

Brunswick Supported Living Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Brunswick Supported living Services is registered to provide domiciliary care and a supported living service. Brunswick Supported Living Services provide supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last inspection in June 2015 two breaches of regulation were found in relation to medicines management and good governance and the service was rated as 'requires improvement'.

The service had a registered manager in post. 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed on going healthcare support.

The support staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

Medicines management had been improved The provider had updated systems for recording and storing of medicines and regular weekly audits were taking place.

People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People participated in a range of social activities and were supported to access the local community.

The registered manager and staff ensured everyone was supported to maintain good health.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The management team had developed robust quality assurance checks, to make sure standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

We found that the provider had made sufficient improvements and had overall addressed the two breaches of regulations we found at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining

people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

Brunswick Supported Living Services Ltd

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.

This inspection took place on 12 and 13 December 2017, and was undertaken by two adult social care inspectors 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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often at one of the supported living schemes as part of their managerial roles. We needed to be sure that they would be available for the inspection visit.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in 'safe' and 'well-led' to at least good. At this inspection we found that the service had completed the identified actions needed to improve the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

Inspection site visit activity started on 12 December 2017 and ended on 13 December 2017. It included a visit to one supported living scheme, to meet people living at the scheme, staff working with them, and to check records kept.

We also visited the office location on 12 December 2017 to meet the manager and office staff; and to review records relating to the management of the service.

There were 18 people using the service at the time of our inspection visit. During the inspection, we spoke with four people using the service, three relatives, four support staff, the deputy manager, the assistant manager and the registered manager.

We reviewed the care records for five people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for seven members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said "I am very happy with my carers they make me feel safe and are very nice." A relative told us "I believe my son is safe and he is doing very well."

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "I know my clients well, so we pick up on emotions, especially if they are deflated." They explained that if they saw something of concern they would report it to the registered manager immediately. Another support worker told us "we keep people safe at home and take measured risks."

People had individual risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. These included medicines, smoking and drugs and alcohol risk assessments. Records showed that risk assessments were reviewed on a regular basis and updated when required. The service had personalised emergency fire evacuation plans. Staff were able to describe how they would support people in case of a fire emergency for people. The provider also maintained a detailed lone working risk assessment and a procedure that needed to be followed to ensure staff and people using the service's safety.

We saw that staffing levels ensured sufficient staff were available to enable people that required support to shop, cook and attend appointments. Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers when in and out of the service and that there was always enough staff on duty. The number of staff working with each person was outlined in their care plan and staffing numbers matched what each person required.

Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service. The registered manager told us they would not accept a new referral if there were insufficient staff to cover the package. They also said they tried to "mix and match staff best suited to the service user."

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment. We looked at seven staff files and saw they had all the required documentation in place. They included two references from previous places of employment and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. Where there was a conviction listed on the DBS (and previously disclosed by the potential applicant on their application form), we saw the registered manager carried out a risk assessment. Their conclusion was that the type of offence did not prevent them from taking up the position applied for.

People who were receiving 24 hour support were supported with medicines administration. Medicines in those flats were stored in a lockable cupboard in the staff's bedroom. At our last inspection we found that staff did not maintain temperature logs of the rooms. We also found gaps in medicines administration records (MAR). For people who required support with their medicines an administration record was kept in the staff office. Staff told us that they always signed the medication administration records (MAR) after giving medicines. We looked at MAR charts and noted they were fully completed with no gaps or omissions. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Thermometers had been introduced to check that the correct temperature was being maintained in the areas where medicines were stored by staff. One member of staff told us they were currently monitoring a service user who persistently refused their medicine. Contact was made with the person's psychiatrist and they were waiting on an appointment to be sent. In the meantime, staff persisted in offering this person their medicine and we saw that all refusals were recorded. There were regular medicines audits, where actions had been taken to improve practice. For example, the registered manager audited the 'medication error/discrepancy report forms' and addressed a recurrent error made by one member of staff. We saw this documented on the form and were told the matter was addressed in a separate meeting with the member of staff.

We could see from records that there was learning and improvements made when things went wrong. For example, we could see from records that accident and incident events were documented in a 'risk file' and reviewed by the registered manager. Records showed that following an incident earlier in the year the staff had discussed what had happened and what could be improved at the next staff meeting.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. The registered manager reviewed written submissions from local authorities and did an initial assessment of the suitability of the potential service user. They then met with the person and their professional support network.

Staff received training to develop their skills and understanding. One member of staff said, "The training is good; we do a mix of e-learning and face to face training." Each member of staff did a three month induction which included familiarising themselves with the provider's policies and reading through service user records to understand their needs. They also shadowed a more experienced member of staff before being assessed by the registered manager as sufficiently competent to be a lone worker.

Training records showed that staff were up to date with their mandatory training. This included infection control, safeguarding adults, first aid and person centred approach. It also included MCA and DoLS, diet and nutrition, medicines and equality and diversity. There was training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included coping with aggression in the workplace, mental health matters and managing a crisis. In addition, there was recent face to face training which included positive behavioural support and breakaway techniques. The registered manager told us the provider had recently launched a new training system which was a mixture of on-line training and face to face. This system was downloaded onto a staff member's phone and they were sent reminders of when they needed to refresh training and when there was a new course available for them to complete. The manager would have oversight of all staff training and receive alerts of any training was overdue. A number of staff had also been supported to gain recognised qualifications in care. We discussed with the registered manager the lack of provision of dedicated training to reflect some of the needs of the service user group. This included training in autism, learning difficulties and training in specific aspects of mental health. They acknowledged this was an area of training which would benefit from development. They had a background in mental health, learning difficulties and training and development. They planned to develop courses in these areas which would be tailored to staff needs as they related to the current service user group.

Staff received regular supervision and an annual appraisal. We saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "The support here is very good; not just at supervision but anytime from the managers" and "I get useful feedback from supervision; it identifies areas of weakness and we discuss how to address this."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their

liberty were being met.

People currently using the service had capacity and were able to make decisions about their care and support.

Staff had a good understanding of the MCA and confirmed that they had been provided with training. They said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time "enabling the person to take measured risks." One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us "most people can do most things themselves, we are here to enable and support them, you must find a balance"

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. We saw evidence in care records of multi-disciplinary work with other professionals and in particular consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP. An appointments book was maintained by staff for people's various healthcare appointments to ensure they were not missed.

The service supported people to eat and drink enough and maintain a balanced diet. People were supported to shop and prepare their meals. Care plan detailed people's likes and dislikes in food and drinks. Staff comments included "When I go to their homes I always look in the cupboard and their fridge to see that they have adequate food. If not I make sure we get in food before I leave." And "When I go shopping I encourage a varied diet, protein, carbohydrates and fruit. It is not always easy but I try to encourage a healthy living."

Is the service caring?

Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff who visited them. Comments included, "staff are very thoughtful and caring and they help me sort my stuff out and tidy my flat". And "The staff are polite and respectful and if I need calming down they are very good at this, as I can get over excited. A relative told us "I believe they are respectful of my son, I have no worries there."

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their independence was "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry.

People who used the service confirmed that they usually had their support needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person centred support plans that staff encouraged those who used the service to be as independent as possible. People's individual care plans included information about their cultural and religious beliefs and daily activities.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

The service took people's needs and preferences into account when scheduling staff. The registered manager told us each person had a profile of their preferences and activities they followed. This enabled new staff to be matched during recruitment to people based on shared interests.

Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy

Staff told us that they were praised and rewarded by management for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This

included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; "On the whole my son is happy, there they seem to respect decisions that he makes."

One member of staff told us caring was about "supporting people to be independent" and how when they gave personal care "in a way which allows them to do as much as possible themselves." They also said that, "we are here to support and enable the clients, we must prompt and encourage them."

We saw that staff did as much as they could to support people to maintain contact with their family for example supporting people to make home visits and phone calls. People had their religious and cultural needs respected and people's spiritual belief were recorded in their care plan.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. The care and support people received was responsive to people's needs. Care records contained a comprehensive pre-admission assessment, which the registered manager told us formed the basis of the person's care plan. Records we looked at showed that information from the needs assessment was used to inform the care plan including the quantity of support hours. The registered manager told us "I have to make sure our clients get the hours they need, I often have to negotiate this." The plans contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and we saw that the service users had participated in the development of their care plan.

We found that care plans provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and a copy was kept in individuals homes. The information was easy to locate, as the files were separated into individual sections for ease of access.

We saw that people who used the service had signed forms to consent to staff supporting them with their medicines or money management. There was also evidence on record when a person did not want this support. Relapse prevention plans were also in place for all the people using the service so that deterioration in mental health could be monitored and quickly acted upon.

There were activities schedule in people's care plans and we found they were as per each person's needs and preferences. People were supported with independent living skills such as cooking, cleaning, tidying the flat and shopping. People were also supported with social activities including going to local cafés, restaurants, pubs and museums. We were told how one person was supported to go to football matches.

Discussions with the management team and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed. We saw that for one person a multi-disciplinary meeting had taken place because the person was refusing to take their medication.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". People confirmed that they were asked what they thought about their service and were asked to express their opinions. The registered manager told us they visited people using the service every month to seek their feedback.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local

Government Ombudsman. People who used the service told us they knew how to make a complaint if needed. The registered manager told us there had been no formal complaints in the last year.

Is the service well-led?

Our findings

At our last inspection we found the service's internal audit checks were not robust, the service did not maintain records of any spot checks undertaken by management to ensure that the service was running appropriately and areas identified for improvement.

At this inspection we found the service had made significant improvements. The registered manager had employed an external auditor to assist them in setting up a number of comprehensive audits; these included a three-monthly audit tool based on the care quality commission's key lines of enquiry. A system of two weekly audits had also been implemented to monitor notifiable incidents, staffing, training, facilities, referrals, assessments, health and safety and medicines. The registered manager carried out monthly spot checks and these were now recorded in people's care plans. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if support was being provided according to the person's wishes. We saw that learning and improvement had taken place as a result of these checks. For example staff were dealing with maintenance issues on behalf of people who used the service to avoid unnecessary delays in repairs being carried out.

The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and we could see that they were working to improve the service. Relatives confirmed that they felt able to feedback to the registered manager as and when they needed to and that they were responsive to their ideas and suggestions.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. During our meeting with the registered manager it was clear that they were familiar with all of the people who used the service and was very 'hands on' in their interactions with the people who used the service. Annual surveys were also recently sent out to people using the service and the provider was in the process of collecting the responses.

Discussions with staff found they were motivated and proud of the service. We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the service. The registered manager told us he retained his staff by providing good support, training and permanent contracts. Staff were also given a Christmas bonus.

People told us the service was well run. One person told us, "[registered manager] is great he comes to my flat and talks to me and he visits me once week and then I visit him. He is top dog, very good."

Staff spoke highly of the registered manager, comments included, "I have a lot of respect for him, he has so much expertise" and "he is very supportive, I get all the help I need."

The service worked in partnership with other agencies to support care provision and development. This included the community mental health team, local colleges, drug and alcohol services, and a number of private landlords.

The service had attained an 'Investors in People' award, the mark of high performance in business and people management.