred.

There were systems in place to manage and respond to complaints.

Is the service well-led?

Good

The service was well led.

Staff told us they felt well supported and that communication within the team was good.

The provider had recognised improvements were required at the service and devised an action plan accordingly.

There were systems in place to monitor the quality and safety of the service provided.

Queens Road Care Home

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 31 August 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector. Prior to the inspection we looked at all information available to us, including the Provider Information Return (PIR). The PIR is a form that the provider completes to demonstrate how they are meeting regulations and any improvements they plan to make.

As part of our inspection we reviewed the support plans of three people living in the home. We spoke with two people who used the service and four members of staff. This included the registered manager, senior support worker and support staff. We spoke with two healthcare professionals. We also reviewed other records relating to the running of the home such as quality monitoring documents, complaints and medicines records.

Good

Is the service safe?

Our findings

At our last inspection we found that areas of the outside of the home weren't safe or suitable for people living in the home. At this inspection we found that improvement had been made, although the outside area still required some work to ensure it was fully suited to the needs of people in the home. There was a small patio area that was safe to use in warmer weather, however there were still some hazards seen. The registered manager told us that new paving had been laid; however this was beginning to crack again and rise up in places. There was also a section of wall that had crumbled with bricks laying on the ground beside it. We noted some rusted metal strips lying on a wall outside, which could pose a health risk, however these were removed as soon as we highlighted them to the registered manager. The registered manager told us they had been successful in securing a bid from the organisation to make improvements to the outside area and were planning to develop a 'memorial garden' outside. We did not see anyone use the outside area during our inspection and the registered manager told us that people were always accompanied by staff if they did so; this reduced the risks of accidents occurring. The registered manager was aware that the outside space was not currently fully accessible and suited to people in the home and had escalated the issue within the organisation.

Relevant checks relating to the building had been undertaken to ensure people's safety. This included testing of electronic appliances and checking gas safety in the home.

Arrangements were in place to store medicines safely and securely. A lockable cupboard was in place to store the medicine trolley when not in use. Medicines requiring additional security had suitable arrangements in place for safe storage. Staff made regular checks of stock levels and this provided opportunity to identify any errors that had occurred in the administration of medicines. We checked the stock levels of two medicines and these were correct according to the home's records. We also observed a member of staff administer medicines and they did this sensitively and in a caring manner, explaining to people what was happening and gaining their consent before giving them their medicines. When medicines were administered they were recorded on a Medicine Administration Record (MAR) chart. We viewed a sample of MAR charts and saw that these had been completed accurately with no omissions or errors found.

People were safeguarded from abuse because staff were knowledgeable and confident about identifying and reporting concerns. Staff gave example of concerns they had reported and told us they had been managed well when they had done so. Staff knew where to find relevant policies if they needed to refer to them and understood the term whistleblowing. Whistleblowing describes the action a member of staff can take if they are concerned about practice within the workplace. Staff identified agencies such as the police, social services and CQC where concerns could be shared. However staff felt confident that any concerns would be managed well within the home and wider organisation.

People had risk assessments in place that guided staff in providing safe care and support. These covered a range of people's needs. For example for one person we saw a risk assessment in place for eating and drinking. Measures in place to ensure people were safe included referring staff to specialist guidelines from the Speech and Language Therapist and ensuring food was prepared appropriately.

There were sufficient numbers of staff to ensure people were safe and their needs could be safely met. There were six people living in the home at the time of our inspection and during the day there were two or three on duty. Staff told us this worked well and they could meet people's needs. We observed that staff had time to spend with people outside of care tasks and staff were able to meet people's needs in an unrushed and calm manner. There was one member of staff on duty overnight. Staff confirmed they had a senior member of staff on call if they were needed and felt that one member of staff was safe overnight.

There were procedures in place to check the suitability of new staff recruited to the service. This included carrying out Disclosure and Barring Service (DBS) checks. This check highlighted whether a person has any convictions that would affect their suitability for the role and whether they are barred from working with vulnerable adults. References were also sought from previous employers and gaps in employment history were discussed.

Accidents and incidents were recorded and logged so that any trends could be identified in the types of incidents occurring. The registered manager completed an audit every six months so they could monitor the kinds of accidents occurring.

Requires Improvement

Is the service effective?

Our findings

We found that in most circumstances people's rights in line with the Mental Capacity Act 2005 (MCA) were upheld. The 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found examples where people had been assessed as having no capacity to make a particular decision and the appropriate process was followed to make a decision in their best interests. For example, we saw that for one person, their capacity to consent to staff supporting them with medicines had been assessed and a decision made in their best interests. However, we noted that where people had bed rails and sensor mats in place to ensure their safety overnight, there was no consent recorded or best interests decision making in place. Bed rails place restrictions on a person's liberty and it is therefore important that their use is carefully considered. The registered manager told us that MCA documentation had been completed for the use of bedrails but were unable to locate it at the time of the inspection. Following the inspection, the registered manager contacted us to confirm that they hadn't found the original documents and so had redone the paperwork relating to the decision. We were told however, there had been an omission in making a best interests decision in relation to the use of sensor mats. These can have an impact on people's privacy as they alert staff when a person gets up from their bed at night. There was information included in people's support plans about how they gave consent and whether they required any support to make significant decisions.

Some people had DoLS authorisations in place and other people who required them had applications in place with the local authority. Where people had conditions placed on their DoLS authorisation, senior staff told us about what they had done to ensure these conditions were met.

Staff told us they had been trained in the MCA and demonstrated they understood the underlying principles. For example, one staff commented that you "don't assume a person can't make a decision". We observed throughout the day that staff gave people choices and used appropriate communication to support decision making. For example, we saw staff give people a choice of what drink they wanted by showing them the options. Another person required time to be able process and answer verbal communication and we saw that staff gave this person the time they required.

Staff were positive about their training and support. Staff told us they received regular supervision with their line manager. Supervision is an opportunity to discuss staff performance and development needs and identify any action required to support staff in their roles. Staff also commented that they were able to approach senior staff at any time between supervision sessions if they needed to.

Staff told us they had been given specific training to meet the needs of people in the home. Some people had complex heath needs and staff told us they felt confident about meeting these needs. One person, for example required a particular emergency medication and staff told us they had been trained to administer this when necessary.

New staff joining the service completed the Care Certificate. This is a nationally recognised qualifications that ensures staff have the skills to carry out their role.

People's health needs were well documented and staff worked with healthcare professionals to ensure people were well supported. We spoke with two healthcare professionals as part of the inspection who told us they had good working relationships with staff and that staff made appropriate referrals to them when they were concerned about people's health.

Where people had particular health conditions, there were clear plans for staff to follow to ensure they knew how to manage these conditions. For example, where a person experienced epilepsy there was a clear plan to follow including what medication was required and when emergency services needed to be contacted. One person had a Percutaneous Endoscopic Gastrostomy (PEG) in order to meet their nutritional needs. Staff had been trained in how to manage the PEG and kept records to show what they had done. Overall, people's nutritional needs were well met and there were guidelines in place for those people who required a particular kind of diet. This included where the texture of foods needed to be modified to make them safer for the person to eat.

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Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff spoke to people in a respectful and calm manner and gave people choices about what they wanted to do and where they wanted to be. We saw that staff supported their communication with people to best suit their needs, for example by giving time for the person to respond if necessary and using visual prompts to help people make choices.

People weren't able to answer specific questions about how they were supported by staff; however we observed that people were at ease in the presence of staff. People were dressed in clean clothes, appropriate for the weather. One person had had their nails painted and had a blanket wrapped around them to keep them warm.

Staff spoke positively about working in the home and were clearly dedicated to ensuring people had a good quality of life. The senior support worker told us how staff had decorated the interior of the home to improve its appearance and make it a more pleasurable environment for people. It was clear that staff respected the space as people's home; for example people had their own preferred place to sit and staff asked people's permission before directing us to a place where we could sit to look at records. Staff were attentive to people's needs, for example by offering tissues when a person needed them and checking to see that people had enough to eat and drink.

Guidance was incorporated in to people's support plans to ensure that they were treated with dignity and respect. For example, when providing personal care, staff were instructed to ensure that windows and doors were shut and towels were used to cover people when being supported to wash.

People were supported to be involved in their care planning in ways that suited their needs, for example by choosing who they wished to be invited to their planning meetings and choosing what date they wanted to have it. We read that one person had been supported to show people photographs on their electronic tablet during their planning meeting as a means of engaging with the process.

People were given the opportunity to explore their local community, we heard staff discuss taking one person out to have their hair cut during the inspection. Staff also told us that a person at the home attended a local church.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People's support was planned in accordance with people's individual needs and preferences. People were supported by staff who understood them as individuals. There was a keyworker system in place; a keyworker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to. Staff told us they had time to spend individually with the people they supported and were able to go out with them regularly. One member of staff told us for example, how a person using the service enjoyed going out for meals. Keyworkers wrote a summary each month of what the person they were supporting had achieved and whether they had had any concerns.

People had plans in place which guided staff in provided care and support them in a personalised way. For example we saw information about the particular ways people communicated; for one person the support plan detailed how staff needed to observe their facial expressions and body language and that to gain their attention staff to call the person's name and make eye contact.

People's support information contained details about their preferred routines such as when they liked to have a bath or shower. We observed how people were able to follow their own preferences during the day. For example people got up and had breakfast at a time of their choosing. We also saw information about a person's life prior to coming to the home was included as well as dates that were important to them, such as relative's birthdays. This helped staff understand people as individuals with their own unique needs and preferences.

Where people had behaviours that were challenging, plans were in place to manage these behaviours and professional support was sought when necessary. During our inspection the Bristol Intensive Response Team (BIRT) and Community Learning Disability Team (CLDT) were visiting one person in the home, in response to a change in the person's needs. This demonstrated that staff recognised when a person's behaviours and health were changing and sought the appropriate support to manage them.

We observed how staff made efforts to engage people in activities. One member of staff initiated a ball game with a person. Another individual was given a book to read on a subject that interested them. One person we spoke with told us about a holiday they had been on. Another person told us how they liked to go outside in the warmer weather and staff helped them to do this.

People were able to personalise their rooms as they wished. One person showed us their room and we saw they had a number of personal items with them and the room was arranged as they wished it to be.

There was a system in place to manage and respond to complaints. Where action was required following a complaint, these were addressed with staff. For example, we viewed a complaint from a healthcare professional regarding practice they had observed when attending the home. This had been acknowledged by the registered manager and addressed with the staff team. There were forms available in a format suited to the needs of people in the home if they needed them.

Good

Is the service well-led?

Our findings

The service was well led. Staff told us there had been a number of changes in the last two years but recent arrangements were working well. Staff were positive about the current registered manager and senior support worker and told us they received good support in their work. Staff told us this hadn't always been the case over the last two years with all the changes that had taken place but now things were much more settled. Staff felt they could raise any concerns that they had and were confident they would be listened to.

There were systems in place to monitor the safety and quality of the service provided. This was aligned with the five domains inspected by the Care Quality Commission. This included staff self assessing the service and then managers from other homes visiting the service to carry out further checks. The quality monitoring document prompted staff to check areas such as whether people's rights were being protected in line with the MCA and DoLS, and whether people had risk assessments in place to ensure they received safe support. However, this hadn't identified the need for best interest decision making for those people who had sensor mats in place.

The registered manager told us that through the provider's own quality monitoring processes, it had been identified that improvements were required and the home was put in to the provider's own 'special measures' 12-18 months prior to our inspection. This had resulted in an action plan being created and dates added when actions had been completed. As part of this action plan, we saw for example that people now had personal evacuation plans (PEEPS) in place in case of emergency. This showed that the organisation were proactive in identifying issues and acting on them to improve the service. The registered manager told us staff had worked hard to improve the home and the service had improved significantly. We also saw that a specific infection control audit had been carried out and a medicines audit.

People living in the home were asked their opinions about the service and included in how they wished the service to be developed. Residents meetings were held; at the last meeting in May 2017 staff discussed with people in the home how they wished to develop the outside grounds of the home using money from the provider's 'dream fund' grant. It had been decided with people that a memorial garden would be created.

The registered manager told us how they wished to develop the service further. Training for staff was one area where the registered manager wished to develop; this included providing specific training to enable staff to better meet the needs of people in the home. For example, training on texture modified diets and training in positive behaviour support. The registered manager told us they attended quality meetings within the organisation as a means of sharing good practice. They also read information online to keep up with developments and news in the care sector.

Staff told us that meetings were held regularly to discuss important developments in the service. We viewed minutes of staff meetings and saw that issues such as cleaning, safeguarding and records were discussed. Staff told us that overall communication was good and that at shift handovers all relevant information was passed on so that they could meet people's needs safely. We saw that the organisation produced a newsletter for family and friends. This included information such as the results of annual satisfaction

surveys.

At our last inspection, we found information about people's care and support was contained in a number of different files which made it difficult for staff to locate the specific information they required. At this inspection we found that improvements had been made. The majority of information about people was now being stored in two main files rather than previously being stored across five files. This demonstrated that the service was able to act on issues found and make improvements.

The registered manager was aware of the responsibilities of their role. They were aware for example of the kinds of issues that needed to be notified to the care quality commission such as when a person received a DoLS authorisation and if there were any safeguarding issues at the home. We also noted that the home's previous inspection rating was on display for people to see.