

National Schizophrenia Fellowship

Bruddel Grove

Inspection report

4 Bruddel Grove
The Lawns
Swindon
Wiltshire
SN3 1PW

Tel: 01793642378
Website: www.rethink.org

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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

Bruddel Grove is a care home run by the National Schizophrenia Fellowship, also known as Rethink Mental Illness. The service offers accommodation and support for up to five people who need support to manage their mental health. There were four people using the service at the time of the inspection.

There was not a registered manager in post. The service had a manager in place who had applied for registration with the Care Quality Commission. 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.

At the last inspection on the 7 and 8 December 2015 we found that people's support was not personalised to their individual needs. This was a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014 Person Centred Care.

We also found there were not sufficient numbers of suitably qualified staff to meet the needs of the people in the service. Additionally, staff did not receive support to enable them to carry out their roles and responsibilities. This was a breach of Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements to address the areas of concern. Support plans had been individualised, these were more person centred. People's care plans focussed on people's abilities and gave guidance what was needed to ensure their care was personal to them. Plans were reviewed and evaluated regularly to ensure care was current and up to date. Where it was found that people needed alternative support the service worked with professionals to ensure this happened. Although some activities took place it was acknowledged by the manager that further possibilities needed to be explored to ensure people were able to enjoy interests and activities they chose. Complaints had been dealt with effectively.

There were sufficient staff to meet people's needs. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns. Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines. The registered provider followed safe recruitment procedures. This meant the service was acting appropriately to keep people safe.

Staff responded promptly where people required assistance. Staff had received appropriate training to meet the needs of the people using the service. Staff felt supported and were supervised in their roles. People were encouraged to maintain good nutrition and people had choice and input with planning their menus. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People

had access to health care when necessary and were supported with health and well-being appointments. This meant the service were effective in meeting people's health needs.

People were supported by kind and attentive staff who knew them well. The manager and staff had ensured people were reassured, given relevant information and felt cared for when they experienced anxieties. People were supported in a respectful and dignified manner. Staff discussed interventions with people before providing support. People had access to advocacy support when they were unable to express their views clearly. Staff were knowledgeable about people's abilities and preferences, and were aware about how to communicate with people in a way that met their individual needs. This meant the service was caring.

The service was well led by an experienced manager who provided strong leadership to the team. Staff expressed confidence in the management and felt valued in their roles. There were robust quality assurance processes in place to drive improvement in the service.

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

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good ●

The service was caring

People benefitted from caring relationships with staff.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people. Staff were motivated and committed to delivering personalised care.

People knew how to raise concerns and were confident action would be taken.

People's support needs were regularly reviewed.

Is the service well-led?

The service was well led.

The provider had systems in place to monitor and improve the quality of service.

The management looked for continuous improvement.

The manager was in the process of registering with the Care Quality Commission. The manager was well supported by the provider.

Good ●

Bruddel Grove

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 comprehensive inspection took place on 15 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. The provider had submitted a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR. We also reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the professionals that worked with the service to seek their feedback.

We spoke with two people who used the service. We also spoke with the quality assurance manager, the manager, and one member of staff. We looked at a range of records which included the care records for three people, medicines records for one person and recruitment records for two members of staff. We looked at a range of records in relation to the management of the service.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "Yes I feel safe". We also observed people in the service and how the staff worked with them to assess their safety. Staff had a good understanding of what people's risks were and what was needed to keep them safe. One staff member explained that a person had a need at times to "Sit, chat and have a vent". They went on to explain this helped avoid the person's behaviour escalating to levels where they may become harmful.

People had been assessed to consider how potential risks to their safety could be managed. Measures to minimise these risks had been detailed on people's records. For example, we saw risks for a person included potential self-harm and self-neglect around appropriate nutrition. Advice was detailed about what the best diet for a person was to ensure their health did not suffer. Guidance was given in people's support plans where needed, to explain what may have triggered the person's behaviour and measures to reduce this.

Environmental risks were in place to ensure people's safety in relation to their surroundings. For example, we saw that records were maintained to ensure cleaning was regularly undertaken. Checks were completed daily on water temperatures and fridge and freezer temperatures. Electrical equipment had been tested to ensure it was safe. Fire alarm checks and regular drills were undertaken. The service had an emergency evacuation plan in the event of the building being damaged by for example fire or flooding.

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. A staff member said, "We need to be alert, communicate effectively, keep records and immediately tell manager if we have concerns". The staff member said they were confident that the manager would be both supportive and responsive to any concerns raised.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency assessed regularly to check medicines were administered safely. Medicine administration records (MAR) that we examined were completed correctly with no gaps or mistakes. We observed a person being given their medication and all appropriate measures were taken to ensure this was done safely. We saw that people had been assessed to ensure they were safe to manage their own medication. Checks were in place to ensure this remained the case on a regular basis.

There were enough staff to support people's needs. The manager assessed how many staff were needed dependent on people's support levels. This included if people needed more than one member of staff to keep them safe when they were in the community.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Is the service effective?

Our findings

We observed how staff supported people to see if they had the skills to effectively support people. We also reviewed staff records to ensure they had received the necessary training to meet the needs of the people using the service. We found staff were knowledgeable and equipped well to carry out their roles. Mandatory training included safeguarding and whistleblowing, dignity and respect, equality and diversity, infection control, first aid and basic mental health skills. Further training was being sought about delivering personal care to reflect the increased needs of the people in the service. This meant appropriate training had been provided to ensure staff were skilled to meet people's specific needs.

Staff had regular meetings with their managers to discuss their roles and responsibilities. We saw a staff recent supervision meeting had discussed their training needs and what they were doing in the near future. For example, updating first aid training and completing the care certificate. They told us they were able to discuss any issues they needed to both within and outside their supervisions. We saw one staff member had discussed their improving relationship with a person in the service and reflected on how giving the person some space had helped. We saw staff had received appreciation during these meetings in respect of their work. This meant staff were encouraged and provided with motivation to continue in their roles.

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. We saw that where people had been assessed as lacking capacity, a best interest decision had been made and documented. For example, we saw that a best interest meeting had been held in respect of one person's deteriorating physical health necessitating a move to alternative, more suitable accommodation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager kept a record of all DoLS applications made along with copies of authorisations. This ensured they had an overview of the expiry date and knew when the decision needed to be reapplied for.

People had signed that they had been involved and agreed with their care plans and risk assessments. Staff spoke of the importance of empowering people to make as many of their own decisions and choices as possible. This meant people's independence was maintained and they retained control over aspects of their lives.

People were encouraged to make their own breakfast and lunch, with support if needed. A cooked shared evening meal was prepared by the staff. People in the service were encouraged to choose food for these meals and develop shopping lists. One person we spoke with said that "The food is the best thing about being here". The service had just been awarded the top hygiene rating following their most recent

environmental health inspection.

Care records confirmed people had access to external health professionals when required. The provider had made appropriate referrals for people. We saw records from a recent meeting about a person's deteriorating health needs which stated that "Staff have done all they can to make things work but now the situation is untenable'. The home was managing the person's high needs well but acknowledged it was becoming more problematic and they were keen to hear back from health professionals about options for the person.

Is the service caring?

Our findings

We observed caring and considerate interactions between staff and people during the day of the inspection. There were friendly, caring and warm conversations with people. We heard staff offering a person to make their lunch with them in order to encourage them to eat.

We saw on one person's records that said, "[Person] had no family left and it was important to ensure they did not feel isolated and lonely. Therefore, staff should always make time to listen to the person and have an 'open door policy'. We spoke with this person who had recently been in hospital. They told us that they were very "Pleased to be home" and said "Hospital was horrible". They said they did not feel lonely and liked their own company but had staff to talk to. The person's room was personalised with many of the person's belongings including many books and paintings.

A staff member explained how important it was to see the person first. They said, "We acknowledge each person's birthday and buy a cake and a gift and we all celebrate". They went on to explain they celebrated all events such as Pancake Day and how people enjoyed this.

We saw that staff understood the importance of respecting the person and talking and involving them in all areas of their life. A member of staff told us, "When I do personal care I encourage the person to do as much as they can themselves. I tell them what I am going to do. Ensure the curtains are closed and preserve their dignity".

People were cared for by staff who knew their needs well. We spoke to staff who explained what areas of support people required. We saw that what they told us reflected what was in the support plans. This meant staff knew people well and were providing the appropriate support in line with their support plans. People's care records were written in respectful language.

Staff supported people to make choices and state preferences. People were supported to be as independent as possible, being encouraged to do as much for themselves as possible. For example, a person spoke to us saying they were unhappy that support they had been receiving to access regular health appointments was being reduced. We looked at the person's records which detailed that the person did not need the level of support they had been receiving. The service had liaised with professionals to seek their opinions on this and they were in support of withdrawing gradually. We spoke with the manager who said the person independently accessed the town and visited family members and they felt that the person could manage this alone. They understood the person's anxiety and were working to provide a consistent response to requests.

A person had received support from an advocate in responding to a complaint they had made. An advocate is someone who supports a person to express their views and concerns, promote their rights and to explore choices and options. The service had recognised the importance for the person to have independent support during the complaint investigation.

Is the service responsive?

Our findings

Most people had lived in Bruddel Grove for a considerable period of time. The service had recognised the need to ensure the service was still providing the support required where people's needs had changed. Therefore, the staff had worked with external professionals to review and discuss whether another service could support a person more effectively. For example, we saw one person's physical health needs exceeded their mental health needs. The service was working to both support the person alongside pursuing an appropriate placement for the person via external professionals who had the responsibility to find the alternate suitable placement.

At the last inspection on the 7 and 8 December 2015 we found that people's support was not personalised to their individual needs. This was a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014 Person Centred Care. We saw at this inspection that the provider had amended support plans to make them more individual to the person's needs. Support plans were made up of separate areas of needs such as inclusion, emotional needs, eating and drinking and activities.

We noted support plans about inclusion were fairly limited. For example, we saw on one document that a person had an interest in horses, drawing and painting and steam engines. This information had not been included on the current support plan. One person said they were bored at times and said they would like to get out more. The manager acknowledged that engaging people with more activities was important and they said they would be prioritising this. People in the service met monthly to discuss activities such as house improvements, fire safety, activities. People also had regular one to one meetings with their keyworkers to discuss how they were and any changes or goals they wanted to aim towards. We saw notes of one of these meetings where they had discussed medication and a health issue.

Some activities were ongoing. We heard from a staff member that people had been involved with activities such as building a greenhouse, planting seeds and potting up baskets. The service had arranged an arts and painting competition and they held bingo sessions with prizes. We saw one person was supported by a staff member to attend a bingo evening each month. Another went out for coffee with their keyworker.

We heard from a member of staff who felt the support plans were "Much improved". They went on to say the plans were able to capture more information about people. They felt the previous support plans proved difficult to fit all the relevant information into. This meant each person's support plans were tailored to reflect individual needs. We saw information such as what may trigger a person's anxiety such as 'People not following instructions, being late for appointments and unfamiliar people'. This meant staff would be able to minimise and manage these situations to assist the person.

Support plans were reviewed every six months or earlier if necessary, to reflect any changes in support and ensure staff had the most up to date information. For example, we saw where concerns had been raised by the staff to the local mental health team about a person's physical needs; this had been followed up on a regular basis to achieve the best outcome for the person.

We found the provider had a process in place for people to complain. We saw a person had complained about being left alone in the lounge due to another person's behaviour. We saw the complaint had been acknowledged in writing and saw notes of the meeting to discuss this. This was resolved by the manager arranging tasks to ensure staff were always present in the lounge.

Is the service well-led?

Our findings

A new manager who had started working at the service in December 2016 was in the process of registering with the Care Quality Commission to run the service. 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 told us they liked the manager and staff. We saw a person greeted the manager and had a chat with them. During the inspection, we observed people discussing things with the manager and other staff and the interaction and rapport reflected they had a good relationship.

Staff enjoyed their jobs. A staff member said "I love the job and like seeing things go well". They said what made them proud was "Seeing people having a good day and doing as much as they could for themselves". The staff member went on to say that communication from the manager was good and they were "On the case". They went on to say that the manager was "Very supportive".

Staff meetings were held monthly. Items discussed included people in the service. It had been recorded that staff trained in medication had stayed on beyond their hours when a person with diabetes was not well. Staff had been thanked for their work.

Quality assurance systems were up to date and well ordered to ensure continuous monitoring and improvements to the service were undertaken. A quality assurance manager had worked with the service since the last inspection. We saw a range of audits to monitor areas such as accidents, incidents, complaints, medication, health and safety, fire safety, fridge/water temperatures to ensure action is taken to address any areas of concern. The manager discussed the importance of continuing the improvements established by existing staff and the provider's quality assurance staff. The manager and quality assurance manager expressed optimism for developing the service to offer effective mental health support in Swindon alongside their other services.

We saw incidents had been recorded and acted upon. For example, a person with sexualised behaviour had targeted a staff member. The manager had made a decision to move the staff member to another service until the person had moved to another service which had been a longstanding plan. We could see that accidents and incidents were reviewed by the provider's governance overview group who reported any trends or actions necessary from these.

Over the past year, the service had been using feedback from people in the service on an ongoing process. Each person had a set time when they were asked for feedback and suggestions of any improvements or changes they wanted. The service has designed a 'Family and Friends Test' postcard which all people, family and stakeholders can complete and post in a box. This information will be gathered and evaluated on a regular basis to review whether any areas of improvement are necessary. This can be both positive feedback and constructive suggestions.

The manager was involved in working groups within the provider's organisation and responsible for application of best practice and changes in policy within the service. This would then be cascaded into local service delivery. A registered services event run by the provider focussing on good practice was planned for Spring 2017 and staff from the service will be nominated to attend to ensure they are aware of best practice and to enhance their learning and development. The manager will also join the Swindon Care Forum to exchange information and best practice with the provider's services and learn from other local care services.

The provider had carried out a senior level restructure during 2016 which resulted in a new management structure and creation of a head of Care Quality Commission compliance post in the organisation. This person was responsible for leading the South Registered Managers team (including the Swindon Registered Manager) to develop good practice across the provider's registered services. This meant the manager was well supported by the provider's senior management.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.