Brandon Trust

Brandon Trust - 261 Passage Road Care Home

Inspection report

261 Passage Road
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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

Overall summary

The inspection was unannounced and took place on 25 January 2015. Prior to this, the last full inspection of the home took place in July 2013, when a breach of regulation relating to infection control was identified. This was followed up in October 2013 when a further breach of the regulation was found. We visited the home again in January 2014 and found that action had been taken to ensure the regulation was being met.

The home provides care and accommodation for five people with learning difficulties.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 received care that was safe. There were systems in place to protect people from abuse and this included training staff in safeguarding adults. Staff told us they felt confident in being able to recognise and report potential signs of abuse. People weren't able to speak with us verbally about their experiences of living in the home; however we saw that people felt settled and content in the presence of staff.

Medicines were stored safely and people received support to take their medicines in line with their identified needs.

There were risk assessments in place to guide staff in providing support to people in a safe way. For example identifying the risks involved in supporting people in the community and risks associated with providing people's personal care.

There were sufficient numbers of suitably skilled staff to ensure people's needs were met. No recent recruitment had taken place recently; however we were told that suitable checks would be completed to help make safe decisions.

People's rights were protected in line with Mental Capacity Act 2005. When people lacked capacity to make decisions about their own treatment, processes were followed to ensure that their best interests were considered. Where it was necessary to deprive a person of their liberty for their own safety and wellbeing, applications were made to the local authority for Deprivation of Liberty Safeguards authorisation as required.

Staff received training and support to help them carry out their roles effectively. Training was flexible to account for different learning styles and to meet the particular needs of people in the home.

Staff were knowledgeable about the people they supported and understood their individual needs and preferences. People were supported to ensure that adequate amounts to eat and drink. When necessary people were supported to see other healthcare professionals. For example, their GP and other specialist teams such as the Bristol Intensive Response Team who provide specialist support for people with learning difficulties.

Staff were kind and caring and built positive relationships with people. We observed staff offer comfort when people were upset and engage in pleasant everyday conversation.

People were supported to maintain relationships with people that were important to them by for example, sending birthday cards and visiting their homes. People were also supported to take part in activities that reflected their personal interests. For example, one person was supported to pursue their interest in horses.

People were encouraged to take part in planning their care as far as they were able. This included choosing photographs to include in their support plans. The views of relatives were listened to and recorded.

There were procedures in place for people to raise formal complaints if they wished to do so. Information about this was available in a format suited to people's communication needs. There had been no formal complaints in the last year.

The service was well led. There were systems in place to monitor the quality and safety of the service provided. Positive action was to taken to improve the service when concerns were identified.

Summary of findings

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 was safe.

Staff were trained in and understood how to recognise and report signs of potential abuse.

There were systems in place to store and administer medicines safely.

There were sufficient numbers of suitably qualified and skilled staff to meet people's needs.

There were risk assessments in place to guide staff in providing care that was safe.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to carry out their roles effectively. This included specific training relevant to the people they supported.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received support so that their nutritional needs were met. Staff worked with other healthcare professionals when necessary.

Good

Is the service caring?
Staff received support from staff who were kind and caring. There was a stable staff team over a period of time that allowed positive relationships to be built.

People were able to be involved in planning their care and the views of family members were listened to.

Good

Is the service responsive?
The service was responsive. Staff understood people's individual needs and preferences and people had opportunity to follow their own interests.

There were systems in place to respond to complaints and this included information in a format suited to people's needs.

Good

Is the service well-led?
The service was well led.

There was a positive and transparent culture in the home where staff felt well supported and able to raise concerns.

There were systems in place to monitor the quality of the service provided.

Good

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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 25 January 2015 and was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information that we held about the service. Since the last inspection we had not received any notifications or concerns about the service. Notifications are information about specific events that need to be shared with the Commission in line with legislation.

People in the home weren't able to speak with us in detail about their experiences of living in the home; however we made observations about the care they received. We spoke with 2 members of staff and a visitor to the home. We viewed two people's care files and other documentation relating to the running of the home.

Good

Is the service safe?

Our findings

People in the home were supported by staff who were trained in safeguarding adults and felt confident about recognising signs of potential abuse and reporting them if necessary. We were given examples of when concerns had been reported in the past and were told that these had been listened to and acted on.

People were not able to speak with us about how safe they felt in the home; however it was clear from our observations that people felt comfortable and settled in the presence of staff. People engaged in everyday conversation and interactions with staff and shared jokes and laughter together.

The administration and storage of medicines was safe. Stocks of people's medicine was kept in a locked cabinet and stored correctly. We did however find that there were no temperature checks taken in the storage area to ensure that medicines were being kept within the recommended temperature range to ensure they were safe to use.

A running total of each medicine was kept so that it was clear how much stock was left in the cupboard. A full stock check of each person's medicines was completed each week to identify any discrepancies that required further investigation. There were protocols in place for the use of PRN (as required) medicines. These set out when the medicine should be offered to the person and how frequently it should be used. The administration of medicines was recorded on Medicine Administration Record (MAR) sheets. On the sample of these that we viewed, these had been completed consistently.

There were risk assessments in place to guide staff in providing support in a safe way. The risk assessments clearly set out what measures should be followed by staff. They covered daily care tasks such as taking a bath or shower, as well as the support the person required when going out of the home. We saw that checks on the building were carried out to ensure people lived in a safe environment. For example, there was a fire risk assessment in place and checks were carried out on the fire safety equipment.

Incident and accident forms were completed as required and kept together so that any patterns or trends could be identified; however due to the small number of people living in the home, this could also be monitored informally.

There were sufficient numbers of suitably qualified staff to meet people's needs. There were five people living in the home and during the day two members of staff supported them. Overnight there was one member of staff sleeping in. We were told that staffing levels were flexible to accommodate people accessing the community if two staff members were required.

There had been no recent recruitment of staff to the home and so we weren't able to check current recruitment practices; however staff confirmed that within the wider organisation checks were undertaken, including Disclosure and Barring Service (DBS) checks to help ensure that staff were suitable for their role. These checks support an organisation in making safer recruitment decisions by providing information about any criminal convictions and whether a person is barred from working with vulnerable adults.

Good

Is the service effective?

Our findings

Staff were aware of the Mental Capacity Act 2005 (MCA) and how this should be used to support people in the home. When people lacked capacity to make decisions independently about their own care and treatment, we saw that processes were followed to ensure that people's best interests were considered. There were a number of examples of when best interests decisions had been taken for people in the home, for example in relation to spending one person's money on holidays. Staff in the home had also contributed to making decisions about whether a particular treatment was required. When necessary, staff had liaised with Independent Mental Health Advocates (IMCA). An IMCA is a person who is appointed under the MCA to represent a person when significant decisions are being made, and there is no relative or friend who can fulfil this role.

Deprivation of Liberty Safeguards (DoLS) applications had been made for everyone in the home due to the level of restrictions required to keep them safe. These safeguards are in place to provide a legal framework to deprive a person of their liberty if it is in their best interests to do so and the only option available to keep them safe. This showed that the rights of people in the home were understood and respected.

People were supported to see other healthcare professionals when needed. Staff told us they had good relationships with people's GPs. A GP had also provided positive feedback in the provider's surveys to healthcare professionals. Staff were proactive in seeking the support of specialist teams such as the Bristol Intensive Response Team (BIRT) when they had concerns. This team provides specialist intervention for people with learning disabilities. Staff told us about an example of when they'd requested support from this team recently.

People received support to ensure they had sufficient amounts to eat and drink. We observed people being asked on several occasions whether they wanted something to drink and support was provided if a person required it. We also observed a lunch time meal which people enjoyed. One person chose not to have their meal at that time and their choice was respected. Their meal was kept to be reheated at a time of their choosing.

There was information about people's 'eating and drinking' needs in their support plans. This included information about any allergies they had and how the person would communicate that they were hungry or thirsty.

People were supported by staff who were trained and supported in their role. An overview of staff training was kept by a senior member of staff so that the dates when training needed to be refreshed was clear. Mandatory training topics included moving and handling, food safety and safeguarding adults.

Staff told us that they had reminders from the organisation when their training was due. The provider was flexible in their approach to training and recognised that some people preferred e- learning whilst other preferred face to face training. Staff were supported with training relevant to the particular needs of people they supported. For example, a course in diabetes had been completed as this was a condition experienced by a person in the home. Staff had also requested a course in end of life care and this had been agreed by the organisation.

The performance and development of staff was monitored through supervision and this included observation of staff practice. Supervision is the process by which staff are supported to do their job well by senior staff in the organisation. There were records of supervision and observation in staff files. Staff competency in administering medicines was assessed regularly to ensure their practice was up to date. Staff told us they could request support at any time between formal supervision session, commenting; "you know you can ask for help at any time".

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. There was a stable staff team in place which allowed positive relationships to be built. People responded positively to staff, engaging in everyday conversation and sharing jokes together. There was a relaxed and positive atmosphere in the home, with staff sitting down with people discussing what they were watching on the television and their plans for the coming week.

Staff showed concern when people were upset or anxious. When one person was in their room and clearly upset, staff spent time with them reassuring them. Staff told us about events going on in this person's life that meant their mood was changeable.

People were treated with dignity and respect. Staff knocked on people doors before entering and spoke with people in a kind and calm manner. For example, one person approached staff showing them their hand which they thought was bruised. Staff responded by reassuring the person and explaining what the mark on the hand was.

People were encouraged to be independent where possible. There was information in people's support plans about the aspects of their care that they were able to do for themselves. For example, it was described in one support plan that a person was able to carry out aspects of their own care routines with staff verbally prompting them as guidance.

We saw that people were involved where they were able to be in planning their own care and support. In one person's file, for example there were photographs to show that the person had been involved in choosing the picture they wanted to include in their plan. This enabled the person to make a contribution to their support plan even if they weren't able to express their opinions verbally about the type of support they wished to have.

People were also given surveys in an easy read format to complete to help them express their views about the service. We saw evidence of these surveys in people's files and saw that a further survey was ready to be used during our inspection. This helped the registered manager identity whether people in the home had any issues or concerns and act on them accordingly.

People were supported to maintain relationships with family and others that were important to them. In people's support files there were important dates recorded, such as family birthdays. During our visit, we heard one person discussing with staff that they wanted to buy some birthday cards that week. In one person's file there was a letter from a family member expressing how happy they were with the care that their relative was receiving. Staff also told us about how they supported people to go and visit family members at home by accompanying them on visits and providing transport if required.

Is the service responsive?

Our findings

People were supported by staff who understood their individual needs and preferences. The staff team had been stable over a number of years and staff had become familiar and knowledgeable about the people they supported. Staff were aware of people's lives before they arrived at the home and how this informed the supported that they needed. For example, one person required support from female staff due to their experiences prior to coming to the home and arrangements were in place for this need to be met.

Staff also told us about the about people's individual characteristics and personalities, such as one person who liked to sit in a particular chair and read magazines as a pastime. We observed this during our inspection. Another person enjoyed a particular programme on television and their room had been personalised with posters relating to this interest. Everyone's personal rooms had been decorated with their input and reflected their individual interests.

People were supported to go out of the home as they wished. On the day of our inspection, one person was taken out by a member of staff to visit the cinema. Another person had an interest in horses and they were supported by a member of staff who shared this interest, to spend time at some stables. We saw pictures of the person engaged in this activity in their file.

Staff understood and responded to people varying communication needs. Some people were able to communicate verbally with staff, whilst others used a mixture of words and gestures. One person joked with us by using gesture to tell us something amusing about a member of staff, and the member of staff explained to us what the person wanted to say.

People were able to follow their own routines and preferences. We saw that people got up in the morning at a time of their choosing and staff supported them with breakfast when they were ready for it. People also received support with their morning care routine at a time that suited them.

People had support plans in place which described their needs and the way in which support should be delivered. These were person centred, which meant that they took account of people having individual needs and preferences. For example, for one person there was a plan for how to help them manage their anxiety. It described the particular ways that the person could be supported when showing signs of anxiety, for example by distracting with music or magazines. Some plans had not been reviewed in line with the identified timescales; however this did not impact on people's care as staff were very familiar with people's needs and there had been no significant changes in the support they required.

Monthly summaries were written by keyworkers as a means of evaluating people's support over the previous month and ensuring that any changes in a person's needs were identified.

There had been no formal complaints since the last inspection. However we saw that there was an easy read complaints procedure for people to use to support them in making a complaint if they wished to do so. Staff were also familiar with the signs and behaviours that would suggest a person was unhappy.

Good

Is the service well-led?

Our findings

People benefitted from a service that was well led. The management structure of the home included a registered manager who was supported by a senior staff member. The senior staff member was responsible for much of the day to day running of the service.

There was a positive atmosphere in the home, with staff expressing that they enjoyed their work. Staff also felt confident that they could raise any issues of concern and they would be listened to. One member of staff told us about specific incident they had reported which had raised concern about the welfare of people in the home. We were told that this concern had been responded to and acted on by the organisation.

There were systems in place to monitor the quality and safety of the service provided. This included a quality monitoring visit from another manager within the organisation which focused on a specific theme each visit. However, we were told that in future there would be different format for these visits which would be aligned to a new way of inspection by the Commission. We viewed records of these visits. Staff confirmed that any learning from these visits was shared at meetings so that there was a common understanding of the improvements that needed to be made. This showed that there was an open and transparent culture within the service.

There had been a positive response to concerns raised at previous inspections by the registered manager. This included redecoration of the upstairs bathroom to ensure it was easier to maintain and keep clean. At previous inspection, concerns had been highlighted about cleanliness and hygiene in this area of the home and the provider had taken positive steps to make improvements. We also saw that a more comprehensive infection control audit had been introduced to improve the effectiveness of monitoring cleanliness and hygiene.

Staff said there were high expectations within the organisation of the quality of care that was expected to be delivered. Staff were able to identify qualities that were important in their role such as treating people with dignity and respect and delivering care to the best of their ability.

Feedback was sought from people who used the service and other healthcare professionals who supported them. We saw that feedback was positive and included comments such as; 'clients are lucky to live at 261 Passage Road' and 'staff work towards what is best for people they support'. In people's files, we saw evidence of questionnaires that had been used with people in the home, which were in an easy to read format suited to people's communication needs. There were further questionnaires ready to be given out to people at the time of our inspection.

Prior to our inspection, we noted that there had been no notifications made to the Commission. We checked this with staff who confirmed that there had been no notifiable incidents in the last year. Staff were aware of the kind of incidents that would need to be notified, including allegations of potential abuse and accidents resulting in serious injury.