

Florijn Care Limited

Bruntsfield House

Inspection report

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Clacton-on Sea
Essex
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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

Bruntsfield House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for seven people (residential) and six people were receiving a service when we visited.

Bruntsfield house is also a domiciliary care agency. It provides personal care to people living in one independent supported living, extra care scheme which has two buildings at the same site and is located in Clacton on Sea. There are ten supported living flats overall, seven are located in the main building and 3 were in the adjacent building. It provides a service predominantly to people with learning disabilities and high complex needs and or mental health conditions. The service is also registered for thirteen community placements and ten people were receiving a service on the day we visited.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Bruntsfield house receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to a total of ten people in the independent living, extra care schemes and six people in the residential service.

Whilst both services were in the same building each had separate entrances and operated independently, however are registered as the same location. The service is situated in a residential area of Little Clacton and is close to amenities and Clacton on Sea. The premises is set out on three floors in the main building with each person using the service having their own individual bedroom or flatlet and adequate communal facilities are available for people to make use of within the service.

At our last inspection on 27 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe using the service. Policies and procedures were in place in relation to safeguarding people from abuse. People's care planning considered risks to people and plans were in place to minimise these

risks.

Safe recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. We saw that policies and guidance were available to staff in relation to the Mental Capacity Act.

Staff were caring and supportive and people felt listened to. Staff received regular support and training to keep up to date with best practice.

Staff encouraged people and supported them to pursue their hobbies and interests and this was done with the staff team.

A system was in place to manage and monitor complaints and compliments about the service.

People had access to and were aware of the services complaints procedure.

People told us that staff asked them if they were ok and happy with the service. In addition, regular reviews and meetings took place to help ensure that people received the care and support they required.

Information was made accessible to people by being produced in different formats which included the use of photographs, different sized print and pictures.

People were supported with their eating and drinking needs when needed. Specific guidance was available to staff in relation to people's dietary needs.

People told us their privacy and dignity was protected and promoted.

Accidents and incidents were clearly recorded and reviewed by the registered manager to evidence any trends or patterns that may occur.

Systems and audits were in place to regularly check that people were receiving the care and support they required.

The service maintained links with other services within the area to promote change and good practice.

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 ●

Bruntsfield House

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.

The inspection took place on 11 and 12 July 2018 and was unannounced. It was undertaken by one inspector. The inspection went over two days as it was a complex service registered for two regulated activities at the same location.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, people's mealtimes, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at six people's care documentation (three residential care files and three supported living care

files) along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with six people, five staff, two relatives, the deputy manager, finance manager and two visiting healthcare professionals. The registered manager was away at the time of this inspection.

Is the service safe?

Our findings

People told us that they felt safe using the service. People's comments included "I feel very safe here" and "Staff look after us well and keep us safe." Policies and procedures were in place in relation to safeguarding people from abuse. A copy of these procedures were accessible to staff. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe, for example whilst accompanied out in the community.

Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. At the time of this inspection no safeguarding concerns had been raised. Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and to reduce the level of risk, risk identification documentation was completed for each person. This recorded all areas of risk that related to a person's living environment, health and safety, food hygiene, personal care, relationships and finances. This information formed part of people's care planning process and documents.

Systems were in place to help ensure that people received their medicines when they needed them. Prior to staff taking on the role of administering people's medicines they undertook training. This training was repeated and their competence in this area was checked. Training records demonstrated that where required, staff had undertaken this training. A medicines policy and procedure were in place. We observed staff administered medication safely and carefully in the service. Most people needed full assistance with their medicine administration.

People's care planning documents contained information about any medicines that they required support with, the times of administration and the dosage. Medication administration record (MAR) would be completed by staff at the times medicines were administered. People's medicines and records were checked on a regular basis to ensure that people received their medicines as they should. In addition to these checks the registered manager undertook regular audits to monitor that staff checks had been effective and when required improvements had been made.

Robust recruitment procedures were in place to help ensure that only suitable applicants were employed by the service. All applicants were required to complete an application form and references were sought to confirm they were of good character. In addition, a check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people. Prior to an offer of employment applicants had to attend a face to face interview. We looked at recruitment information and found that the appropriate procedures had been followed.

Sufficient numbers of suitably trained staff were employed to meet people's needs. People who accessed the extra care service had daily visits from a staff team who were based at that location. Staff were on site 24 hours a day to deliver care and support to people. People living in the supported living service were supported by a set team of staff throughout the day and night. People told us that they always knew who was coming on shift next. They told us that they enjoyed having the same staff supporting them on a regular

basis. In the event of staff sickness or planned holidays staff from other areas of the service such as the residential side would provide 'cover'.

Procedures were in place to inform staff of how they needed to report an accident or incident that had occurred. An accident reporting form gave guidance and clear information as to how to report an accident or incident. All accidents and incidents were analysed monthly by the registered manager. Accident forms gave the opportunity to record the details of the persons involved, a summary of actions taken following the incident and any further action to be taken. All types of incidents were recorded which included 'near misses', to prevent a situation re-occurring. When required, a body map was completed to give further details of the location of any injury.

Where required, Personal Emergency Evacuation Plans (PEEPS) formed part of people's care planning documents. These documents recorded the needs of people and what support they required in the event of having to leave their home in an emergency. In addition, a grab file/ hospital passport was available to help ensure that people could be supported to evacuate safely. Within the supported living services, a business contingency plan was in place. This plan gave information as to what actions needed to be taken in the event of for example, a fire or flood or a shortage of staff. Control measures were in place and a list of emergency contacts was readily available

Is the service effective?

Our findings

People told us that their needs had been assessed prior to using the service. They told us that they had felt included in this process. People told us that they were supported by the staff team to make choices in their day to day lives. Prior to a person using the service an assessment of their needs took place. Information relating to this assessment was gathered by the service and/or obtained from health care professionals, for example, an intensive support nurse practitioner and a community nurse. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service was able to meet these needs.

People's needs were assessed in areas which included physical and psychological care, eating and drinking, challenging behaviour, mobility and safety. Information gained from the assessment process was used to develop people's care planning documents to ensure that staff were aware of what and how care and support was to be delivered. In the event of a person's needs changing further assessments took place to ensure that staff were aware of any changes to the support people required. One person who had moved into the supported living service told us that they had fully participated in their assessment process. They told us that prior to moving into their home, staff had spent a lot of time getting to know them to make them feel comfortable.

All staff at the supported living service and the residential care service had completed training such as the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in health and social care. All newly recruited staff throughout the service had the opportunity to access the Care Certificate training. In addition, all existing staff had the opportunity to access the training and information as part of their refresher training. Training records demonstrated that staff had undertaken training in relation to moving and handling, emergency first aid, fire awareness, safeguarding and the Mental Capacity Act. In addition, where required, specific training was organised for staff, for example, in relation to dementia, epilepsy, eating and drinking, the practical use of conflict resolution and minimal restraint (MAYBO), challenging behaviour and autism.

Staff meetings took place throughout the service. Staff told us that they received regular supervision from a senior member of staff. They felt that they were well supported in their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

With community based services applications to deprive people of their liberty, these must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the

Mental Capacity Act 2005 (MCA). At the time of this inspection some people were subject to DoLs and its related legislation. The registered manager demonstrated a clear understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times. In addition, all of staff had received training in the subject of the Mental Capacity Act. People told us that staff encouraged them to make their own decisions. They told us that they were able to choose their meals, what they wanted to do with their time, what supermarket they visited to shop and where they wanted to go on holiday. People's care planning document contained information about what support if required people needed when making decisions.

People's care planning documents contained information about their nutritional needs and preferences. For example, one person's care plan stated that they enjoyed a specific diet from [country of origin]. For another person there was a plan in place to ensure they did not overeat and they purchased food daily to accommodate this. This was done to assist in monitoring and promoting good health and all meals and snacks were recorded throughout the day. Information from healthcare professionals was recorded in response to any specific dietary health needs.

People told us that their health care needs were met. They told us that they visited the dentist and their GP on a regular basis. People also told us that if they felt unwell staff would always call their GP for an appointment. In addition to these services people also had access to community based health care professionals, These included social workers and psychologists. One healthcare professional told us, "The care has been very effective here as [person's] quality of life has improved and they are now aware of situations they themselves should avoid."

Is the service caring?

Our findings

People told us that they felt the service was very caring. Their comments included "They look after me really really well" and, "I don't want to go anywhere else. I know the staff here and they care a lot." Time spent with people and the staff supporting them showed that positive relationships had been formed. People told us that they often had a good laugh with staff and said, "[Staff member] makes me smile every day they keep me happy." One relative also said, "[Person] never spoke to anyone for 32 years and they speak now. I put that down to the caring attitude of the staff and manager who have worked so hard with them. I am very grateful."

Staff understood people's needs and wishes and were quick to offer support when required. Strong relationships had been formed and people told us about common interests they had with staff. Staff were respectful of people. For example, when having a discussion, staff offered people a private area to talk, gave people time to respond and listened to what they had to say. People told us that when delivering personal care staff were always respectful and maintained their privacy wherever possible.

People told us that prior to moving into the service they spent time with other people in the service and the staff team. They told us that this was beneficial to them as it helped them settle in their new home. Another person told us that since moving into the service they had, 'become more confident' and that they felt well cared for. People felt that staff enabled and promoted their independence. One healthcare professional told us, "The service has done an admirable job with [person]. They are a very very complex person and they are still here which is testament to the caring staff."

People's care planning documents informed staff of people's religious needs and wishes. This information also included when and who support the person to follow their faith should they choose to do so.

Policies and procedures were in place to offer guidance and direction to staff in relation to equality and diversity. This information provided clear information and guidance on the services vision and values that staff were required to adhere to. For example, the information encouraged facilitating personal growth and development which empowers people individually.

Both aspects of the service had specific information available for people being supported. People using the extra care service were provided with detailed information as to what services and standard of service people should expect. In addition, a comprehensive list of contact numbers for local service and health care provision within the area.

When required information about the service was made available in large print or other different formats to help ensure that as many people as possible had access to the service. Information for people using the supported living service had access to written, pictorial and photographic information. For example, in addition to the written complaints procedure a pictorial version was in place. This information was clear, concise and encouraged people to talk to staff if they were happy, sad or angry. A number of people's care planning documents contained pictorial information to support individuals' understanding and to promote

inclusion in the planning of people's care.

Is the service responsive?

Our findings

People told us that they had a care plan and that they were involved in the planning of their care and support. People told us that they had regular reviews of their care and support. Each person had a care plan that identified their needs and wishes. Different formats were in use within the service to meet the different needs of people using the residential care service and those people using the supported living service.

The care planning process for both sections of the service gave the opportunity to record people's physical, psychological, cultural and personal care needs and how these needs were to be met. People's care planning documents were reviewed and updated on a regular basis to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. Any risks identified during the care planning process were assessed and wherever possible minimised. The service had reviewed the care planning recording process to promote a more person centred approach for people

People's care plans contained specific information when required, as to how their needs were to be met to promote their wellbeing. The registered manager recognised the importance of staff understanding the specific needs and wishes of the people they supported. To help ensure that people's needs and wishes were known and communicated effectively, several documents were in use to promote awareness to others health care professionals involved in people's lives. For example, health care passports were in place. These passports contained guidance of how a person wished and needed to be supported in the event of being admitted to hospital. People using the supported living service each had a support plan that detailed their schedule daily. One person talked with us about their plan which detailed appointments, leisure pursuits and activities planned for that week.

People told us that they had regular access to the local community and maintained a community presence with the support of staff. They gave examples of visiting local shops to purchase the weekly groceries for their home. Others shared their preferences of local pubs, restaurants and cafes to have a meal out. People told us that holidays were important to them and that they had a choice of where and when they went on holiday. For example, the management had recently organised a holiday for everyone to go to a caravan park. Some people returned home every night, however everyone across both services was welcome. Another person went for a daily five kilometre run with one of the management team and a cinema room provided a communal space for everyone to come together.

People told us how then pursued their own lifestyle choices whilst living in the supported living service. One person told us that they regularly visited relatives and used public transport. Another person told us of their hobby of science fiction and Dr Who. In addition, another person told us about a fun day they were organising for everyone in the service to attend on the 31st July 2018. Other people spoke about attending local activities and pursuing their interests in pop music, for example, one person was due to attend a Bruno Mars concert the weekend coming. Staff offered one to one support to enable people to develop their confidence and find new skills by accessing opportunities which included work experience or college courses if appropriate.

A complaints procedure was made available to people who used the service. The procedure informed people of how to raise a concern or complaint about the service they received. People told us that they knew who to speak to if they had a concern or were unhappy about something. Many people told us specific names of the staff members they would speak to if they were unhappy and were confident that they would be listened to. One person told us that their support staff had helped them to make a complaint on one occasion and they had found this support very helpful.

The registered provider had a clear system in place to record all complaints and concerns raised regarding the service. As part of the registered managers regular monitoring any concerns and complaints would be explored to identify any future learning for the service and in order to minimise the concern being raised again.

No one at the time of our inspection was receiving end of life care, however staff described how they had recently supported one person who had lost a friend when similar activities that they enjoyed and had in common as an interest together such as camping caused them anxiety.

Is the service well-led?

Our findings

People we spoke with were very positive about the quality of the service they received. They found there was an open, responsive culture with good two-way communication. The management staff were a daily visible presence in the service and were readily available to support care staff. People told us there was an "open door policy" and staff said that the management were, "very supportive."

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider's mission and values were clearly communicated in a "customer charter". Their support model was to "deliver better lives by meeting individual needs". Feedback from people who used the service indicated they were successful in this. The provider's stated values were summarised as "care and respect, kindness and empathy, and support for people to achieve their goals." In achieving this, staff were to be flexible and responsive, and courteous. The customer charter contained an ambition to "strive for excellence" while respecting and supporting people's human rights.

The provider used a system of policies and procedures which had been specifically adapted for the service. There was a clear management structure with senior care workers and staff reporting to the manager. All care staff were expected to have six supervisions or spot checks as best practice, and attended team meetings and one appraisal each year. Where supervisions and spot checks were delegated to senior staff the manager reviewed these as part of their ongoing monitoring systems.

There were systems in place to monitor and improve the quality of service. Quality questionnaires were used to obtain the thoughts of staff and people who used the service. The most recent customer satisfaction questionnaire from April 2018 had shown that over 80% of people who responded were happy with the service they received.

Where people raised concerns or made suggestions, there was feedback recorded that had been given to them in response to actions taken. In addition, the provider used an internal quality standards, key performance monthly monitoring tool which covered areas including referral information, complaints and incidents, meaningful activity, staff training, environmental checks, recruitment, health and safety and service delivery. These were based on monthly quality audits which fed into a service improvement action plan.

The provider worked in partnership with other agencies to improve people's health and well-being. Care workers supported some people to attend day care centres, which helped to reduce loneliness and social exclusion.