Alliance Home Care Limited

Brownrigg

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 inspection took place on the 10 May 2017 and was announced.

Brownrigg is a care home providing accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. On the day of our inspection there were six people living at the service.

At the last inspection on 5 August and 1 September 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt the service was safe. One person told us, "I'm safe, yeah, I like it here". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt staff were skilled to meet the needs of people and provide effective care. One person told us, "I think so, yes they are [well trained]".

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed.

Staff continued to support people to eat and drink and they were given time to eat at their own pace. People's nutritional needs remained met and people reported that they had a good choice of food and drink. One person told us, "The food is wonderful".

Staff continued to feel fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "There is lots of training available. There is no excuse not to learn". Another member of staff said, "I get regular supervision. I like to know that I am doing my job well and get feedback".

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful

attitude of a consistent staff team which we observed throughout the inspection. One person told us, "I like to live here. I like the staff, they are all funny". Another person said, "I like it here. I like my room and the staff they take a joke".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People continued to be consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People and staff told us the management team continued to be approachable and professional. One person told us, "[Registered manager] is alright, I like her". Another person said, "It's good. It's good here".

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

Brownrigg

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 was planned to check 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.

This inspection took place on 10 May 2017 and was announced. This was to ensure that people and staff were available to speak with us on the day. The inspection team consisted of one inspector.

We previously carried out a comprehensive inspection at Brownrigg on 5 August and 1 September 2014 and no concerns were identified.

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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining room. We spoke with five people, the deputy manager, two care staff and the registered manager. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including three people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "I'm safe, yeah, I like it here". Another person said, "Yes, it's safe".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People felt there was enough staff to meet their needs. One person told us, "There are lots of lovely staff". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff told us, "We have enough staff, we cover each other". Another member of staff added, "At the moment there is enough staff".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get my tablet at eight o'clock". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were

given examples of people having risk assessments in place to make choices that placed them at risk. For example, one person had a keen interest in DIY and had access to power tools. Another person helped in the garden and was assessed to use gardening equipment such as a lawnmower. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "I think so, yes they are [well trained]". Another person said, "They are good to me [staff]".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. One member of staff told us, "I know about the MCA and best interest meetings. It is so important".

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One member of staff told us, "I would recognise if somebody was ill, we can see the signs. Sometimes it's not what the person says, but what they don't say".

When new staff commenced employment they underwent an induction. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "I'm very impressed about the training". Another member of staff said, "There is lots of training available. There is no excuse not to learn". Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "I get regular supervision. I like to know that I am doing my job well and get feedback".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "The food is wonderful". Another person said, "Nice food, I love the food".

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us, "I like to live here. I like the staff, they are all funny". Another person said, "I like it here. I like my room and the staff they take a joke". A further person added, "I get on alright with the staff".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "I love working with and caring for the residents here".

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One person told us, "I get a choice. I can do it". Another person said, "I get choices. When to get up". A member of staff added, "People have their own freedom and choose their own time. They are not told what to do". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to. One person told us, "I like to go to church and have readings about the Psalms".

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One member of staff told us, "We always make sure we knock and that people are covered up and decent". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "We just provide support. People can be as independent as they want to be. Sometimes we might help, but as much as they can do, we encourage them". Another member of staff said, "People choose their own hours and what they want to do. If they want to go out, they can. They go shopping and out for walks, they are free to go whenever. They are independent". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things

for themselves. Records and our own observations supported this.

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs. One person said, "They see that I'm alright". Another person added, "We speak and have meetings".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were very detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People told us they were involved in the initial care plan and on-going involvement with the plans. One person said, "They spoke to me about it [my care plan]". We saw another example whereby a person had wished to lose weight and this had been planned for with their involvement. Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated that it was important to them what time they had a shower in the morning and that they enjoyed having two breakfasts. Other care plans informed staff on how and at what time people would like to start their day and the things that interested them.

The provision of meaningful activities remained good and staff undertook activities with people both at the service and in the community. Activities on offer included trips out to go shopping and go for a meal, boys and girls games nights, cookery and visits to local attractions. Some people also accessed day centres and clubs. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw people engaging in pastimes they enjoyed. For example, one person was very interested in DIY and was working in their workshop, and another person worked in the garden. Other people chose to watch television and go on a trip to the nearby town. One person told us, "I make all this, I'm really happy". Another person said, "I go shopping and I see my Mum. I don't get bored".

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

People and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. One person told us, "[Registered manager] is alright, I like her". Another person said, "It's good. It's good here". A further person added, "I like [registered manager]".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed throughout our time in the service. People and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. One person told us, "I'm happy here". When asked why the service continued to be well led, one member of staff told us, "I am lucky to have [registered manager]. If you have a good idea, she listens. She is very supportive". Another member of staff said, "We're a good friendly team, with good communication". Another member of staff added, "We have regular meetings and always discuss and concerns".

The registered manager continued to show passion and knowledge of the people who lived at the service. They told us, "People are happy. We encourage them to take risks. I say we should work with what you can do, not what you can't. We develop people's skills and confidence, so their behaviour improves. Feedback is that we're like a family". A member of staff said, "We are trying so much to be the best we can".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.