

The Brandon Trust

Mount Adon Park

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

This inspection took place on 27 April 2017 and was unannounced. Mount Adon Park provides accommodation and support for up to four people with a learning disability. At the time of our inspection four people were using the service.

At the previous inspection of 8 March 2016 we found two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service did not always have management plans in place to address identified risks to people. The service had also not followed the correct process under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Mount Adon Park Care Home' on our website at www.cqc.org.uk.

At this inspection we found the provider had made the required improvements. Risk management plans had been put in place. These were comprehensive and provided sufficient information for staff to follow to reduce risks to people. The registered manager had made applications for authorisations to deprive people of their liberty appropriately. DoLS approval had been obtained from the relevant authorities in line with DoLS legislation. The conditions of the DoLS were monitored and reviewed regularly to ensure they continued to be relevant.

There was a registered manager in post. 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 were supported to consent to their care and support. People's relatives or advocates were involved in decision making processes. Staff involved people in their day to day care and support and enabled people to determine what they wanted to do and how they wanted it done.

Care was planned in a way that met people's individual needs. It took into account their choices, preferences and interests. Care plans provided sufficient information for staff to follow to support people to achieve their goals and positive outcomes. People were supported to participate in reviews of their care plans.

People and their relatives were given opportunities to feedback about the service and this was used to shape the way the service was delivered to people. People took part in activities they enjoyed. They were supported to engage in employment and develop skills for daily living.

People and their relatives told us they knew how to complain if they were unhappy with the service. The complaints procedure was available in an easy read format so people could understand it.

Staff knew the people they supported and what made them anxious or distressed. Staff supported people in a way that reduced their anxiety. Staff treated people with dignity and respected their privacy. People's confidential matters were discussed in private and records kept secured.

People received the support they needed from staff because there was enough staff on shift to support them safely. Staff managed people's medicines safely including the administration, recording, storage and disposal. Staff knew the signs to recognise abuse in the people they supported. Staff understood how to respond if they suspected people were being abused.

Staff were supported well through regular training, supervision and appraisal. Staff told us they felt confident and competent to support people. People had access to the healthcare services they required to maintain their health. People enjoyed the food and drink they received and were provided with food and drink of their choice.

There was clear and visible leadership in the service. Staff knew who to speak to if they needed advice and direction. The team leader and registered manager understood their roles and responsibilities. A range of audits were carried out to assess, monitor and improve the service. The registered manager met their statutory responsibilities. They submitted notifications to the CQC of important events and incidents as required.

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. Risks to people were assessed and risk management plans put in place for staff to follow to ensure people were safe.

There were enough staff available to support people. Staff managed people's medicines safely. People were supported by staff who understood signs of abuse and how to respond to keep people safe.

Is the service effective?

Good ●

The service was effective. People gave consent to their care and support. The registered manager followed the Mental Capacity Act 2005 in assessing whether people had capacity to make particular decisions. The provider was meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS).

Staff received regular training, support, supervision and appraisal. People had access to the healthcare services they required. People enjoyed the food they received and they received food according to their preferences.

Is the service caring?

Good ●

The service was caring. Staff knew the people they supported well including how to support people to reduce their anxiety. Staff treated people with dignity and respected their privacy. People were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive. People knew how to make a complaint. People and their relatives were involved in planning the service. People had the opportunity to feedback and make suggestions on how to improve the service. People's care was planned in line with their needs. People were supported to do meaningful activities they enjoyed.

Is the service well-led?

Good ●

The service was well-led. A registered manager was in post who

understood their responsibilities well. There was clear and visible leadership in the service. A range of audits took place to assess and monitor the quality of the service. People and staff were involved in running the service.

Mount Adon Park

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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April 2017 and was unannounced. It was undertaken by one inspector. Before our inspection we reviewed information we held about the service and the provider such as statutory notifications of important events and incidents.

During the inspection we spoke with four people who used the service, two relatives, two staff, one team leader and the registered manager. We also spoke with a visiting independent advocate. We looked at four people's care records and medicine administration records. We reviewed five staff files including recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

After the inspection, we spoke with two more relatives to gather their views about the service.

Is the service safe?

Our findings

At our last inspection we found the service did not adequately protect people from avoidable harm. Action plans were not always in place to show how assessed risks to people would be managed and reduced. At this inspection we found the service managed specific risks to people appropriately. They carried out assessments to identify areas of risks to people. These included people's mental health, physical health, behaviour, safety in the community and tasks relating to their day to day care. Action plans were then devised to manage identified risks in order to decrease the chance of such risks from occurring. For example, risk management plans were in place to provide staff with guidance to support people at risk of choking. Action plans were also in place to manage risks such as scalding when taking a bath. Staff understood areas of risks for people and plans to manage these. This meant people's health, safety and well-being were protected.

People and their relatives told us they felt safe at the service. The service had suitable measures in place to safeguard people from abuse. Staff had received safeguarding adults training and understood the different types of abuse and their role to report any concerns in line with the organisation's procedure. Staff were confident that their manager would take appropriate action. Staff knew their rights to whistle-blow if they felt people were at risk. The team leader and registered manager understood their responsibilities in safeguarding people and to report concerns to the local authority and to CQC.

The service continued to ensure there were sufficient staff available to support people. People told us that they received the support they needed from staff. Relatives and the independent advocate we spoke with told us that staff were always around to support people. The rota showed that staff were present during the day and night. The team leader and support staff told us that there were sufficient numbers of staff on each shift to safely support people. One staff member told us, "Based on the dependency of people, we are enough on duty to care for them [people] well." Another staff said, "We [staff] are definitely enough on duty. There is no problem with staffing." The team leader explained that the service had access to bank staff when they needed additional staff on duty or to cover emergency absence. We observed staff were visible throughout our inspection supporting and engaging people in activities and conversations.

People received the necessary support from staff to take their prescribed medicines as required. Medicine administration record (MAR) charts showed people received their medicines as prescribed. MAR charts were all correctly signed to show medicines had been administered as prescribed. These included ointments, creams and eye drops. Medicines were stored safely in a locked cabinet in the office and only staff had access to the office. The temperature of the room was monitored and maintained to ensure it was within safe limits for storing medicines. Unused medicines were returned to the pharmacy for safe disposal. Medicine audits were undertaken daily to ensure all medicines were accounted for.

Is the service effective?

Our findings

At our last inspection we found the registered manager had not applied for the Deprivation of Liberty Safeguards (DoLS) authorisations to the local authority for any of the people living at the service. We saw that people required on-going support to go out in the community and were under supervision. There was a risk that the restrictions in place were not in peoples' best interests and people could be deprived of their liberty unlawfully. 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).

The 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.

At this inspection we found the registered manager had met their responsibilities in relation to DoLS. Authorisations had been obtained from the local authority. MCA assessment was completed before DoLS was implemented. People's care records clearly set out the DoLS in place and their conditions. The DoLS conditions were reviewed and updated regularly to ensure they continued to protect people and their rights.

People consented to their care and support before they were delivered. Staff sought consent from people about their day to day care and support. People were assessed for their capacity to make specific decisions such as managing finances and developing sexual relationships. People's relatives or advocates were involved in this process. Care records reflected people's abilities to make decisions and the level of support people needed to make certain decisions. For example, one person needed support from their relatives to make decisions about expenditures when it exceeded a certain amount. Staff understood the importance of ensuring people consented to their care and support. Staff demonstrated they understood their responsibilities in relation to Deprivation of liberty safeguards (DoLS). This meant people's rights were promoted.

People were supported by staff who received regular training and supervision. Staff told us and records confirmed that they received training to improve their knowledge and skills in their roles. The training provided was relevant to the needs of people and enabled staff to support people effectively. Training included mental health awareness, safeguarding adults, managing behaviours which may challenge and the MCA and DoLS. Staff told us they were up to date with their training and felt competent in their roles. Staff told us they received regular supervision and annual appraisal. We viewed records which confirmed this. Notes of supervision sessions showed discussions about how to best meet people's needs, team work and analysis of training needs. One staff told us, "I find supervision very useful. It is used to provide me the guidance I need." Staff told us that they also held regular handover and team meetings with the team leader and registered manager. This provided further opportunity for them to receive support and guidance.

People had access to a range of professionals such as GP, optician, dentist, dietician and speech and

language therapist (SALT) when there are concerns about a person's swallowing. Staff supported people to arrange and attend appointments. We saw that SALT recommendations about a person's swallowing had been followed. Staff provided the person with fork-mashable and moist food. The service maintained record of people's visits and contacts with professionals for the purpose of following up and reference.

People told us they enjoyed the food provided at the service. Staff had reviewed the menu with people. The menu contained different food options each day. Vegetables were included on the menu every day. People told us they could eat anything of their choice. One person told us how much they liked eating their cultural food. They told us staff provided them with it at the service. People were supported to plan their menu weekly. Staff used pictures to help people decide what food they wanted included on the menu for the week. People can decide to request to have food different from what was on the menu and their request would be granted. We saw that people had access to food and drinks throughout the day.

Is the service caring?

Our findings

People, their relatives and the independent advocate we spoke with commented positively about the caring nature of staff at the service. One person told us, "They [staff] are good to me. I like them." another person said, "I am happy here. They [staff] are nice. Yes, they are nice." One relative said, "They [staff] appear very nice and helpful. I have not had any problems with them." Another relative told us. "[Relative name] is happy. He speaks well of them [staff]. They [staff] treat him well." We observed positive interaction between staff and people. They shared jokes and laughter. People felt relaxed with staff. We heard staff call people by their preferred names and communicated with them in the way they understood as detailed on their care records.

Staff understood people's preferences, daily routines, backgrounds, mental health and physical health needs. Staff were able to tell us what people liked which reflected the information in people's care records and what we had seen. Staff knew what made people anxious and what actions to take to reassure the people. We observed staff taking time to remind people of the review meeting taking place that day. They explained the purpose of the meeting, time and those that will be in attendance. This information helped the person prepare for the meeting and enabled them become relaxed. This was in line with the person's care plan as they could become anxious with unfamiliar people, places and routines. Staff demonstrated that they were considerate and understanding towards people and their needs.

Staff continued to treat people with dignity and respect. Staff gave people the privacy they needed and sought permission before entering people's rooms. Staff supported people to maintain their physical appearance and personal hygiene. People were well dressed with clean clothes appropriate for the weather. Staff talked about people in an appropriate manner and discussed private matters about people in the office. For example, handover meetings took place in the office to maintain confidentiality. People's records were also locked away in the office for data protection and confidentiality.

Staff catered for people's ethnic and cultural needs and preferences. The menu contained foods relevant to people's ethnic and cultural backgrounds. One person talked about how staff supported them to get takeaways of food of their cultural they enjoyed. People were supported to maintain relationships with their family and friends. People were able to visit and spend time with their relatives. Relatives we spoke with told us that staff supported them to be able to spend time with their relatives. They told us staff arranged transport if required and got items the person would need together before the person left for the visit. They said they found it helpful.

People had funeral plans in place. These included people's wishes about how they wanted the service conducted, who they wanted to be there and their choice of songs.

Is the service responsive?

Our findings

People received care and support appropriate to their individual needs and requirements. Care records clearly set out people's individual needs, how these needs would be met and those involved in meeting the needs. Care records covered areas such as their mental and physical health, social relationships and activities of daily living. The goals people wanted to achieve were also detailed in their care plans. People were supported to maintain their personal care in accordance with their care plans.

People's care plans were reviewed and updated regularly to reflect their changing needs. Staff recorded a summary of people's progress in achieving their goals. We observed a review meeting taking place when we visited. People were involved and they had suitable representatives such as relatives or advocate to put their views across. One person was supported by an independent advocate. An advocate is a person who puts a case on someone else's behalf. Relatives and the advocate we spoke with told us that they were kept informed of developments about their relatives or the person they advocated for. They told us that people's views were considered and used to plan their care. We checked the actions agreed from the last review meetings and saw that they had been completed and people's care plans updated accordingly.

People were supported to follow their interests and do the things they enjoyed. People participated in activities within and outside the service. People had programmes of activities they followed daily. This included domestic, leisure, educational and employment. One person had been supported to find voluntary work which they undertook weekly. They told us about the friends they had made at work. People told us about the different trips they had embarked on. Their holiday abroad was particularly interesting to one person as they shared their experience with excitement. They told us they looked forward to another trip. We saw staff support people to the shops and cafes.

People and their relatives told us they knew how to complain. They told us they would speak to the registered manager if they were unhappy. They also knew how to escalate concerns if not resolved to external agencies. One relative said "I will be happy to go to social services if I need to." Records of all complaints made to the service were maintained. Actions taken to address them were recorded as well. The complaints procedure was available in easy read format so people could understand how to make a complaint if they were unhappy.

People and their relatives were asked for their feedback about the service provided. Review meetings were used to obtain feedback from people and their relatives. Relatives we spoke with told us that they were given the opportunity to contribute and make suggestions to improve the service. People were consulted about their choice of colours for the recent redecoration of the home. People also participated in planning menus and activities through review meetings and residents meetings.

Is the service well-led?

Our findings

People and their relatives told us that the service was managed and organised well. One person said, "I like it here. I am happy." A relative told us, "It's a good place. Everyone is always very helpful. They sort things out quickly. Yes, they are good." The management structure was clear to staff and they knew who to go to for advice and direction. The team leader provided day-to-day leadership to staff. The registered manager had overall management responsibility for the service. Both the team leader and registered manager understood their responsibilities in running the home well and caring for people.

Staff told us they provided them with the support they needed. One staff said, "[Team leader] and [registered manager] are absolutely brilliant. I couldn't wish for more. They are here always and willing to guide you on how to do things correctly. They are very supportive." Another staff member told us, "They [registered manager and team leader] are open to suggestions." The team leader told us, "The registered manager is very understanding and helpful. Without him the job would have been much more difficult. He supports me well." Staff understood their roles, the values of the organisation and they showed commitment to improving the lives of the people they supported.

The team leader and registered manager regularly held meetings with the staff team to discuss issues regarding people and other concerns. Staff told us that they were able to discuss matters freely and as a team they found solutions together. Handover over meetings also provided staff to meet with the team leader and registered manager to discuss matters of concern and to seek support and advice. Minutes of staff meetings showed staff were given the opportunity to contribute to the running of the service.

The provider continued to assess, monitor and improve the service through a range of quality audits carried out by the team leader and registered manager. Audited areas included, medicines management, care records, health and safety, and staff training. We found that actions had been completed on areas that needed improvement. For example, people's support plans have been made more person centred.

The registered manager continued to submit statutory notifications to CQC as required by law.