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

Summary of findings

Overall summary

This inspection took place on 30 August and 4 September 2018 and was unannounced.

At our last inspection 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.

Baroda Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care and support to a maximum of 14 people who may have a mental illness. There were 12 people living in the home at the time of our inspection.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their nutritional needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could

be confident that any concerns or complaints they raised would be dealt with.

The registered manager was promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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. The inspection was planned to check whether the provider was 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 was a comprehensive inspection that took place on 30 August and 4 September 2018 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider 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 also checked other information that we held about the service and the service provider, including notifications we received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with six people, the registered manager and four members of the staff team. We observed staff interacting with people and looked at a range of records including care and support plans for three people, staff recruitment files and training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided.

We sought the views of a number of community health and social care professionals / agencies about the care provided at Baroda Care and received feedback from one.

Good

Is the service safe?

Our findings

People told us staff supported them to understand risks and stay safe, while respecting their freedom. A person said "They're not dictatorial. We discuss things and staff make suggestions".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff encouraged people to be involved as much as possible in developing their individual risk assessments and support plans. Support plans contained quick reference sheets including risk profiles, so this information was easy for staff to access. Further detailed information about how to support individuals to take planned risks to promote their independence included, for example, a checklist for planning trips out and systems for supporting people to safely manage their finances. The service worked closely with partner agencies to support people at times of increased risk in line with their crisis plans. A health and social care professional told us the service was "Very good at managing people with a risk history".

People told us they were supported by sufficient staff with the right skills and knowledge to meet their individual needs. This was further confirmed by speaking with staff and looking at staff rotas. A member of staff said they were able to spend time with people to suit their needs and circumstances flexibly. The registered manager told us that a bank of relief staff and part-time staff covered any planned or unplanned gaps in the rota, which also provided continuity for people receiving support.

The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff. These included evidence that pre-employment checks had been carried out, including employment histories, written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the policy and procedures for protecting people from abuse or avoidable harm. Staff understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the provider and registered manager. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action. A health and social care professional said, "The service is very aware of the need to safeguard people and report any concerns".

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends, so that remedial action could be taken which might reduce the risk of similar incidents happening again. Records showed the service referred to and worked with other health and social care professionals to provide the support people needed.

Staff demonstrated their knowledge of people's support plans and knew how to intervene when people became upset, anxious or emotional. This included the provision of therapeutic activities suited to the individual. Staff were aware the provider had a policy of staff not using any form of restraint on people and told us the service would contact external agencies for support if required.

People's medicines were stored and managed by trained staff so that they received them safely. The service also supported some people to manage their own medicines, for example by providing their medicines in weekly boxes. Medicines were checked regularly so that any potential administration errors would be identified quickly and action taken. Up to date records were kept of the receipt and administration of medicines and there was a clear procedure for dealing with any unused medicines. There were detailed individual support plans in relation to people's medicines, including any associated risks. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and staff demonstrated their knowledge of these.

A range of systems and processes were in place to identify and manage environmental risks. These included maintenance checks of the home and equipment and regular health and safety audits. There was a current fire risk assessment and regular checks and tests were undertaken of the fire alarm, emergency lighting and fire safety equipment . Each person had a personal emergency evacuation plan, which included important information about the care and support they required in the event they needed to evacuate the premises. A business continuity plan was in place and set out the arrangements for ensuring the service was maintained in light of foreseeable emergencies. An action plan for remedial works to improve water safety and manage risks associated with legionella had been completed in 2017 and regular checks were being maintained.

The home environment was clean and staff received training and were aware of infection prevention and control procedures. A person's written feedback stated, "It is a lovely building which is cared for and maintained to a high standard. Maintenance is carried out quickly and the place is kept extremely clean. As a resident you are supported to keep your immediate space (bedroom) clean too".

Good

Is the service effective?

Our findings

People spoke positively about the service, including the staff, the quality of food, and the home environment. They told us they were supported to attend healthcare appointments.

Each person had a detailed needs assessment on record that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any special equipment and relevant staff training that may be required. The provider promoted equality and diversity in the service through their policies, core values and development plans.

Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's needs. Training included fire safety, infection prevention and control, food hygiene, first aid, equality diversity and human rights, and positive behaviour support. There were also further training and development courses in understanding psychosis and schizophrenia, mental health awareness, epilepsy awareness, diabetes awareness, and obsessive-compulsive disorder (OCD) awareness. Staff had opportunities to gain additional qualifications such as an NVQ (National Vocational Qualification) or diploma in health and social care. A system was in place to track and record the training that each member of staff attended. New staff completed an induction and probation period as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff were also supported to gain knowledge, confidence and skills to meet people's specific needs through reflective practice sessions. These were facilitated by a clinical psychologist at the home every two to three months and included discussion about subjects such as bi-polar disorder, anxiety and depression, sexual behaviour and health, and nutrition.

Staff received supervision and appraisals, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Staff confirmed they were well supported by the senior team members and could ask for advice or guidance when they needed to.

Staff demonstrated knowledge of people's individual support needs in relation to eating and drinking and encouraged people to eat healthy foods while respecting their choices. The service provided meals at breakfast, lunch and supper and people brought their own snacks. In the dining room during the morning were tea and coffee facilities, a toaster and selection of cereals. The dinner menu for the day was displayed and alternatives were available if requested. We spoke with the chef, who had a list and knowledge of people's individual dietary requirements, including diabetic, vegetarian, pescatarian, and fork-mashable meals for a person who had swallowing difficulties. This person had been to a speech and language therapist (SALT) for an assessment and advice on appropriate diet. One person who for religious reasons did not eat pork was given alternatives and staff checked and showed them the ingredients of various foods. A person recently diagnosed with borderline diabetes had been given advice by the diabetes nurse and their support plan had been updated.

People were registered with the local GP service and received support to access medical support and treatment and to attend hospital and other healthcare related appointments. The registered manager had introduced 'transfer to hospital' forms, on which were recorded individual's current medical and other relevant information to be shared in the event of a hospital admission. There were regular meetings with the community mental health team and other health and social care professionals to discuss any issues. A health and social care professional said the service, "Work collaboratively with mental health services".

The home environment provided ample space and pleasant surroundings, where people could choose to spend time alone or with others, and was close to local shops. People's bedrooms were personalised to their own tastes including their choices of colour schemes. There was a large garden with seating areas, a gym, a greenhouse and vegetable patch. People could choose to be involved in growing and cooking the produce from the garden. Adaptations to the home were made to meet people's assessed and changing needs. Grab rails had been fitted outside a door leading to the garden to allow the person, who had mobility issues, easy and safe access to and from the garden. Grab rails had also been fitted in the bathroom.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider had applied for appropriate authorisations where required. Where necessary restrictions were in place, these were documented in people's support plans.

Any restrictions on people's activities under the Mental Health Act (MHA) 1983 were recorded in their support plans and staff were aware of the reasons for these and the support guidance. Staff had been trained and showed an understanding of the MHA, MCA and the associated DoLS. A member of staff talked about the importance of providing information at a level the person understood and of choosing the most appropriate time and environment to have discussions.

Good

Is the service caring?

Our findings

People confirmed they were well supported by staff and had positive relationships with them. They told us they took part in reviews and discussed decisions about their care and support with their key workers. A health and social care professional told us the service provided "A very homely environment. Staff are welcoming and friendly" and that their clients who had stayed at the home "Were very happy in their time there". They added that staff had knowledge of people's mental health needs and were "Good at listening and very empathic".

The service had a low staff turnover which allowed staff to establish therapeutic relationships with people. The atmosphere in the home was friendly and supportive and we observed staff knew people well and communicated effectively with them. Staff spoke compassionately about the people they supported, emphasising the importance of good communication, allowing people time and building relationships with them. This approach was underpinned by appropriate staffing levels and the training given to staff, which included equality, diversity and human rights training.

Staff offered regular one-to-one time with people, listened to their needs, worries or anxieties and provided reassurance. Support was given with aspects of personal care and other activities of daily living. This included supporting people in the community and encouraging them to use community facilities such as the local leisure centre, cinema, library, church, local restaurants and pubs.

People were supported to stay in touch with people who were important to them. The service had an open-door policy so people's friends and relatives could visit any time during the day. Visitors were however encouraged to arrange visits in advance to avoid coinciding with other therapeutic activities that might be going on within the home or in the community. In addition to people's own rooms, there were three communal areas within the home and a large garden that people could use to entertain their visitors.

The relationships between staff and people demonstrated dignity and respect. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. People's care and support plans were written in a respectful way that promoted their dignity and independence. Staff placed notices on the outside of bedroom doors to prevent interruptions and ensure people's privacy and dignity was maintained when personal care was in progress. Staff knocked and announced themselves before entering people's bedrooms. Male staff were chaperoned by female staff when entering female resident's rooms and male staff did not provide or supervise personal care for female residents.

Good

Is the service responsive?

Our findings

People confirmed staff were responsive to their needs and any concerns they may have. They told us they were comfortable in approaching staff and saying if they were unhappy about anything. People were supported to move on to more independent housing and support arrangements when they no longer required a residential care placement.

A health and social care professional told us they were "Very pleased with the care and support people received". They said the service was, "Proactive in supporting people to structure their days and activities, for example arranging one-to-one art therapy for a person who did not wish to join a group". They told us the service was, "Willing to support the person to continue their hobbies, interests or work" and showed "Understanding of what is important for people". They said the registered manager was responsive, communicated well and was, "Open to suggestions to improve the service".

People's care records were well ordered and comprehensive. They included background information, care and support plans, daily records, risk assessments and incident and review records. Detailed plans were written in a way that indicated a supportive approach was taken while encouraging people's independence. For example, a plan to promote an individual's personal care skills clearly indicated when and how staff were to provide physical support or verbal prompts. There were also personalised plans to support people in managing their emotions and to take part in therapeutic activities that suited them, including art, knitting and cycling.

People were involved in developing their support plans. For example, in describing the things, symptoms or events that may indicate or trigger a personal crisis. Also in making sure that relationships that were important to the person were supported to be maintained. Review meetings were held. Two people had regularly chaired and prepared their own agendas for their meetings. The service had supported two people to have hearing aids after staff observed they were struggling to hear.

People were supported and encouraged to have active lifestyles and to engage in meaningful activities both within the home and in the community. Community activities included attending a local well-being centre, recovery college, drama club, swimming and pool at a local club. One person played golf and another had joined the local branch of a national political party and was involved in delivering party leaflets and canvassing at election times. As an art group, people had exhibited their work at the Southampton Art Gallery in April 2016 and had received positive reviews.

Care and support records included individual activity plans These described how people were supported to take part in, Zumba, art, cooking, shopping, visiting friends, a Spanish group, a reading group, and budgeting. A person who had previously stayed in their room was now enjoying going out for walks, fresh air and exercise. Staff also told us about a trip to a dairy farm and the positive effect the animals had on people's moods.

Staff wrote daily reports in relation to the activities people did, appointments they attended and the support

that was provided. An on-going record was maintained of any changes in people's needs and how these were met on a daily basis. Handover meetings were held daily and helped to ensure staff had accurate and up to date information about people's needs. This was backed up with a communication folder containing updates, such as copies of care plan changes, which staff signed to say they had read.

The service was meeting the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person had their communication needs assessed and documented as part of their care plan and was supported accordingly. There was also a policy describing the processes that were in place for the provision of accessible information and communication support to meet individual needs.

The registered manager had an open-door policy and was responsive to concerns and complaints people raised. The service communicated with the local safeguarding and community health teams to discuss any concerns and complaints. There was a complaints procedure available and the registered manager kept a record of actions taken in response.

In addition to the complaints policy and procedure, there were other ways people could raise concerns and provide feedback about the service. These included quarterly tea and coffee afternoons for people's friends and families, annual surveys for residents, families and visiting professionals, monthly resident's meetings and a suggestion box.

The majority of staff had completed a National Vocational Qualification (NVQ) in end of life care, which had been offered to staff following the passing away of a person who had been resident in the home.

Good

Is the service well-led?

Our findings

The service had a new registered manager since the last inspection. 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 told us they liked the staff and thought the service was well managed. A health and social care professional told us the registered manager had improved the service since coming into post in 2016, having previous professional experience and qualifications in the field of mental health. A member of staff said the registered manager and staff team were, "Very supportive. You can always knock on (the manager's) door". Staff also told us one of the providers visited the home and, "The residents all know him and like to speak with him". They said there was also a good relationship between the provider and staff.

The registered manager was promoting an open, inclusive and empowering culture within the service. Records of team meetings confirmed that staff were asked for their input in developing and improving the service. Staff team meetings finished with 'time to shine', a space for sharing positive feedback and celebrating success. A member of staff told us, "The registered manager is looking to continue making improvements. He is good for the service". Another member of staff said, "The registered manager has time to listen to people and the staff; all of us". They told us the registered manager, "Has invested a lot of time and energy into making changes, for example promoting choice, personalised care and least restrictive practice".

The registered manager told us they were, "Looking to continue the good work of my predecessor, maintaining links with other agencies and supporting and developing staff". This included accessing more specific training to support staff in their role and promoting reflective practice through supervision and appraisal. The practice sessions facilitated by a clinical psychologist had received positive feedback from staff. The registered manager was an advocate of collective responsibility and had introduced lead roles for staff in areas such as infection prevention and control, physical health and wellbeing, therapeutic activities, health and safety, safeguarding, equality and diversity and others.

The service was well supported by the thorough organisational skills of the registered manager. This helped to ensure the planning, ongoing assessment and review of service delivery was effective and opportunities for improvement were acted upon. A robust system of regular audits of the quality and safety of the service took place. These included medicines, health and safety, infection prevention and control, care plans and risk assessment audits. Records showed that any actions identified through the audits were followed through to completion. The registered manager had a plan for the continuous development and improvement of the service.

The service used feedback to drive improvements and deliver high quality care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. We saw that the results of the

most recent survey were positive. The views of people using the service were also sought via meetings with their key workers. The registered manager had introduced a 'You Said, We Did' board, which highlighted the responses to the feedback the service received. For example, in response to residents' feedback, the service was providing Bingo and movie nights, BBQs, more trips and outings and a new printer for the residents' computer. The registered manager had also provided a response in a similar format to relatives following their feedback.

The registered manager had also received positive feedback about the service via emails and letters. One person had written, "I would recommend to anyone that staying here is a positive experience and will allow yourself time to benefit, recover and maintain your wellness". Another person's relatives had written, "We consider ourselves to be extremely fortunate that (person's name) is being looked after at Baroda House and think that the care and trouble taken over his welfare is admirable. It is difficult to think of anything further that could be done to improve Baroda Care as of now". A letter from another person's relative stated, "The level of service is way beyond what I would have expected. Every effort has been made to make (person's name) comfortable……The level of care is excellent".

The service supported and encouraged people to engage with the wider community. For example, two people had been involved in teaching wellness recovery to staff and service users at local secure units and presenting at seminars. They had also been involved with a local university, talking to students about their lived experiences of mental health and recovery.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home. A provider website was in the process of being created.