

Saturn Healthcare Ltd

Brett Vale Residential Home

Inspection report

Granary Barn
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Ipswich
Suffolk
IP7 5QQ

Tel: 01473827497

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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

About the service

Brett Vale is a residential home without nursing. It provides personal care to up to 10 adults who have a learning disability or who are autistic. At the time of the inspection there were 9 people living in the home. The accommodation was in a rural setting with extensive grounds. Each person had their own room with an en suite and they shared large communal facilities if they chose to access and use these.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's relatives felt their family members were safe and well cared for living at Brett Vale. Relatives described people being supported to live their own lives with as much independence as possible. The service had a good understanding of the risks people faced in their day to day lives and the ways they could support them to minimise those risks whilst maximising choice and individuality. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were supported by sufficient numbers of well-trained staff who knew them, and their support needs well. People were supported to follow and engage with their own interests and aspirations.

People's medicines were managed safely. Effective infection control measures were in place to protect people.

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.

The registered manager was respected by the staff and promoted an open and transparent culture. The registered manager and staff understood their roles and responsibilities to provide a service to people that respected their individuality.

People's needs were assessed by a multi-disciplinary team of health and social care professionals. Care plans were developed using person centred language and detailed individual needs, preferences and methods of communication.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information, we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Brett Vale Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Brett Vale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection in order to not cause distress to anyone living at the service.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We had contact with nine members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included one person's care records and electronic medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service since a change to their registration in July 2020. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of harm and abuse. Relatives told us they felt that the care and support people received was safe. One relative said, "[Family member is very very safe at Brett Vale, I think they are brilliant.]"
- Staff had received regular training about safeguarding, they knew how to identify potential abuse and how to report it. One member of staff told us, "I am aware of the whistleblowing policy and know that it means that if I suspect, identify or observe malpractice, risks, unethical conduct or illegal acts, I am to report any of my concerns and that when concerns are reported they are taken seriously."
- Staff were aware of the internal provider reporting system for safeguarding as well as how to contact the local authority safeguarding team. Information on how to do so was also displayed on a noticeboard should they need it.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of risk assessments were in place for people in respect of their support.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken.

Staffing and recruitment

- There were enough, safely recruited staff to meet people's needs. Where people required additional support at home and in the community, the registered manager and staff told us this was consistently provided. A member of staff told us, "I feel there are enough staff available to deliver people's care at the time they choose and for them to have consistent support for one-to-one or two-to-one hours they are allocated for."
- Any staffing gaps were covered by a team of regular 'bank' staff and not agency. This ensured continuity of care for people.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references, 'right to work' checks and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.

- Medicines records tallied with medicines stock and there was a monthly audit of the medicines held.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed.
- Medicines that required extra control by law, were stored securely, signed by two staff for each administration, and audited each time they were administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All visitors to the home were required have their temperature checked. Visitors were requested to show evidence of a negative lateral flow test taken on the day of the visit.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify patterns and which may help to prevent a reoccurrence. The provider had oversight of this, and any themes or patterns were identified. Records showed action was taken promptly where needed.
- The registered managers ensured risk assessments were updated if required, following any accidents or incidents. Information was shared with staff through handover meetings between shifts, staff meetings and individual staff supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service since a change to their registration in July 2020. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed prior to admission to ensure care staff had information that enabled them to provide care that was effective and responsive.
- Staff made sure that people were involved in planning their care and included relatives and other professionals where appropriate, for example mental health teams.

Staff support: induction, training, skills and experience

- There was a well-established and stable staff team, who had received training that enabled them to effectively meet people's needs and provide person-centred care. A staff member told us, "I feel like I do have the training to look after [people] safely. We have online training as well as in person training when we first begin. This can also be reinforced if we do not feel confident. As well as this, if we would like extra online training, we can ask."
- New staff completed an induction programme relevant to their role. This included essential training, working alongside senior members of staff and learning about key documents and procedures within the service.
- People's relatives told us they had confidence in the staff team and felt they were knowledgeable and had the skills to support people. One relative said, "The staff are amazing, they know exactly what they are doing and how to meet my [family member's] specific needs. They have all the training they need to enable them to do so."
- Staff received regular supervision, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities. Staff told us they felt supported in their job role. One staff member said, "I feel that I am supported at work by the management team and seniors in my care role and we work as a team, even under pressure. I can always ask for guidance if needed."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet and to meet their needs and preferences.
- People were involved in decisions about the menus and were encouraged to take part in cooking their meals.

Adapting service, design, decoration to meet people's needs

- People were involved in the design and decoration of their home.
- People's bedrooms were decorated to their taste and individual interests, with personal possessions,

furniture and photos. One person told us how they had painted their bedroom the colour to match their favourite football team.

- The provider was committed to the continuous improvement of the service to ensure people's needs were met. For example, they were in the process of increasing the safe garden space and there plans to renovate the kitchen.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide effective care and made sure people had access to healthcare service for example mental health services and GP services.
- People were supported to attend healthcare appointments. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's healthcare needs were monitored by staff to ensure any changes in their needs were responded to promptly and the appropriate advice and treatment was accessed.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities under the MCA and followed the principles.
- People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, decisions were made appropriately and in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service since a change to their registration in July 2020. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that care staff were kind and respectful. A relative told us, "I can't stress enough how good they are, [family member] is well treated and is so happy living there." Another relative commented, "We've always been very happy with the care at Brett Vale."
- Interactions we observed were positive and respectful. We heard and saw care staff being attentive and kind to people with some mutual and friendly banter and conversation.
- Care staff knew people well, the atmosphere in the home was positive and cheerful.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support wherever possible.
- People were encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support wherever possible.
- Staff knocked on doors and waited for a response before entering any person's bedroom.
- People were treated with dignity and respect and their independence was promoted. We observed staff involving people with everyday tasks.
- Records were held securely so to promote confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service since a change to their registration in July 2020. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs.
- Support plans were computer based and had been personalised to a good standard and reflected each person's individual needs.
- Support plans were detailed and contained important information about people's personal histories, their likes and dislikes, routines and preferences. This enabled staff to provide person-centred care. The information was kept under regular review and updated in line with any changes needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was fully compliant with the AIS. People's communication needs and methods had been assessed and recorded in their communication care plan. Documents and information were available in an easy read picture format, to help people make decisions and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community to participate in activities such as shopping, going to the pub and lunch out. A member of staff told us, "[People] often take part in activities that interest them, from walks, arts and crafts, attending day centres, train rides, going bowling or to the cinema etc."
- One relative told us, "[Relative goes out lots each week. They do their own weekly shop and buy their own toiletries and clothes – they chose it all for themselves." Another relative said, "The [care staff] really do involve [family member] with what is going on and listen to them about what they would like to do."
- The service was set within extensive rural grounds which housed 3 alpaca's, a pony and an area that was being developed to grow fruit and vegetables. Within their home setting people were involved in caring for their animals and taking care of the land where this was something people told us they enjoyed.
- During COVID-19 and the period of national lockdown the registered manager told us how they utilised the extensive grounds at the service as people were supported to camp out and enjoy the service hot tub.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what

people could expect to happen if they raised a concern.

- Relatives and staff, we spoke with told us all the staff and the provider were approachable and if they had any concerns, they would raise them.
- Relatives told us they knew how to make a complaint; however, they had never had any reason to complain. One relative said, "I've never had to make a complaint. If I had any queries, I'd speak to the staff and I would get good answers."

End of life care and support

- At the time of our inspection, no one at the service was in receipt of end of life care. The registered manager understood how to liaise with relevant professionals should the need arise.
- The registered manager told us how people had opted not to be involved in any discussions about end of life support at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service since a change to their registration in July 2020. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives were complimentary about the running of the home and the standards of care. One relative said, "I think they are fantastic. [Registered manager] is superb."
- Staff told us they liked working at the service and felt that they were well supported by the provider. One staff member said, "At Brett Vale we have fantastic management, they are very supportive and approachable."
- The registered manager had worked at the service for a number of years and was a good leader. People who lived at Brett Vale knew the registered manager very well and they shared a positive professional relationship. The culture of the service was person-centred and open.
- Staff were motivated and told us they enjoyed their job roles and that morale was good. One [people] but we work well as a team which can really help when working... It makes the environment a happy one to work in and to live in."
- The registered manager was passionate about providing person centred support. This was fed down to the whole staff group who embraced this. A member of staff told us, "I believe the [care staff] and the service as a whole always has a person centred care approach, and enables people to recognise and develop their strategies and abilities, so that they can live an independent and fulfilling life."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had a duty of candour policy that required the registered manager and staff to act in an open and transparent way when accidents occurred. Following any incidents people's relatives were kept informed and up to date.
- Systems were in place to ensure the service was monitored and the quality of care people received was maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured that staff were well trained and were aware of their roles and responsibilities.
- The registered manager had good oversight of the service and promoted effective monitoring and accountability.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to

the Care Quality Commission (CQC). The notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the service.

- A range of audits and reviews were in place which focused on positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.
- The staff team were motivated and as a result, people were cared for by competent staff who knew them well.
- The registered manager and provider worked well with external health and social care professionals and this supported good outcomes for people.