

# **Bricket Wood Care Limited**

# Uplands

### **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 was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) on 26 June 2017. This inspection took place on 19 June 2018.

Uplands is registered to provide accommodation and support for up to five people with learning disabilities and or a mental health condition. At the time of our inspection three people were living at the service. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People felt safe using the service. Staff and the management team demonstrated a good understanding of the different types of abuse that could occur and their role in protecting people from abuse. There were enough staff available to meet people's needs safely. Pre-employment checks were completed as part of the recruitment process.

People and their relatives told us that the care and support provided was appropriate to meet people's needs. Staff received training to help them to provide people's care and support. Staff sought people's consent to care. People were supported to access various healthcare professionals when required.

People and their relatives told us that the staff were very good and supported people in all aspects of their lives. This helped to develop people's confidence and improve people's experiences. People were involved in making decisions about their own care, and felt their views were listened to, and respected. People felt that they were treated with dignity and respect.

People told us they had been involved in developing their care plans and felt that their opinions were valued and taken into account. People told us they felt the registered manager took them seriously and if they needed to change anything about their care they spoke to their keyworker or the registered manager.

The provider had policies and procedures in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People and their relatives felt that the registered manager was always approachable with any problems. The registered manager demonstrated a good knowledge of the people who used the service and the staff they employed. The registered manager was in the process of completing an annual survey as part of the provider's quality assurance system. Other quality assurance measures were in place which included

completion of audits. These were being introduced as the service developed.

#### 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

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Sufficient staff were deployed to help keep people safe.

There was a robust recruitment process in place.

Accidents and incidents were recorded, However, they were not always reported to CQC.

People were supported to take their medicines safely by trained staff where required.

Staff were aware of fire safety requirements.

People were protected from the risk and spread of infection.

#### Is the service effective?

Good



The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People were supported to access health care professionals.

#### Is the service caring?

Good



The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs. People and their relatives were involved in the planning, delivery and reviews of the care and support provided. Care was provided in a way that promoted people's dignity and respected their privacy. People's confidentiality of personal information had been maintained. Good Is the service responsive? The service was responsive. People received personalised care that met their needs and took account of their preferences and individual choices. Detailed information was available to staff, which enabled them to provide person centred care and support. People were supported to maintain social interests and hobbies that were of interest to them. People and their relatives were confident to raise concerns which were dealt with promptly. Is the service well-led? Good The service was well led. There were systems in place to quality assure the services provided, manage risks and drive improvement. People and staff were very positive about the registered

People and staff were very positive about the registered manager.

Staff understood their roles and responsibilities and felt well supported by the management team.

The registered manager operated an open and inclusive culture at the service.



# Uplands

**Detailed findings** 

# Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 June 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service and received feedback from two family members. We spoke with three support workers and the registered manager. We also received feedback from representatives of the local authority commissioning team and the clinical commissioning group. We reviewed care records relating to two people who used the service, and three recruitment files, staff training records, quality assurance documents and other documents relevant to people's health and well-being.



## Is the service safe?

# Our findings

People who used the service told us they felt safe living at the service. One person said, "Yes I definitely feel safe living here. The environment is safe the location and there are always staff around to support you. I have my own space here, it's the safest place I have ever lived." Another person told us, "I have no concerns about my safety, the staff make sure we are safe. They are always checking that we are ok."

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse. Staff were kept safe from the risk of abuse because they had received training and knew how to recognise signs of abuse. One staff member said, "We know the people very well and would notice if something was wrong or if they were withdrawn." Another member of staff told us, "I would have no hesitation in telling my manager if I thought someone was being mistreated in any way. We are here to help and support the people who live here." Records confirmed staff received regular updates when required. This helped them to keep up to date with current information and remind staff about the process to follow should they need to report concerns.

Sufficient staff were deployed to help keep people safe. People told us there were enough staff on duty at all times to support them in a timely way. We observed throughout our inspection that people were assisted safely. We reviewed staff rotas for a month and saw that the staffing levels were consistent.

There was a robust recruitment process in place. We reviewed three recruitment records as part of the inspection process. The recruitment information was not stored at the service as this was managed by the providers HR department. Documents provided confirmed that staff had a disclosure and barring check (DBS) completed, along with references which were obtained. This helped to ensure staff employed were of good character and suitable to work in this type of service.

We saw that the registered manager had a process in place for recording accidents and incidents. Learning from these was documented to help identify possible risks and where possible to prevent a reoccurrence. We noted however, that an accident had occurred in April 2018 which we had not been notified about. The registered manager had reported the incident to the local authority safeguarding team who no further action was required as the incident was an accident.

People were supported to take their medicines safely by trained staff where required. There was a process in place for the safe ordering, storage and administration of medicines. We checked the medicine administration chart for a person and noted two signatures were missing. The registered manager confirmed the person had received their medicines that morning but they had not signed them due to us turning up to do the inspection. This was confirmed by the stock balance which confirmed the medicines were administered. Therefore we concluded that there was not an issue with the process but a one off oversight.

People were kept safe from risks because they had individual risks assessed and monitored. Staff were aware of risks to people and were able to tell us how they supported people to live their lives in the way which suited them by enabling them to make informed decisions. Staff were aware of fire safety

requirements and how to support people in the event of a fire.

People were protected from the risk and spread of infection. We observed the home to have a clean environment. Staff supported people to keep their individual rooms clean, along with any communal areas. The registered manager undertook cleaning audits, which helped ensure infection control measures that were in place were maintained.



#### Is the service effective?

# Our findings

People received care and support which was effective in meeting their needs. Care provided considered people's needs, preferences and individual routines. For example, one person who worked shifts was supported at times to suit them, and which fitted in with their work schedule. This helped ensure they were able to fulfil their daily commitments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were. No-one was being deprived of their liberty at the time of our inspection

People's wishes and consent were obtained by staff before care and support was provided. We saw from care records reviewed that people had signed to give their consent. We also observed staff asking people if it was ok to assist them before doing so. This supported people to remain as independent as possible and to give them choices about how and when they would like to be supported.

People were supported by staff that were trained to meet people's needs effectively. Staff were required to complete an induction when they started working at the service. This included getting to know people who lived at the home, reading policies and procedures and completing the care certificate which is a nationally recognised training programme and covers all the topics required to give staff the skills and knowledge to care for people effectively.

Staff were supported through a programme of supervision. This included daily handovers, team meetings and individual meetings with their line manager. Staff told us it was an opportunity to review their training needs, performance and to discuss people who they were keyworkers to.

People were provided with a healthy balanced diet which met their needs. People were provided with information to help them choose a nutritionally balanced diet. People told us they could choose what and when they ate. One person told us, "The food is very nice, its mostly home cooked and we can eat and drink when we want." One person told us about their favourite food and said, "I like Lasagne and dauphinoise potatoes they are my favourite." The person confirmed they had had these meals recently. We saw that another person had been supported to make a curry which they told us was one of their favourite dishes.

People were supported to access health care professionals. People told us they were able to see their GP when required and were also able to access a range of healthcare services when required. In addition, staff supported people to attend health related appointments. The registered manager told us they were supporting a person who used the service to access dental services which had in the past been difficult for them. They were being supported to overcome a longstanding fear. This helped demonstrate people

received care and support that met their individual needs.



# Is the service caring?

# Our findings

People told us the staff who supported them were very kind and caring. One person told us, "I am so happy living here, the staff are just the best. I really get on well with [Name] but I don't let them know how good they are, we like to have some banter." Another person told us, "I like all the staff here, nothing is too much trouble. They have really been kind and supportive me. I have made such good progress since I came to live here."

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs. Staff and the registered manager demonstrated they knew people well. The registered manager told us in detail about people's life history, their diagnosis and how they liked to be supported. They were able to tell us about all the small but important things about the people they supported. For example, one person likes their own space and can become upset if their space was compromised.

In the case of another person they told us, "Since living here I feel like I have made good progress. The staff have really been kind and this has given me the confidence to do things I previously struggled with like getting a job."

The registered manager told us, "We are supporting [Name] to overcome some barriers that had previously been experienced." The person told us, "[Name] has really helped me and I am now going into further education. I could not have achieved this without the support of the staff here."

People and their relatives were involved in the planning, delivery and reviews of the care and support provided. People told us that they were involved in the development and review of their care and support plans. One person said, "My support worker [Name] and I talk about my support. If anything needs to be changed we just update the record, I do feel that I have been involved and my family as well."

Care was provided in a way that promoted people's dignity and respected their privacy. People told us they felt that staff respected their privacy and dignity. One staff member told us, "We always make sure that we treat people respectfully and how we would like our own family members to be treated."

People had developed positive and meaning relationships with the staff who supported them at the service. We observed staff to have respectful interaction when speaking to people. For example, when engaging with people they listened to what people were saying, gave them time to digest information and took time to explain and give people options and explain the pros and cons of making informed decisions. This demonstrated staff were working in partnership with the people they supported and had their best interest at heart.

We observed people's privacy being maintained during our inspection. For example, staff were mindful when discussing people's personal information.

People's confidentiality of personal information had been maintained. We saw that records which contained

people's personal information were stored securely in a locked cabinet within the office to help ensure their personal information remained confidential.	



# Is the service responsive?

# Our findings

Peoples needs were kept under regular review and the service was responsive when their needs changed. For example, the registered manager told us, "We constantly review staffing levels to make sure that people's needs are met." They went on to tell us, "When a person required additional support we put on additional staff or if people have appointments or commitments we ensure here are enough staff to accompany them if required."

People received personalised care that met their needs and took account of their preferences and individual choices. People told us they could live their lives in a way which suited them. Staff gave them a choice about what time they got up and went to bed. People's preferred routines were discussed at regular intervals and if these needed to be adapted they could be. This demonstrated how the service responded to people's individual needs.

People told us they were able to live their lives exactly how they wished and were given choices about all aspects of their lives. One person told us, "The staff provide us with information and it's up to us to make the final decision."

Detailed information was available to staff, which enabled them to provide person centred care and support. People's care plans detailed the level of care and support people required and clearly reflected what support people required. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who used the service had the capacity to communicate their needs.

Staff were knowledgeable about people's daily routines, likes and dislikes, backgrounds and personal circumstances and used this to provide them with personalised care and support that met their individual needs. For example this included support with developing peoples domestic skills to help them achieve a better level of independence. Rotas were in place to ensure people took responsibility for household chores. This helped to develop their skills.

People were supported to maintain social interests and hobbies that were of interest to them. People were supported to participate in hobbies both within the service and the local community. We observed people doing activities in the garden on the day of our inspection. One person was playing ball games, while another was supported with experiments with cooking which they told us they really enjoyed.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. The provider had policies and procedures in place to help ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to ask. One relative told us that they felt the service was very

accommodating.

People were asked for their views on how the service operated and felt that they were listened to. For example, people were supported to furnish their rooms in a way which reflected their personalities and were provided with a standard furniture package when they moved into the home. Staff then assisted them with furnishing to their individual liking.



### Is the service well-led?

# Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us, "It is good that the management are involved in the day to day running of the service. Their door is always open and we can always speak to them if we need to discuss anything." Another person told us, "I have been well supported by [Name] registered manager." One relative told us, "When we have had any questions [Name] has always spoken to us quickly and keeps us regularly informed."

The registered manager told us they were still in the process of implementing a full quality assurance process. Although there were some audits in place records were not always signed or dated and this made it difficult to determine if they were current. We spoke to the registered manager who was on board with what needed to be done to strengthen processes.

There were systems in place to quality assure the services provided, manage risks and drive improvement. The registered manager told us they were in the process of preparing a questionnaire to obtain feedback on how the service operated. The survey would be sent to all stakeholders to obtain a full view of people's experiences. Audits were in place for cleaning and infection control, care plan and recruitment to help ensure that any missing documentation could be updated and signed off.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement.

People and staff were very positive about the registered manager. Staff understood their roles and responsibilities and felt well supported by the management team. One staff member told us, "We are a small team, it's like a family home and we all work well together to achieve the best outcomes for the people we support." Another staff member told us, "[Registered manager] is always available to offer support. Even if they are not at work they are always on call to provide advice and support."

The registered manager operated an open and inclusive culture at the service. We found the registered manager was receptive of feedback during the inspection process. They were open and transparent in their dealings with us. Staff confirmed they felt they were kept well informed of any changes happening at the home.

The registered manager told us how they developed partnership working with other agencies such at the community mental health team (CMHT) and other services who were involved in the care of the people who lived at Uplands.

Providers are required to inform us about incidents, accidents or injuries. We spoke to the registered about

this as we had not received a notification about an incident which should have been reported. The registered manager told us they would ensure future incidents were reported as required. They had not been aware that the incident was reportable.