Braintree Health Care Limited

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Braintree health care is a supported living service and supports people with a learning disability and or physical disability in the Braintree and Witham areas of Essex. People lived in self-contained flats and in two properties with shared communal areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives spoke highly of the service and the level and quality of support provided. Staff and the management of the service shared a clear vision that people should lead fulfilling and meaningful lives.

There were enough staff to support people and promote their independence. People were supported to access the community in the way they wanted to, which enhanced their wellbeing.

People were supported by staff who knew people well and with whom they had developed warm relationships.

Staff received training and were passionate about achieving the best outcomes for people. They told us that the management team were supportive and helpful.

People received their medicines when they needed them. People had access to a range of health care services to enhance their physical and mental wellbeing.

People and their relatives told us that the management of the service consulted with them and they were given opportunities to feedback about how they were supported.

There were systems in place to audit and review how care was delivered.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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 (published 11 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was very responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Care Quality Commission

Braintree Healthcare Limited

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
One inspector and an assistant inspector conducted the inspection.

Service and service type
This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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
We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

The registered manager was not available on the day that we visited the service, but we subsequently spoke with them by telephone and they provided additional information.

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.

During the inspection-
We spoke with seven people using the service and two relatives about their experience of the care provided. We spoke with seven members of staff, including the registered manager.

We reviewed a range of records. This included people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

Good

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
• There were systems in place to safeguard people and reduce the likelihood of abuse. Staff received training and were clear about the signs of abuse and the actions that they needed to take to protect people.
• One member of staff told us, "Everyone is aware of the Whistleblowing policy. All staff have it drummed in and if you don't know, you ask. The policies and procedures are all in there."
• Staff expressed confidence in the management of the service and told us any concerns would be listened to and taken seriously.

Assessing risk, safety monitoring and management
• There were systems in place to manage risk and reduce the likelihood of harm.
• Risk assessments were in place on a range of areas such as epilepsy and accessing the community. There were management plans in place which set out how the risks should be managed. One person's plan stated how staff should describe possible obstacles and hazards, so the person could anticipate them.
• Staff knew people well and were clear about the actions that they needed to take to keep people safe.
• Staff supported people in the identification and the reporting of safety issues and building repairs. One member of staff told us that they undertook security checks at night to make sure that buildings were secure.
• Relatives expressed confidence in the systems that were in place. One person told us, "[My relative] has that feeling of independence but there's still somebody here who I trust to look after them. This is the only place I would trust to look after them."

Staffing and recruitment
• People received support from regular staff who knew them well. The support was flexible, and staff worked around people's daily lives.
• There were clear arrangements in place to support staff outside office hours.
• There were robust arrangements in place for the recruitment of new staff. Disclosure and barring checks were undertaken, and references requested from previous employers before staff commenced employment.

Using medicines safely
• There were clear systems in place for the management of people's medicines.
• Medicines were securely stored, and the amounts of medicines tallied with the medication administration records
• There were clear protocols for the management of 'as and when' PRN medicines which guided staff on the circumstances that they should be administered. The use of homely remedies was checked with the GP to ensure that they were appropriate for people and did not react with their prescribed medicines.

• Staff received training on medicine administration and their competency to do so was checked.

Preventing and controlling infection
• Staff practice prevented and controlled infection.
• Staff received training in the management and control of infection. They told us that they had access to personal protective equipment such as gloves and aprons to minimise the risk of infection.

Learning lessons when things go wrong
• Systems were in place to learn from adverse events.
• Accidents and incidents were logged and overseen by the registered manager.
• Where appropriate incidents were investigated and if learning was identified, apologies were given, and actions taken.

Good

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 needs were holistically assessed by the management of the service before care commenced to ensure that the service could meet people's needs.
• Information was collated and reviewed on a regular basis to ensure that the service was continuing to provide effective outcomes for people.
• The registered manager told us that they kept up to date with good practice through contacts with a variety of organisations including skills for care.

Staff support: induction, training, skills and experience
• Staff received training to ensure that they had the skills they needed to support people.
• Staff training was provided in a range of ways, including face to face, workbooks and on line. The training included areas specific to people's needs and staff were supported to undertake additional qualifications such as vocational qualifications.
• New staff received an induction to prepare them for the role. This included a period of shadowing and training. One member of staff told us that they had a mentor to support them. Staff new to the care sector completed the care certificate which is a nationally recognised qualification for staff.
• Staff were positive about the support they received and told us that they received supervision and appraisals to reflect on their role.

Supporting people to eat and drink enough to maintain a balanced diet
• Peoples nutritional needs were met, and they were supported to have enough to eat and drink.
• People told us that they choose what they wanted to eat and were involved in shopping for fresh ingredients.
• Staff told us how they supported people with food preparation and making healthy choices. One member of staff said, "We cook fresh as much as possible …we want to give [the person] things that they enjoy.... but we do try and develop [the person's] palate, sometimes it works but sometimes it doesn't."
• Peoples weight was monitored, and staff understood the risks relating to food for some individuals. They were clear about the guidance in care plans from health professionals such as the speech and language service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff worked with agencies to ensure that people were supported appropriately, and their health promoted.

• People told us that they had good access to health care support and were supported to maintain a healthy life. One person told us "I've been trying to lose a bit of weight, I'm diabetic. I've been trying to do a lot of walking, and exercise. I've been losing a lot of weight. I have a snack box on the side."
• Care records showed that people were supported to attend medical appointments such as dentists and chiropodists, as and when necessary.
• Where people had specific health conditions such as epilepsy there was a clear step by step guide as to the actions that staff should take to keep individuals safe and healthy.

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.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Mental capacity assessments were in place in people's records. Staff had completed training on the mental capacity act and understood their responsibilities to ensure that people were given choice about how they wished to be supported.
• One member of staff told us, "[Person's name] has a mental capacity assessment for changing their room around. They were waking up when the sun rose, then falling asleep during the day. They were getting chest infections because the bed was under the window. We asked them if we could move things around and they said no, so we filled it out to give them a better quality of life and it has worked."

Good

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 were consistently positive about the support they received. People told us that they were supported by kind and compassionate staff. One person told us, "The staff are very nice people, we can have a laugh or a joke. I am very lucky."
• We observed that staff were respectful and caring in their approach and had good relationships with people. One member of staff gently touched one person's hair in an affectionate way and the person laughed and smiled.
• Care was person centred and staff could tell us about people and their likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and direct their care. One person told us, "I chose new wallpaper, curtains, bedding and pictures."
• People led purposeful daily lives and participated in a wide range of social and work opportunities which reflected their different preferences and interests.
• Peoples differing communication needs were taken into account by the service. We observed that people were given the time they needed to express their choices.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was protected.
• Staff respected the fact that when they supported people it was in their home. One member of staff told us, "It's a special place…and we are guests in their home."
• People told us that they were enabled to be as independent as possible and their privacy was protected. One person told us, "Staff knock when they come in, sometimes they knock on the back door in the garden."

• People had been supported to access specialist equipment to enable them to be as independent as possible this included a smart kettle, talking microwave and ironing guard to assist them with their own ironing.

Outstanding ☆

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 Outstanding. At this inspection this key question has maintained this rating.
This meant services were individually tailored to meet the needs of individuals and expertly delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received exceptionally person-centred support which met their needs and preferences.
• People were supported by regular staff who knew them well. Care delivery was underpinned by care plans which provided information to staff on what was important to people and what they enjoyed. People told us that they were involved in writing their care plan and this was evident as they included detailed information such as, the kind of music they enjoyed listening to as well as specific information such as how they wished to be supported. One person required specific care when going to bed, we saw that this was all clearly documented in the person's care plan along with pictures to guide staff which meant that the person was expertly supported with their specific needs.
• People told us that they were fully supported to have choice and control over their life. One person had made a certificate for their key worker to show them how much they appreciated their support. They used words such as 'wonderful, amazing and an angel' to describe the member of staff and the support provided which helped them to 'keep calm and feel like a better person.' Another described how they liked to start their day, and how this was respected by staff, "I love it… They come in the morning to get me up. They give me my tablets and then leave me for a while. I like to have another cup of tea and put my television on."
• Staff were clear about their role as an enabler and ensuring that people were at the centre of care delivery and had choice. One member of staff told us about how they supported one person with fluids which required thickener as they were at risk of choking. They told us, "We try and give …different drinks, lots of variety, not just water." They described how they knew from the person's face, if they liked what they had been given. This meant that the person kept hydrated and enjoyed the variety of drinks provided.
•One person required specific support to communicate and this was fully detailed in their care plan in a step by step format. We observed staff communicating with this person and placing the person's hand on their neck, so they could use the vibrations to assist them understand what was being said. We saw that staff fully involved the person in the discussion and understand the importance of ascertaining their views in spite of the challenges presented.
•Care plans were in the process of being reviewed and the service was fully involving people and external agencies with the process to ensure they fully reflected the needs of people and included best practice guidance and specialist advice.
•A visiting professional had written, 'I can honestly say that this is one of the nicest supported living homes I have visited…Tenants are encouraged to use the skills they have to be as actively involved as possible given their physical limitations….'Ordinary life principles' are a natural part of the support provided by the staff team.'

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

• People were supported to live as full a life as possible and contribute to the community. We observed people coming and going throughout the day of our inspection, some people went to work, others were supported to access different volunteering opportunities. We saw that there was a wide variety of placements from housekeeping jobs and working in catering to helping at a garden centre and at a stable with horses.

•People were enabled to participate in activities which interested them. Staff worked really hard to source differing activities which perfectly suited the person's needs and wants. Activities were very person centred and we observed that they were all different, reflecting the very different personalities of the people using the service.

•Weekly planners showed that outside of their work, people pursued their chosen activities which included yoga classes, dance, reflexology, swing and sway classes and going to the cinema

•People told us that they and staff worked together to identify interests and plan holidays. People spoken to enjoyed the activities and trips away.

•Staff understood the importance of various cultural and educational trips to people and how they helped to increase people's confidence and independence.

•People were busy, but staff monitored what people did to ensure that it met their needs. One member of staff told us that they were discussing with one person that they may be doing too much so they were looking at supporting them to have a quieter day once a week.

•Staff supported people to maintain relationships with those important to them. Relatives we spoke with told us that they were welcomed when they visited. We saw that people were supported to have pets and staff provided a 'sitting' service so that there was oversight of the animals when people went away to reduce any anxieties.

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.

•Peoples communication needs were known and understood by staff. Care plans fully addressed people's communication needs and gave full guidance to staff to support them to communicate fully together.

•Documentation included symbol format which were available to help people to communicate more effectively

Improving care quality in response to complaints or concerns

• A complaints procedure was in place and in accessible formats. No complaints had been received.

• All those we spoke to told us that the management of the service was approachable, and they would not hesitate to raise a concern and were confident that it would be addressed in a professional and open way.

End of life care and support

• No one who used the service at the time of our inspection had reached the end of their life.

• There was however awareness that the service supported people who had complex needs which could impact on their life. Staff had started to explore the issue with individuals and their family and care plans contained come information about people's end of life preferences. The registered manager told us that all care plans were in the process of being reviewed.

• Staff had undertaken training on end of life care with the local hospice.

Good

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; 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
• There was an open inclusive culture and people received person centred care.
• People and relatives spoke highly of the management team and told us that they were friendly and helpful and would recommend the service. A relative told us, "The registered manager is a determined lady, she makes sure everyone is looked after the way she would like them to be looked after."
• Staff were encouraged, and their skills developed. One member of staff told us, "The registered manager will find training that suits the member of staff and their learning style."
• The registered manager was aware of the duty of candour and had made appropriate notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Staff told us about the vision of the service, that people should led fulfilling and meaningful lives. Regular meetings were held to discuss people's needs, risks and how they could improve the service.
• Staff told us that the registered manager operated an open-door policy and they would not hesitate to raise any concerns.
• There were systems in place to monitor and review the care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• People and relatives told us that the service worked in partnership with them.
• Staff morale was good, and they told us that they were involved in the development of the service. One member of staff told us, "The registered manager is open to change and tries things. They are open minded." Another member of staff told us, "The job is very rewarding…. you are not just an agent to the clock."
• A visiting professional had written, 'It has been an absolute pleasure working with both individuals and an organisation who has been so responsive and open to making change.'