

# Partnerships in Care (Brunswick) Limited

## Brunswick House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 1 December 2015.

The provider is registered to accommodate and deliver personal care to five people who lived with a learning disability or associated need. Four people lived at the home at the time of our inspection.

The manager was registered with us as is required by law. 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.

Medicines were given to people as they had been prescribed. However, medicine records did not always confirm how many tablets should be available or where prescribed cream should be applied.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced. However, the systems in place to manage people's money did not always ensure that their money was being properly safeguarded.

Staff had received or were to receive the training they required to fully equip them with the skills they needed to support the people in their care.

Staff were available to meet people's individual needs. Staff received induction and the day to day support they needed to ensure they met people's needs and kept them safe.

Recruitment processes ensured that unsuitable staff were not employed. People felt that they were supported by an adequate number of staff who were kind and caring.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

People felt that they were offered and enabled to engage in educational and recreational activities that met

their preferred needs.

Systems were in place for people and their relatives to raise their concerns or complaints.

People, relatives and staff felt that the quality of service was good. The management of the service was stable. However, the registered manager and provider had not undertaken regular audits to determine shortfalls or see if changes or improvements were needed.

Three Deprivation of Liberty Safeguards (DoLS) approvals had been made but the provider had not notified us of this. This meant that the provider was not meeting legal requirements. Providers have a legal responsibility to inform us of all DoLS approvals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Medicines were given to people as they had been prescribed. However, medicine records did not always confirm how many tablets should be available or where prescribed cream should be applied.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced. However, the systems in place to manage people's money did not always ensure that their money was being properly safeguarded.

There were adequate numbers of staff that could meet people's needs. Recruitment systems helped to minimise the risk of unsuitable staff being employed to work in adult social care.

### Is the service effective?

**Good** 

The service was effective.

People felt that the service was effective and met their needs.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

### Is the service responsive?

Good 

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

The management of the service was stable. However, registered manager and provider had not undertaken regular audits to determine shortfalls or see if changes or improvements were needed.

Three Deprivation of Liberty Safeguards (DoLS) approvals had been made but the provider had not notified us of this. This meant that the provider was not meeting legal requirements. Providers have a legal responsibility to inform us of all DoLS approvals.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

People and their relatives knew who the registered manager was and felt they could approach them with any problems they had.

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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.

Our inspection was unannounced and took place on 1 December 2015. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with all four of the people who lived at the home. We spoke with four care staff, the deputy manager, the registered manager and the area manager. We spoke with two relatives. We looked at the care files for two people, medicine records for three people, recruitment records for two staff, training and supervision records for two staff and complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms that had been completed by relatives. We viewed a report that had been produced by an external provider following their visit to the home.

## Is the service safe?

### Our findings

We checked the records and money held in safe keeping for two people. For one person the records and money balanced correctly. For the second person the registered manager told us how much money the person should have and this was correct in relation to the money we counted. However, records were not available to confirm this so there was a lack of evidence to show precisely how much money the person should have had. The registered manager told us that all staff had access to people's money in the safe. They told us that there was no hand over process between staff shifts to ensure that the money was correct. This highlighted that there was potential for error and that people's money was not being fully safeguarded.

Two people told us that they were happy that the staff managed their medicine. One person said, "I like staff doing that". One person liked to manage a special medicine and told us that they did manage this. Records we saw confirmed that assessments had been undertaken to make sure that the person was safe to manage this medicine. This showed that staff ensured that people took their medicine in their preferred way.

Two people's Medication Administration Records (MAR) highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were no protocols or care plans in place to instruct the staff when the medicine should be given. This may prevent staff giving people their medicine when it was needed or giving people the medicine when it was not needed. The registered manager told us that they had recently been made aware that these should be in place and would work to ensure that the protocols and care plans were put in place.

We found that medicines left over from the previous month or months, had not been carried over onto the current MAR. We also found that staff did not date medicine packets when they first opened the packet. This meant that there may not always be a record of the exact amount of medicine available, or an audit trail for staff to follow if a medicine error occurred. The registered manager told us that they would implement processes to address the issues. However, we counted two people's medicines to confirm if the number of medicine available balanced correctly against the MAR and found that they did.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. We also saw that most staff who managed medicines had been assessed as being competent to manage medicine. A staff member said, "I am not allowed to do medicines yet. Although I have had medicine training my medicine competency has not yet been completed". This highlighted that the registered manager only allowed staff who had been trained and deemed as competent, to give people their medicines. This was to prevent risk to people from unsafe medicine practices.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that there were processes in place for ordering and returning unused medicine to the pharmacy. Staff we spoke with and records confirmed that medicine audits were undertaken on a weekly basis to ensure that medicine systems were safe and that people were being given their medicine as they had been prescribed.

A person told us, "I am not scared of anyone". A second person said, "Nothing's happened". The registered manager and staff told us that they had not seen anything that worried them. Staff we spoke with told us they did not have any concerns regarding abuse. A staff member said, "No I am not aware of anything like that happening here". Local authority staff told us that they had not been made aware of any concerns regarding abuse. Staff we spoke with all told us that they had received training in how to safeguard people from abuse and this was reflected on their training records. All staff we spoke with gave us a good account of what they would do if they were concerned or worried regarding abuse. All staff knew how to report their concerns and that they could refer to the police or social services if they were concerned.

People told us that they felt safe living at the home. A person said, "I feel safe. It's quiet here". Relatives told us that they felt their family members were safe. A staff member told us, "Definitely, everyone here is safe". We saw that risk assessments had been undertaken to explore any risks these included falls and going out into the community. All people could mobilise independently and did not require any aids or adaptations to assist them to walk. This meant that there was less risk of falls and accidents. A person said, "I haven't fallen down or had an accident". The registered manager gave us an account of how they had monitored accidents in the home and we saw records to confirm this.

People told us that there were enough staff to meet their needs. A person said, "There are enough staff for me to do what I want to do". Another person said, "There are enough staff. Sometimes they're busy going backwards and forwards". A relative said, "There are enough staff". Staff we spoke with told us that in their view there were enough staff. We observed staff were available during the day to supervise people, keep them safe and allow them to go out into the community. The registered manager told us that staff covered each other during holiday time and that there were bank staff that could be called upon to cover staff absence (bank staff are just called upon when needed rather than having regular contracted work). This was confirmed by staff we spoke with. The registered manager and staff confirmed that agency staff were rarely used. These actions gave people assurance that they would be supported by staff who were familiar to them and knew their needs.

A staff member said, "I had to wait for some time before I could start work as my checks took a long time". All staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the registered manager. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.



# Is the service effective?

## Our findings

A person told us, "It is good here". Another person said, "I like it here". All four people who lived at the home told us that they were happy with the service provided. The two relatives who we spoke with also told us that the service was good. One relative said, "Very good place". A staff member told us, "In my view the people who live here get a good service. They are well supported and looked after."

Staff had induction training. A staff member told us, "I had induction when I started. I had a full induction week looking at policies and being introduced to people. I then worked with experienced staff for a while". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. We saw evidence to confirm that the provider had introduced the new 'Care Certificate'. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member said, "The manager or the deputy are always on duty to give us help and support". All other staff we spoke with and felt supported on a day to day basis. A staff member told us, "I have regular supervision sessions with the manager". Other staff we spoke with also told us that they had supervision regularly. Records that we looked at confirmed this. We saw where problems had been identified these were discussed with staff during their supervision and appropriate measures were put in place to assist the staff member with additional training and support.

People we spoke with told us that the staff supported them correctly. A person said, "The staff do things right". Another person told us, "I think the staff have good skills". All four staff we spoke with told us that they had the training they needed to enable them to do their job. A staff member said, "I think I am able to do my job". Staff files that we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people's individual needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that each person had a DoLS approval on their file. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approvals and knew that people should not be restricted for reasons other than what had been approved.

A person told us, "The staff have to ask me before they do anything". All four staff we spoke with were clear that they should ask people's permission before they provided support. A staff member said, "We don't do

anything before asking them", (the people who lived at the home). We heard staff talking with people about going out into the community. We saw that staff asked people's views.

A person told us, "The food is good. We choose what we want to eat everyday". Another person told us, "I like the food it's great. We have different foods, I like all sorts of things. Some staff are good cooking different things". Staff ensured that people were offered the food and drink that they preferred and we saw staff giving people choices. We looked at people's care plans and saw that their food and drink likes and dislikes were recorded. During tea time, whilst eating their meal, a person told us, "This is nice" when referring to the food. The people who lived at the home told us that they each had a food cupboard in the kitchen and we saw that they had. People told us that they were given money each week to select their own snacks and treats that they could store in their cupboard. We saw that food stocks were plentiful and varied. We observed and people told us that mealtimes were flexible to meet their needs and preferences.

A person said, "I know what I can and cannot eat". Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. Staff we spoke with had a good knowledge of the risks and what they should do to prevent risks or people's health conditions becoming unstable due to food and drink. We saw that people were weighed regularly and that their weight was monitored to prevent a risk of obesity or malnutrition.

A person told us, "I see the doctor". Another person said, "My teeth are looked at". Staff we spoke with told us that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included specialist hospital consultants. This ensured that people accessed the health attention they needed. The provider employed a psychologist to work one day a week at the home. We saw the psychologist during our inspection. They worked on a one to one basis with people to address their psychological needs. Staff told us and records confirmed that there had been successes from this where people's phobias had been overcome and behaviours had changed that had promoted their wellbeing.

# Is the service caring?

## Our findings

A person said, "The staff are nice, kind". A relative described the staff as being kind and caring. A staff member told us, "The staff here are kind, helpful and friendly". We saw that staff were friendly towards people. We heard staff asking people how they were, what they wanted to do, and showing an interest in them and their interests.

We found that the atmosphere was happy and welcoming. Throughout the day we saw that people were chatting to staff and each other. We saw that people were calm, looked happy and they were smiling and laughing.

A person said, "I like to be on my own sometimes in my room and I do". People told us that they could spend time alone in their bedrooms reading or watching the television to have some private space when they wanted to. People told us that staff were always polite and knocked their doors before entering their room. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

A staff member told us, "We must not discuss anything about the people here outside of work, to other people who live here, or to other relatives". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home and followed it.

A person said, "I get out the clothes I want to wear. I always go and buy my own clothes as well". Another person said, "I always pick my clothes". Staff knew that people liked to dress in their preferred way. A staff member told us, "Everyone here wears what they want to each day and we support them to go shopping when they need new clothes". We saw that people wore clothes that were appropriate for the weather and reflected their individual taste.

A person said, "I do a lot things for myself. I do cleaning, cooking and my shopping". Another person said, "I do sandwiches and make tea". Two people had developed their independence and could, for the first time, go to the local shops on their own. A person said, "It is good going to the shop my own". Records that we looked at confirmed that people were encouraged to undertake a range of daily living tasks which was confirmed by staff we spoke with. Staff we spoke with all told us that they only supported people to do things that they could not do.

People confirmed that staff communicated with them in a way that they understood. A person said, "I know what the staff are saying". All people could communicate their needs and wishes verbally. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We observed that staff and people understood what the other was communicating. When staff spoke with people they responded appropriately to what had been said.

A person said, "I like to see my family. They can come when they want to and I go out with them". During our

inspection two relatives visited. A relative told us, "We can come whenever we want to. We just turned up today". We saw that staff welcomed the relatives and were friendly to them.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that one person had the input of an advocate at the time of our inspection.

## Is the service responsive?

### Our findings

A person said, "I came here a few times before I moved in. I liked it here. The staff asked me things". The registered manager told us and records that we looked at confirmed that prior to people living at the home an assessment of need was carried out. This involved the person and/or their relative to identify their individual needs, personal preferences and any risks. This would help the staff identify if they could meet the person's needs and allow the person and/or their family to decide if the home would be suitable for them. The registered manager told us that they knew that it was important that any future person (as there was one vacant placement) had needs that would not unsettle the people already living at the home.

A person told us, "The staff look after me well". A relative said, "The staff know about them (their family member). It is good. There's nothing the staff could do better". A staff member told us, "There are only four people here. They know us and we know them well. The care plans that we looked at did not all reflect people's needs. For one person their physical condition was not highlighted and for another recommendations made at dentist visits had not been included. However, when we asked staff about people's needs they had a good knowledge and told us how each person needed to be supported. By the end of the inspection the registered manager had put a care plan in place regarding the one person's health care condition. They showed us the care plan. The registered manager also told us that they would produce a care plan for the other person's oral care needs.

A person told us, "I go to church, a local church in town to go to weddings and christenings". People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

One person attended college and another was enrolling for a college course. A person told us, "I go out nearly every day. I don't want to go out today I went shopping yesterday for clothes and food." Another person said, "We go where we want to go. I like to go swimming and I do". All people accessed the community on a daily basis to shop, go to chosen places of interest or eat out either with staff or their families. We observed people going out with staff and returning throughout the day. When at home people had their own interests. One person was using an interactive exercise game with the support of staff member. They were both happy and smiling. Another person was using an electronic hand held game again, supported by staff. We saw that they were talking to the staff member and was calm. Another person told us that they liked to listen to music in their bedroom and regularly did that. People told us that they went on trips and that they enjoyed these. A person said, "I went to Blackpool I'm going to the Birmingham German market".

People told us that staff asked their views about the service provided. A person said, "We have meetings on Monday with everyone, staff and the people. We talk about what we doing and where we want to go. The staff write it down at the meeting". The registered manager and staff confirmed that people had asked for more gym sessions and to go swimming. People we spoke with and records that we looked at confirmed that this had been arranged. We saw recently completed provider feedback forms on care files that had

been completed by relatives. The overall feedback was positive and confirmed that they were happy with the service provided.

People told us that they knew how to complain. One person said, "I would tell staff". Relatives told us that they were aware of the complaints procedure. A relative said, "If the staff weren't doing a good job, I would say. He [their family member] loves it". We saw that the complaints procedure was on display by the front door. However, it only contained words, not pictures and words that may make it easier for people to understand.

## Is the service well-led?

### Our findings

There was a lack of evidence to show that regular audits and checks had been undertaken by the registered manager or provider. The registered manager confirmed that they had not undertaken audits to determine if the home was being run in the best interests of the people who lived at the home. The registered manager told us that staff did audits but they did not check the audits the staff had carried out. The registered manager said, "I speak with staff during meetings and supervision. I do not routinely check what the staff do". The registered manager also confirmed that although a senior manager visited regularly, they had not undertaken any formal quality checks to ensure that the service was being run as it should. The area manager (who had been in post for three months) told us that they would have to look at starting audits. We found issues that should have been identified and addressed through management and provider quality monitoring, observation and speaking with people but this had not been done. These included improvements needed to medicine recording processes, a lack of systems to safeguard people's money and care plans not being available to reflect people's needs. This demonstrated that people could not be assured that the service provided was adequately monitored to ensure that their needs would be met and that they would be safe.

The registered manager told us that three Deprivation of Liberty Safeguards (DoLS) approvals had been made but they had not notified us of this. This meant that the provider was not meeting legal requirements. Providers have a legal responsibility to inform us of all DoLS approvals. The registered manager told us that they would address this. By the end of our inspection they showed us evidence to confirm that they were addressing the issue.

A person said, "It is all good here". A relative told us, "It is good. It is the best place they [their family member] has been in yet". The report from an external agency highlighted that in their view the service was well-led. The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and care workers.

A person told us, "The manager is good". A relative told us, "The manager is very good". During the day we saw the registered manager speak with and interact with people. Our conversations with the registered manager confirmed that they knew all of the people who lived there well. We saw that the registered manager was visible within the home and the people who lived there knew her well. We saw people approach the registered manager they were smiling and confident as they did so. A person said, "She [the registered manager] is lovely". Another hugged the registered manager and said to us, "She is my friend".

Staff we spoke with were positive about the service and told us that they felt it was well-led. A staff member said, "I feel supported". Another staff member said, "We have regular meetings and can raise any issues". Records that we looked at confirmed that staff meetings were held regularly. Staff told us that there were on-call arrangements in place so that they could access advice and supported outside of business hours. A staff member said, "There is the on-call rota" and pointed to the office wall. They also said, "We all know that the manager has their phone on at all times and we only have to ring for help".

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to social services I did that before in my other place". We saw that a whistle blowing procedure was in place for staff to follow. We saw that provider posters were on display in the office that gave staff assurance that they would get support if they needed to report a concern and the contact details to do so.