

Brand Homes Limited

# Brand Homes Limited - 55 Berryscroft Road

## Inspection report

55 Berryscroft Road  
Staines  
Middlesex  
TW18 1ND

Tel: 01784459404

Date of inspection visit:  
13 September 2017  
18 September 2017

Date of publication:  
16 October 2017

## 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

55 Berryscroft Road provides accommodation, care and support for a maximum of six adults with learning disabilities. There were six people living at the home at the time of our inspection.

The service is owned and operated by Brand Homes Ltd. The provider owns another small care home nearby and the staff employed by Brand Homes Ltd. work at both homes.

The inspection took place on 13 and 18 September 2017. The first day of the inspection was unannounced. We told the provider we would return on the second day to speak with people who lived at the home.

There was a registered manager in place. 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.

At the last inspection on 30 July 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe because staff understood any risks involved in their care and took action to mitigate these risks. There were enough staff available to meet people's needs and keep them safe. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Staff maintained appropriate standards of safety in the home and there were plans in place to ensure that people would continue to receive care in the event of an emergency.

People received their care from experienced staff who knew their needs well. Staff had access to the support they needed to do their jobs. 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 were supported to eat food they enjoyed and were involved in planning the menu. Staff were aware of any dietary restrictions involved in people's care. People's healthcare needs were monitored and staff supported them to obtain treatment promptly if they needed it.

People enjoyed living at the home and had positive relationships with staff and their housemates. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families and were able to invite guests whenever they wished. People

were encouraged to be independent and were supported by staff to learn and develop new skills.

Care and support was personalised to meet people's individual needs. People had access to activities they enjoyed and had opportunities to enjoy an active social life. Some people attended day centres and others had paid employment. People were involved in their local community and had the opportunity to take an annual holiday.

There were appropriate procedures for managing complaints, although no complaints had been received since our last inspection. Staff encouraged people to speak up if they had any concerns. The provider sought feedback from people who lived at the home, their relatives and professionals and responded positively to feedback.

The registered manager was involved in the home on a daily basis and provided good support to people and staff. The registered manager monitored the quality of the service to ensure people received safe and effective care. Staff worked co-operatively with other professionals to ensure people received the care they needed.

Records were well organised and people's personal information was kept confidential. The registered manager had established links with other social care professionals to ensure they kept up to date with changes in legislation and best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

There were enough staff to meet people's needs and keep them safe.

People were protected from avoidable risks

Staff understood their roles in keeping people safe.

People were protected by the provider's recruitment procedures.

People would continue to receive care in the event of an emergency.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

People received consistent care from staff who knew their needs well.

Staff had access to the support they needed to do their jobs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People enjoyed the food provided and were involved in planning the menu.

People's healthcare needs were monitored and they were supported to obtain treatment promptly if they needed it.

### Is the service caring?

Good ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were supported to maintain relationships with their friends and families.

Staff supported people in a way that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities and events they enjoyed.

People were involved in their local community.

There were appropriate procedures for managing complaints.

### **Is the service well-led?**

**Good** ●

The service remains Good.

The registered manager provided good support to people and staff.

The registered manager monitored the quality of the service to ensure people received safe and effective care.

Staff worked co-operatively with other professionals to provide the care people needed.

Records were well organised and up to date.

# Brand Homes Limited - 55 Berryscroft Road

## **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.

The inspection took place on 13 and 18 September 2017 and was carried out by one inspector. The first day of the inspection was unannounced. We told the provider we would return on the second day to speak with people who lived at the home.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the home, the registered manager and two members of staff. We looked at the care records of two people, including their assessments, care plans and risk assessments. We checked records relating to staff recruitment, fire and health and safety. We looked at how medicines were managed and the records relating to this. We read the minutes of residents meetings and feedback from relatives and professionals. We looked at the registered manager's audits and other quality monitoring checks.

## Is the service safe?

### Our findings

People told us they felt safe at the home. They said they would feel able to speak up if they were unhappy with their care. One person told us they felt "Very safe" at the home.

There were enough staff to keep people safe and meet their needs at all times. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. People told us staff were always available when they needed them, including at night. Staff said there were enough staff on duty at all times to provide the support people needed. They said they had access to out-of-hours management support if they needed it.

People were protected from abuse because staff understood their roles in keeping people safe. The induction for new staff included information about safeguarding and whistle-blowing and staff knew how to raise concerns if they witnessed abuse or poor practice. The registered manager followed appropriate procedures if people raised concerns about their care, notifying the relevant agencies and working co-operatively with the local authority to investigate the issues raised.

People were protected by the provider's recruitment procedures. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Prospective staff were also required to submit an application form detailing their qualifications, experience and employment history.

Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered any risks people faced in their daily lives and implemented measures to reduce these risks. For example staff had carried out risk assessments for activities such as cooking, travelling independently and using cleaning products around the home. The provider information return recorded that there had been no accidents or incidents in the last 12 months. The registered manager confirmed that any accidents or incidents that did occur would be recorded and reviewed to prevent the event recurring.

Staff carried out regular checks on the fire alarm and emergency lighting systems and fire drills were held regularly. Firefighting equipment was professionally inspected and serviced at regular intervals. The registered manager had assessed the risk to each individual in the event of a fire and developed a personal emergency evacuation plan. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency. The registered manager provided evidence of gas, water and electrical safety.

Medicines were managed safely and people received their medicines as prescribed. Each person had an individual medicines profile which contained information for staff about the medicines they took. Staff had carried out risk assessments where people wished to manage their medicines themselves. Medicines were stored appropriately and the provider had a contract for the ordering and disposal of medicines with a local pharmacist. The registered manager carried out regular medicines audits and the provider information

return recorded that there had been no medicines errors in the last 12 months. The medicines administration records and monitored dosage system we checked were accurate and up to date.

## Is the service effective?

### Our findings

People were supported by experienced staff who understood the care and support they needed. The majority of the staff team had worked at the home for some years and knew the people they supported well as a result. This meant that people received their care and support in a consistent way. Feedback from professionals indicated that people received effective care and support. One healthcare professional had commented on the "Lovely, safe environment" and "How well the clients are looked after."

Staff told us they received the support they needed to do their jobs. They said they had attended an induction when they started work, which included shadowing experienced colleagues. The induction checklist included reading people's care plans and risk assessments, which staff told us had helped them understand people's needs. The induction also included taking new staff through accident, fire and whistle-blowing procedures.

The provider information return recorded that eight of the 11 staff employed had achieved Level 2 or above NVQ or Diploma in Health and Social Care. The registered manager told us the three staff who had not yet achieved vocational qualifications had registered for the Diploma in Health and Social Care and were working towards this award. Staff told us they had access to support, supervision and advice when they needed it. The registered manager said staff had an annual appraisal to which they were encouraged to contribute their views. Staff confirmed that they were able to contribute to discussions regarding their training and development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

People received their care in line with the principles of the MCA and their legal rights were respected. Staff sought people's views about their care and provided support in a way that reflected their preferences. People were encouraged to make decisions and choices about their lives. Staff understood that restrictions should only be imposed upon people where authorised to keep them safe. None of the people living at the home were subject to DoLS authorisations because they had not had restrictions imposed for their own safety.

People enjoyed the food at the home and were involved in planning the menu. People told us they

discussed the menu at residents meetings and that staff supported them to shop for and cook their chosen meals. They said each person prepared their own breakfast and lunch and that people ate their evening meals together. One person described the food as "Lovely." Staff were aware of people's preferences and any dietary restrictions involved in their care.

People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People told us staff helped them make a medical appointment if they felt unwell. Staff said each person was encouraged to attend an annual health check with their GP and we saw evidence that people regularly visited the dentist and optician for check-ups. Staff responded promptly if people reported feeling unwell. One person had complained of recurring pain in their knee. Staff had supported the person to make an appointment with their GP, which resulted in a hospital referral to identify the cause of the problem. Staff supported people who had long term conditions effectively. For example one person had asthma and was supported to attend regular appointments to monitor this condition.

## Is the service caring?

### Our findings

People told us they enjoyed living at the home and that staff were caring. They said they had good relationships with staff. One person told us, "It's a lovely home. It's all good." The person said of staff, "They are lovely, all of them."

People told us that staff treated them with respect. They said they could have privacy when they wanted it and that staff respected this. People were encouraged to make choices about their care and support. They were asked for feedback about the day services they attended at residents meetings and they told us they could choose how they spent their free time. People said staff listened to their views and took action if they requested any changes to the support they received.

People were encouraged to be independent and to develop new skills. Some people used public transport independently and said staff had supported them to do this until they felt safe and confident. Another person told us staff had supported them to make their packed lunch each day until they were able to make it themselves. People were asked at residents meetings about any new skills they wished to learn with the support of staff.

People were encouraged to be involved in the life of the home. Household tasks were shared on a rota basis and people told us they were happy with this arrangement. People said they shared responsibility for cooking, cleaning and recycling. They told us they had individual responsibility for their own bedrooms and laundry, which they managed with staff support.

People were supported to maintain relationships with their friends and families. They told us their friends and relatives were able to visit whenever they wished. One person said they had attended social clubs since moving to the home, which had enabled them to meet new people and make new friends.

## Is the service responsive?

### Our findings

People received care that was personalised to their individual needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. Each person had a care plan drawn up by staff each month that reflected their needs and preferences about their care. One person had moved into the home since our last inspection. The person told us staff understood their needs and provided their support in the way they preferred. A healthcare professional who worked with the person had commented, "My client has made tremendous progress [since moving to the home]."

Feedback from healthcare professionals provided evidence that staff responded appropriately if people's needs changed. One healthcare professional commented that if staff had any concerns about changes in people's needs, "The staff and manager communicate their concerns effectively and I then bring my appointment forward."

People had access to activities they enjoyed and had opportunities to enjoy an active social life. The home had access to a vehicle to enable people take part in activities and staff were available to provide support if needed. People were asked for their feedback about the activities they had done and to suggest activities for the coming month. The minutes of residents meetings demonstrated that staff arranged the activities people suggested. People had the opportunity to take an annual holiday. Events organised by social clubs were advertised in the home, such as pub trips, music nights, discos and craft nights. People told us staff supported them to book for these events if they wished.

Some people attended day centres and were able to choose from the range of classes and activities they offered. People were involved in their local community and regularly used local cafés, shops, pubs and restaurants. Some people had been supported to gain employment, which they said was important to them. One person had been made redundant as a result of their employer closing the business. The registered manager had supported the person to attend an interview during the employer's redundancy consultation process and staff had supported the person to obtain another job. The person told us they enjoyed their new job and the opportunity to be back in employment.

There were appropriate procedures for managing complaints. The provider had a written complaints policy, which was also available in an accessible format. People were encouraged to speak up if they were dissatisfied and told us they would feel able to voice any concerns they had. The provider information return recorded that no complaints had been received in the last 12 months. The registered manager confirmed that no complaints had been received since the provider information return was submitted.

## Is the service well-led?

### Our findings

People told us the registered manager was approachable and involved in the home on a daily basis. They said the registered manager was involved in providing their support and understood their needs well.

Staff told us the registered manager provided good support to the staff team and to the people living at the home. They said the registered manager was available if they needed advice and that they met as a team to discuss any concerns they had. One member of staff told us, "He's only ever a 'phone call away." Another member of staff said of the registered manager, "He is very good to work for. You can always speak to him, he is very approachable." Staff told us morale was good and that they worked well as a team to meet people's needs. The registered manager said staff would be asked for feedback about the leadership of the service as part of the appraisal process.

The provider sought feedback from people who lived at the home, their relatives and relevant professionals. Residents meetings took place regularly, supported by staff. People were asked for their views about the menu, the staff, and the day services and activities they attended. They were also asked if they had any concerns and whether there was anything they wished to change about the way the home was run. We saw evidence that staff responded to people's feedback. For example activities that had been suggested by people, such as bowling and meals out, had been arranged by staff.

Surveys were distributed annually to relatives, professionals and any other relevant people. Relatives were asked about the quality of care their family member received, whether staff supported people to be independent and whether any concerns had been resolved to their satisfaction. Relatives were also asked if they were happy with communication from the home and whether they wished to meet the registered manager to discuss their family member's care. The three surveys returned in 2017 all contained positive feedback about the care and support provided at the home. The surveys returned by professionals in 2017 reported that communication from the home was good and that staff responded well to feedback. One professional said, "I always receive a prompt reply to my emails." Another professional stated, "Staff are happy to hear feedback and comments."

Staff made regular checks to maintain the quality and safety of the service. The registered manager carried out a monthly audit of key areas of the service, such as medicines management and health and safety. The registered manager also checked that any scheduled healthcare appointments, residents meetings and team meetings had taken place. The registered manager reported in the provider information return that they met regularly with local authorities who commissioned people's care to discuss and review the service people received.

Records were well organised and up to date and people's personal information was kept confidential. The registered manager had established effective links with other health and social care professionals to ensure they kept up to date with changes in legislation and best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.