

Brunelcare

ABC Centre

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

The ABC centre is an extra care housing scheme providing personal care to those people who require it. At the time of our inspection 33 people were receiving support with personal care. People lived in flats with their own tenancy.

People's experience of using this service and what we found

People received good care and support from staff who were happy and motivated. People told us they got on well with staff and that staff treated them with dignity and respect. People were encouraged to take an active part in planning their own care and in the running of the service.

People felt safe and were able to call staff in the event of an emergency. People were protected because staff were trained in safeguarding adults and felt confident in reporting any concerns. People received safe support with their medicines when required. Improvements in medicine administration had been made in response to a high number of errors. Staff spoke positively about the improvements that had been made.

Care was person centred in nature and took account of people's individual preferences and wishes. This was reviewed regularly so that care remained current. Activities and events were planned to encourage people to socialise and build friendships. A committee had been formed to look at how activities and events could be improved in the future.

Staff received good training and support in their roles. The registered manager acted on requests for specific training. For example, staff had requested end of life training and this was in the process of being organised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led. There were systems in place to monitor safety and quality, and action was taken when shortfalls were identified. The staff team was motivated and valued and told us they communicated and worked well together.

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

Rating at last inspection

The last rating for this service was good (report published 26 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

ABC Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection so that arrangements could be made to meet with people using the service.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed any information we received about the service as well as notifications. Notifications are information about incidents and events the provider is required to send to us.

During the inspection

We spoke with 10 people using the service and two relatives. We spoke with five members of staff, including the registered manager, team leader, care staff and seniors. We reviewed four people's care plans and looked at other records, including complaints and staff recruitment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe. Relatives told us they felt reassured and confident that their loved one was being cared for.
- In people's accommodation we saw they had pendants and alarms they could use to call for help if and when they needed it. People told us staff came promptly when they used an alarm.
- Staff received training in safeguarding adults and were confident about identifying and reporting any concerns. They told us they were confident their concerns would be listened to and acted upon by senior staff.
- There were individual risk assessments in place for people so that there were clear and consistent guidelines to follow. These covered needs such as people's mobility and risk of developing pressure damage to the skin.

Staffing and recruitment

- The registered manager told us that the staffing needs of the service fluctuated according to the needs of people living in the accommodation. At the time of the inspection, we were told there were sufficient staff to cover the current care packages.
- People told us that staff came at the expected times, though understood that occasionally there might be delays if staff had been needed elsewhere in an emergency.
- Staff told us their rotas worked well and they had sufficient time to visit people and get to the next person they needed to see. Staff also talked about how they worked well as a team and would support each other by covering care calls if a colleague was delayed.
- There were safe recruitment processes in place to ensure that staff joining the service were suitable. We saw that if a person had any previous convictions, these were discussed and fully risk assessed before a decision was made on employing the individual. Disclosure and Barring Service (DBS) checks were carried out and references sought. Photo ID was obtained and kept on the person's file.

Using medicines safely

- There had been a period of time at the service when the number of medicine errors was high. However, there had been a robust response to addressing these concerns. We saw that increased checks were now taking place. Changes had also been made to the medicine administration record (MAR). The format of these had been changed so that it was easier to use. Feedback from staff about the new forms were overwhelmingly positive.
- We saw that when medicine errors were identified, these were discussed with staff so that learning could

be taken and any action needed to improve was identified.

- There was information in people's care records about the support they needed with medicines.

Preventing and controlling infection

- People lived in their own flats with their own tenancies. However, some people told us they had support from staff in cleaning their accommodation.

Learning lessons when things go wrong

- There was a transparent and open culture within the service. People and staff all felt very confident about raising concerns or issues.
- Incidents and accidents were recorded so that these could be reviewed, and action taken as necessary to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were discussed with them at the outset of their care commencing, and a care plan devised. These were reviewed regularly to ensure they were current and reflected people's needs.

Staff support: induction, training, skills and experience

- Staff were well supported and told us morale was good amongst the team.
- Staff were all positive about the training they received. They also felt confident about asking for specific training if they needed it and told us this was listened to and actioned.
- New staff to the service completed the Care Certificate. This is a nationally recognised programme that ensures staff new to a service have the basic necessary skills to provide care.
- Regular 1:1 meetings took place as well as an annual appraisal. This gave plenty of opportunity for staff to discuss their performance and development needs.

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

- Not everyone required support with their nutritional needs, however where this was part of their care package there was clear information recorded in their care records.
- Some people told us they liked to have meals from the restaurant and staff would bring it to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People we spoke with were independent or had family members who could support them with health appointments if needed. However, staff would contact the GP or nurses if there were any concerns about a person's health.
- We saw how the service had worked with a student nurse to display information posters advising people about good skin care.

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

- The service was registered for personal care and so the accommodation wasn't regulated. However, we saw that people had access to pleasant communal areas so that they could socialise and build friendships. There was a restaurant and lounges and also a 'remembrance' room.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff were aware of the MCA and this was included in their training.
- Some people receiving support had a power of attorney in place and information about this was included in their care documentation.
- The principles of the MCA were evident in people's everyday care, through being encouraged to be involved in care planning and making decisions about their support needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave positive feedback about the care they received. Staff were described in terms such as "brilliant" and one relative commented that staff went "above and beyond". One relative told us how much of a positive change in their loved one they'd seen since moving to the centre. They told us how the person had previously been isolated and withdrawn but this had now changed. This person told us they "wished they'd done it, years ago". Another relative commented how staff would pop in and help their loved one for example if they were having trouble with something in their flat.
- We saw how staff stopped to talk and check people were ok when they saw them around the site. One person appeared a little distressed and staff helped them to sit down and find a wheelchair for them. People also came to the office and had good humoured conversations with staff there.
- One member of staff told us how they visited a person in hospital, in their own time because they knew this person had no other family that would see them.

Supporting people to express their views and be involved in making decisions about their care

- People were clearly involved in developing their care plans and decisions about their care. People had copies of their plans in their flats.
- People were able to express their views about the service as a whole, through service user meetings. In response to feedback from people there were plans to trial these on a more regular basis. Meetings had been planned on a monthly basis for the next six months.
- We heard how some people using the service had formed a committee to look at the activities programme and to help ensure it was inclusive and diverse.

Respecting and promoting people's privacy, dignity and independence

- One person told us they particularly valued their independence and that sometimes staff 'tried to do too much for them'. We fed this back to the registered manager.
- Staff told us they encouraged people's independence whenever possible.
- We saw how staff spoke with people in a kind and respectful manner and shared good humour.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- It was evident that care was planned according to people's individual needs and preferences. Care plans included information about people's lives prior to coming to live at the scheme. One person for example told us they had been a nurse previously and this had clearly been an important and significant part of their life. This was documented in the person's care file. Another person commented on how they liked a hot milky drink each evening. We saw later, that this detail was included in their care plan.
- Staff told us that care plans were clear and gave them enough information to provide the care people needed.
- Care plans were reviewed and adapted as people's needs changed.
- Care was flexible and adaptable to cover times when people might need more care, such as on return from hospital.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us about how they and staff adapted their communication to meet the needs of people using the service. For example, they told us how they produced documents in large print for those who needed it. One person had a hearing loss and it was their preference for staff to write information on a white board for them when they were talking. Another person spoke English as a second language; the registered manager told us this person did not need translated documents but this is something they would do if necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- The registered manager told us that fundraising events were held during the year to raise money towards activities and events. Activities and events were something that people using the service had wanted to be addressed and some people had formed a committee to look at what they wanted to be included in the activity programme.

- We saw that coffee mornings were held regularly as a means of people meeting with each other to socialise. Volunteers also attended the service to support people and provide social opportunities. One popular event was organised by a volunteer who once a month organised fish and chips for anyone who wanted them.
- Links had been made with a local church, who came to carry out a service on a monthly basis.
- The registered manager also told us how there were monthly day trips available for people to take part in if they wished to. Recent trips had included Weston Super Mare and bowling.

Improving care quality in response to complaints or concerns

- There was a process for managing and responding to complaints. We saw examples of concerns that had been raised by people and a response provided by the registered manager.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. However, the registered manager told us about one person they had supported at the end of their life, in accordance with their wishes to stay in their home. They had received support from Macmillan nurses and the local hospice to ensure the person received good care.
- The registered manager told us that staff had requested further training on end of life care and this is something that was being arranged. The clinical lead for the organisation was currently creating some training specific to the needs of people in extra care housing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person centred culture within the service. Staff, people and relatives all gave positive feedback about their experiences.
- The culture of the service impacted positively on people's lives and wellbeing. People expressed sentiments such as 'wishing they'd made the move (to the service) years ago' and being the 'happiest they'd been for years'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager were open and transparent about any shortfalls and responded to these robustly. This was evident in how the service responded to the number of medicines errors that had occurred in the service. Staff were positive about the changes that had occurred in response to this.
- The registered manager was clear about the legal responsibilities of their role. Notifications to CQC were made as necessary, and the rating from our last inspection was on display.
- Audits and checks took place to monitor the service and identify any concerns.
- The registered manager had a team leader and senior carers in place to support them in carrying out their duties. This was a successful leadership team who had worked hard to make positive changes in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were engaged and active in making suggestions and contributing to the running of the service. This was evident in the committee that had been formed to address the activity and events programme. People were also able to express their views and thoughts at service user meetings. These were going to be held more regularly in response to feedback from people.
- People were asked for their views as a part of a survey. We saw the results from the last survey and these were positive reflecting that people were happy with the care and support they received.
- Staff were motivated and told us they worked well together in their team. We were told that communication was good. This was supported by a communication book which staff read when starting their shift.

- Staff were valued and listened to. We read about a wellbeing week that had taken place for staff, which included a staff breakfast and massage.

Working in partnership with others

- Relationships had been built within the community to the benefit of people using the service. For example, with the church who visited regularly. We also heard about how corporate volunteer teams had been involved in making improvements to the environment. Links had been made with the 'bake a smile' project, who make cakes for those people with no family.