

Care Worldwide (Devon) Limited

Bracken Tor House

Inspection report

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Okehampton
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Tel: 0183755209

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Bracken Tor is residential care home which provides accommodation and personal care for a maximum of seven adults who live with a learning disability and/or autism. The service is also registered to provide personal care to people in their own homes. This part of the service is known as Reach Out. At the time of the inspection, six people were living at Bracken Tor and one other person stayed regularly for short breaks of respite care. There was no-one receiving personal care while in their own homes from Reach Out. The registered manager said the Reach Out service was providing support to people to do activities in the community. They said two of these people required support with personal care during these activities but staff were not supporting them with personal care in their home. CQC does not regulate personal care unless it is carried out in the person's home. Therefore, we did not inspect any aspect of the service provided by Reach Out.

The service was a four-storey house in a residential area of Okehampton. The home was in keeping with other residential properties in the local area.

People's experience of using this service:

- The service reflected the principles and values of Registering the Right Support by promoting people's choice and independence. People were encouraged to live as independently as possible.
- People were encouraged to access activities they enjoyed both in the home and through inclusion in the local community.
- Care records reflected the risks, needs and preferences for each person. Care plans described how staff should work with people to meet each person's individual requirements. Daily notes described how staff were following care plans.
- Where people were subject to restrictions to ensure their safety, this was not always in line with the requirements of the Mental Capacity Act 2005. However, after the inspection, the registered manager provided evidence they had acted to address this.
- People were supported by staff who were recruited safely and underwent an induction to ensure they understood the principles of good care. Staff were expected to update training at regular intervals.
- People were supported by staff who were supervised and appraised to ensure they had opportunities to reflect on their work.
- People were protected from the risks of abuse by staff who were understood how to keep vulnerable people safe.
- People received their medicines from staff who had been trained to administer them safely.
- Where people did not have good verbal skills, they were supported by staff who understood how to communicate with them using appropriate methods.
- People were involved in choosing and preparing meals they liked and were encouraged to eat healthily.
- The home was clean and well maintained.
- People were encouraged to select the décor and furnishings for their bedrooms. People were also involved in decisions about the décor of communal areas.
- Families and friends were welcomed into the home and encouraged to visit people at times to suit them.

- People, their relatives and staff were involved in developing and improving the service.
- There was an experienced manager in post who had been registered with the Care Quality Commission for a number of years. They stayed up to date with best practice and guidance through involvement with external groups.
- There were systems in place to monitor the quality of the service. Where issues were identified, action was taken to address them.

Rating at last inspection: Good (The last report was published on 13 October 2016)

Why we inspected: This was a planned comprehensive inspection based on previous ratings

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

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?

Requires Improvement ●

The service was not always 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.

Bracken Tor House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector

Service and service type:

Bracken Tor 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 accommodates up to 7 people. At the time of our visit there were 6 people using the 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:

The inspection was unannounced

What we did:

Before the inspection we reviewed information held on our systems. This included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had returned a Provider Information Return (PIR) in February 2019.

During inspection we spoke with four people, one relative who was visiting the home, the registered manager and three staff. We reviewed written documentation including:

- Two care records including their medicine administration records
- Two staff records including training records
- Staff rotas
- Training Records
- Supervision and appraisal records
- Policies and procedures
- Audits and quality assurance reports
- Records of accidents, incidents and complaints

After the inspection, the registered manager sent us further documentation we had requested. This included confirmation about actions taken in respect of an application made for a Deprivation of Liberties Authorisation for one person.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were involved in discussions about their safety.
- Information about what to do if there was a concern about possible abuse was displayed in the service for people and relatives.
- Staff had received safeguarding training and were confident the registered manager would take any concerns seriously.
- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Policies in respect of safeguarding were in place.

Assessing risk, safety monitoring and management

- The Provider Information Return stated, "Risk assessments support peoples' choice to make positive risks and gain as much control as is possible regarding their care and treatment." Records showed people were involved in decisions about their care, which included how risks were managed.
- People's physical, mental and social needs had been considered. Assessments had been undertaken to identify any concerns. These were clearly documented and included details about how to support people to remain safe.
- People's risk assessments were reviewed regularly and when changes to the person indicated the risks may have changed. For example, risk assessments had been reviewed to ensure one person's mobility was monitored. Risks including their footwear had been identified. Action had been taken to ensure they person had an orthotics assessment undertaken when a change to the way they walked had been identified.
- Care records were accurate, complete and up to date. Records were stored safely in the home.
- People had personal emergency evacuation plans which described their support needs in the event of an emergency. Records showed that staff undertook checks to ensure that people knew what to do in an emergency if necessary.

Staffing and recruitment

- The registered manager ensured there were sufficient staff to meet people's needs at different times, for example when they needed support with personal care or when they were doing an activity outside the service.
- People, relatives and staff said there were enough staff. A relative commented "Very good staff, don't know how they manage to get them."
- Staff were observed working in a relaxed and unhurried way with people.
- Appropriate checks were completed to ensure staff were suitable to work with potentially vulnerable people.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely. Medicines storage systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines."
- People were assessed to see if they could self-administer their own medicines. No-one was currently able to do this. However, the registered manager said this was reviewed each year to see if the situation had altered.
- Staff had received training before administering medicines to people.
- Medicine administration records (MAR) were completed accurately
- Checks of MARs and the medicines in stock were regularly undertaken.
- Staff took time with people to ensure they received their medicine.
- Staff understood the reporting procedures for accidents or incidents if they occurred.
- Records showed appropriate action had been taken and, where necessary, changes had been made to reduce the risk of a similar incident occurring in the future. For example, where a medicine administration error had been identified, staff took appropriate action including checking with the person's GP. The error was investigated and action taken to reduce the risk of reoccurrence.

Preventing and controlling infection

- The home was clean and odour free throughout.
- The laundry room was very small and did not have hand washing facilities within it or close by. The space did not allow clean washing to be kept separate from soiled laundry. The laundry room also contained cleaning equipment such as mops and buckets. We discussed this with the registered manager who agreed to make changes which would reduce the risk of cross contamination.
- After the inspection the registered manager provided details of changes that were being implemented to ensure the risks of infection in the laundry room were reduced. These measures included installing a hand wash basin, relocating cleaning equipment and creating segregated areas for clean and dirty washing.
- Staff had completed training to ensure they knew how to keep people safe from the risk of infection. This included Health and Safety Awareness, infection control and food safety training.
- Staff used personal protective equipment including disposable gloves.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were asked for their consent before staff started supporting them.
- People were encouraged to make decisions about the care and support they wanted
- Mental capacity assessments had been undertaken in relation to some decisions people were able to make. For example, decisions about their finances. Mental capacity assessments had also been undertaken in respect of whether each person was able to administer their own medicines.
- However, people were not free to leave Bracken Tor without staff support because of the risk this would pose to their safety. We discussed with the registered manager whether capacity assessments in relation to this restriction had been carried out. We also asked whether any DoLS had been applied for. The registered manager said they had not applied for a DoLS on behalf of any of the people living at Bracken Tor.
- After the inspection, the registered manager sent evidence of capacity assessments being undertaken with all the people living at Bracken Tor. Most people were assessed as having capacity to make the decision that they would not leave the service unaccompanied. However, the registered manager sent evidence that an application for a DoLS had been submitted for one person.

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

- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- People's physical, mental health and social needs were holistically assessed before they moved to the

service and this information was updated as their risks, needs and preferences changed.

- People were supported to use technology including using their own IT equipment or a computer owned by the service. This helped them to maintain their independence. For example, one person used their mobile phone and a computer to stay in touch with family and browse the internet.
- Staff knew people well and could describe how to support them to live life as independently and fulfilled as possible.

Staff support: induction, training, skills and experience

- New members of staff completed an induction programme which included the nationally recognised Care Certificate.
- Staff undertook mandatory courses which included online and face to face training to ensure they were aware of and up to date with best practice and guidance. Training was refreshed on a regular basis.
- Staff had supervision and appraisals where they could reflect on their role with their line manager. Staff said they could also ask for advice and support at any time as the registered manager was "Very helpful and knew what to do."

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

- People were observed making choices of what they ate and where they ate it. People were encouraged by staff to choose food from a selection on offer. At breakfast and lunch, people were involved in the preparation of these meals.
- Staff cooked the main evening meal although sometimes people would also get involved. Each person chose what meal was to be prepared on a particular day of the week. However, alternatives were always offered if someone did not wish to have this.
- Where people had particular nutritional needs, staff were aware of these.
- People were encouraged to stay hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies including health and social care professionals to ensure people received timely, effective care. For example, where one person had experienced back pain, staff had arranged for the person to be seen by a physiotherapist. Advice from the physiotherapist, which included exercises the person needed to do each day, had been written in their care plan. Staff described how they supported the person to do these exercises.

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

- People benefitted from living in a home that was adapted to meet their needs. One person had chosen to move to a bedroom which was more accessible for them.
- Bedrooms were decorated and furnished according to the person's taste and preferences.
- People were involved in the choice of décor for communal areas.
- Communal bathrooms and toilets had picture symbols on the door to support people being aware of what the rooms were used for.
- At night the sitting room was used as a sleeping room for the member of staff who was on sleeping night duty. The registered manager said that it was very rare for anyone to get up in the middle of the night but that if they did, then staff would need to be awake and therefore the room would be accessible to the person.
- A shower room had been refurbished and a bathroom had been adapted to make them more accessible to people who had decreased mobility.

Supporting people to live healthier lives, access healthcare services and support

- Staff had close relationships with people helped them to recognise changes in people's health promptly.

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Family members said their relative would see a GP whenever necessary and staff involved them appropriately.

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

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

- There was a relaxed, happy atmosphere in the service, with people being supported to do what they wanted.
- People said they liked staff and were happy in the home.
- Staff knew people well and had developed strong, caring relationships with them.
- Staff were observed showing affection and care to people, chatting in a friendly way and encouraging them.
- Feedback from relatives who had completed a quality survey in February 2019 included "[Person] has been exceptionally cared for and encouraged..."; "[Person] feels safe and secure at Bracken Tor. He is surrounded by staff who know and understand him" and "[Person] is very happy with his room and likes all of the staff. He is treated well and usually enjoys life."
- Staff understood and respected people's equality and diversity. Staff described how they would treat every person according to their individual needs and preferences.

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

- People were involved in developing their care plans and in reviews of their care.
- People were supported to make choices which reflected their preferences for support and care.
- Care plans clearly described each person's preferences, for example describing how one person liked to get up and get ready for the day. The care plan also described the activities each person enjoyed doing.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when working with people, ensuring the person's dignity was maintained, for example when providing support with their personal care.
- People's care plans detailed how staff should empower people as much as possible. People's independence was encouraged. For example, people were encouraged to get involved in activities of day to day living such as shopping, laundry and keeping their room clean and tidy. It was recognised that each person needed differing levels of support for example when choosing what to eat. Staff described how they would offer the person just two choices of food at a time, as otherwise they might feel overwhelmed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans described personalised care and support which reflected the risks, needs and preferences of people.
- People were involved in developing their care plans and reviewing them regularly.
- People could choose what activities they did at a time that suited them.
- Staff could describe how people liked to be supported and how they were able to be independent.
- People chose what activities they did both in and outside the home.
- The service was aware of their responsibility to meet the Accessible Information Standard. Staff understood how to communicate with people and interpret their needs in different ways. For example, where one person had limited verbal skills, staff were able to communicate with them using visual aids.

Improving care quality in response to complaints or concerns

- People and relatives knew who to contact if they needed to raise a concern or make a complaint. However, they said they had not had to complain.
- Staff understood how to support someone who wanted to complain. There had been no complaints since the last inspection. The registered managers said they would always listen to a complaint and identify ways to make improvements if needed.

End of life care and support

- The service was not supporting any people who were nearing the end of their expected life. However, the registered manager said that if the situation arose where someone became critically ill or near the end of their life, they would try to support them in the home to have a dignified and good quality end of life experience. They said this would be with the help of outside health professionals. For example, GPs community nurses and hospices.
- The registered manager said they would also ensure the person and their relatives would be involved in decisions about end of life care.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a person-centred culture which kept people at the heart of the service.
- The registered manager looked at ways to promote people's independence and involvement in the community. For example, they had made a referral to a local team who focus on developing independence for people in the home. This included considering how to support people to improve their awareness of road safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood what factors improved or compromised care. They took time to ensure staff were treated fairly as this helped build a motivated, consistent staff team.
- Safety audits were carried out in the home to ensure the home and equipment used was safe and clean. For example, regular checks were carried out on fire alarm equipment, electrical and gas fixtures and fittings.
- Senior staff from the provider organisation visited the home and undertook quality assurance audits. The results were fed back to the registered manager and an action plan was developed to ensure that the service improved aspects where necessary. This audit formed part of the governance which provided assurance to the provider.
- The registered manager submitted information to the CQC promptly as required. For example, statutory notifications and the Provider Information Return.
- The provider had considered the implications of the United Kingdom exiting the European Union and had developed a policy and contingency plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about how the service was run and said they could share their opinions and ideas they had.
- The registered manager and staff regularly spoke with people to ensure they were happy with the service they received.
- Quality assurance surveys were distributed to people and relatives to find out what they thought about the service and ways in which it could be improved. Action was taken on the feedback received.
- Resident meetings were held regularly to ensure people had the opportunity to feedback their views of the service and make any suggestions for improvements.

Continuous learning and improving care

- The registered manager and the provider understood their responsibility to act when things went wrong. This included being open and transparent about mistakes, working with outside agencies where necessary to improve systems to avoid a repeat. This demonstrated the requirements of the Duty of Candour.
- The registered manager was a member of various local networks which supported her to remain aware of current best practice.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision and improve service development. For example, learning disability services and health services.