Brighton and Hove City Council

Brighton & Hove City Council - 19 Leicester Villas

Inspection report

19 Leicester Villas
Hove
East Sussex
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 23 October 2018 and was unannounced.

19 Leicester Villas 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Care and support is provided for up to five for people with a learning disability or autistic spectrum disorder. At the time of the inspection three people were living in the service. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection on 25 April 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff spoke of a difficult period over the last year where they had been supporting one person to remain in the service with end of life care. At this inspection we found some audit systems, building checks, staff training updates and paperwork had not been fully maintained. To maintain the right level of staff support and a safe service support to maintain staffing levels there was a high use of the provider's bank staff. However, the bank staff had worked in the service for a long time and knew people well. These were areas in need of improvement. However, these shortfalls had been identified and an action plan drawn up which staff were following to address the identified issues.

People remained protected from the risk of abuse because staff understood how to identify and report it. A relative told us they had continued to feel involved and listened to. The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The registered manager worked with care staff to develop the service with people at the heart of the service. Care staff had received regular supervision and appraisal.

People continued to live in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

Medicines continued to be stored correctly and there were systems to manage medicine safely.

All three people had lived in the service a long time, and care staff knew them well. The registered manager

monitored people's dependency in relation to the level of staffing needed to ensure people's care and support needs were met. Care and support was person centred and the wellbeing of people supported through purposeful activity and involvement in the service, such as helping with housework and rubbish recycling. People could join in a range of meaningful activities outside of the service.

People continued to be supported with their food and drink and this was monitored regularly. People were supported to maintain good health and access healthcare professionals when needed.

Staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. Procedures were in place for people and their relatives and their representatives to raise any concerns. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires. A relative told us staff kept in touch with them.

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 remains safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance systems used to monitor and help improve standards of service delivery had not been fully maintained. Records were not fully in place for staff to reference.

The provider and registered manager promoted a caring and inclusive culture through a shared vision and value system.

Brighton & Hove City Council - 19 Leicester Villas

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 23 October 2018 and was unannounced. One inspector undertook the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and four visiting health and social care professionals. We also contacted one person's relative for their experiences of the service provided.

No one could tell us about their experiences of the care and support provided. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with the registered manager, and four care staff. We also spoke with a relative on the telephone after the inspection. We spent time looking at records, including two people's care and support records, three staff recruitment files, staff training records, and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

We previously carried out a comprehensive inspection on 25 April 2016 and rated the service overall 'Good'.

Good

Is the service safe?

Our findings

There was a maintenance programme, which had been maintained and ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans to respond to any emergencies, such as flood or fire.

People were protected by the infection control procedures. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. Supporting paperwork in relation to the Control of Substances Hazardous to Health was in place (COSHH.) However, these needed an update. Staff were in the process of rectifying this.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had risk assessments completed which were specific to their needs. For example, people were supported to go out on activities. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed.

People were protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records.

There was a whistle blowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us they had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Staff told us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. The provider had a positive behaviour support (PBS) team which provided support and guidance with new or consistent behaviours to improve the person's quality of life. People had a PBS plan which informed staff of triggers that could upset a person. Records allowed care staff to capture any changes in behaviours or preferences to quickly respond to situations. These were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends.

People received their medicines safely. There were systems for the safe ordering, storage and disposal of medicines which had been maintained. There was specific guidance for medicines which were taken as and when required. Also, as to how people liked to receive and take their medicines and the best way for staff to support them. Audits of medicines had been carried out to ensure procedures had been followed. Care staff were trained in the administration of medicines, and received a regular competency check to ensure that they continued to administer medicines safely. Staff told us they were also in the process of completing further medicines training to support them in their role.

Staff continued to be recruited through an effective recruitment process that ensured they were safe to work with people. Records we viewed confirmed this. There had been a high use of the provider's bank staff, whilst staff vacancies were being recruited to. However, bank staff had worked in the service before and knew people well. The PIR detailed, 'The service rota and staffing requirements are specifically designed around the support needs and preferences of the service users. This ensures that service users receive equal and fair access to staff support and ensures that the staffing levels are sufficient and robust enough so that support is carried out in a respectful and dignified manner and allows for a level of autonomy.' The registered manager looked at the staff and skills mix needed on each shift, to ensure people were safe. They considered the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. This ensured that there were enough suitable staff to keep people safe.

Good

Is the service effective?

Our findings

Staff were skilled to meet people's care and support needs and provide effective care. We observed care staff interacting with the people and taking the time to meet their 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 with appropriate legal authority. 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 had a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. There was a system to request and update DoLS applications when needed. We observed staff asking people for their consent before any care and support was provided. A member of staff told us it was about, "Giving them the choice. Providing encouragement and support as much as possible."

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The registered manager told us that new staff would need to complete an induction and this had been reviewed to incorporate the requirements of the new Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff had access to essential training and regular updates, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Some care staff were due updates of this training. They told us this had been booked and they were due to attend this training shortly. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care.

Staff told us that the team worked well together and that communication was good. They told us they were involved in reviewing care and support plans. They used shift handovers to share and update themselves of any changes in people's care. They had attended regular supervision meetings throughout the year and had completed or were due to complete a planned annual appraisal. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required.

People's differences continued to be respected and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected. The PIR detailed, 'The service has regular team meetings at which equalities is a

standing agenda item and service users' needs are discussed on an individual basis.'

People had continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. There was a winter and summer menu with dishes based on people's likes and to encourage healthy eating. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Care staff could tell us what they did to support people with their individual dietary needs. Where needed pictorial or visual prompts were used to help them make their choices. We observed staff supporting one person at lunch time where they were shown two choices and they selected from these what they wanted for lunch. People were encouraged where possible to help with the weekly food shop and those who could help participate in food preparation. People's dietary needs were recorded in their care plans. Staff told us they had monitored what people ate and if there were concerns they would refer to appropriate services if required. For one person their fluid intake had been monitored to ensure they had had sufficient fluids during the day. A member of staff explained the practices staff had followed to support and encourage one person to drink.

People were supported to maintain good health and had on-going healthcare support. They had been supported to attend an annual health check. The registered manager could tell us about the process which was being followed for one person in their 'Best interest' to support them with a healthcare procedure. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals, involved in their care, if their health or support needs changed. Where people were at risk of choking we observed staff following the guidance in place.

The registered manager told us general repair and maintenance requests had been fulfilled and worked well. There were areas in need of refurbishment. There had already been agreement to further improve the environment in which people lived, by the redecoration of all the communal areas and the cleaning of the carpets.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Staff asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff talking to people politely, giving them time to respond and a choice of things to do. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people. They showed an interest in what people were doing. A relative told us, "I have never come across staff who are so kind and caring. As it's such a small unit they know exactly what everyone needs." They went on to say how happy their relative was and of a close-knit community. A member of staff told us how much they enjoyed working in the service and said, "I enjoy it so much. It works brilliantly well for me. "

The care and support provided continued to be personal and met people's individual needs. People were addressed according to their preference. A key worker system enabled people to have a named member of the care staff, to take a lead and special interest in the care and support of the person. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals was regularly reviewed. People had a great deal of independence. They decided where they wanted to be in the service and what they wanted to do, deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved, where possible, in making day to day decisions about their lives.

Care staff had received training on privacy and dignity. Maintaining people's dignity was embedded within their daily interactions with people. People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. A member of staff told us how they had ensured people's privacy and dignity when providing personal care by taking the person to their room and ensuring the door was closed.

People were supported in a homely and personalised environment. People were encouraged and supported to have their rooms decorated with their choice of décor, and with items specific to their individual interests and likes and dislikes. People were well presented and dress in clothes of their choice. People had been able to keep in touch with relatives and friends. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

There were three people living in the service who had lived there for many years. Care staff had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences, care and support needs goals and targets. Staff told us that care and support was personalised and confirmed that, where possible people were directly involved in their care planning and goal setting and any review of their care and support needs. Feedback from a relative and care staff was that information was regularly updated and was in the process of being reviewed. People were actively encouraged to develop their life skills. Goals and targets were identified on regular basis to ensure people were learning new skills and progressing. For example, one person told us they were being supported to help in the preparation of meals and snacks.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. For example, there had been the use of pictorial formats, objects of reference, communication boards, access to internet, pictures, diaries, day planners, Makaton (A form of sign language) and communication books. Technology was used to support people with their care and support needs. For example, one person had a tablet which was used for them to watch films and pictures of different activities the person liked to do.

Staff continued to support people to live life to the full and continued do things they enjoyed. Where possible people had been actively encouraged to take part in daily activities around the service such as cleaning their own room, taking rubbish out, food shopping and helping prepare the meals. One person liked water and a member of staff told us, "(Person's name) loves gardening and looking after the tomato plants. He loves watering the plants and washing the car." People were in and out during the day of the inspection and were involved in a range of social activities in the local area. For example, going for walks, out for a coffee, horse riding, and shopping. Another person was busy watching one of their favourite television programme and a video. One person had been to a holiday camp in Hampshire. A relative told us, "There is always someone there to take them out."

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. A further survey was in the process of being sent out. We looked at the surveys which had been received and no concerns had been raised.

The compliments and complaints system had been maintained and detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could

complain too such as the Care Quality Commission and Local Government Ombudsman. We observed how staff ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. No complaints had been received since the last inspection.

Where required peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. This was in the process of being reviewed as part of the care plan review process. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives. The staff team had recently supported one person who was on end of life care. A visiting health and social care professional told us the staff team had readily accepted support and guidance and made many adaptions to meet the person's changing needs so they could continue to live in the service. They had received a bespoke service which considered the person's wishes. The staff had been very engaging with the person and it was clear there was a lot of respect both ways between them all.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found some maintenance checks, for example of the fire alarm system, in between the checks and maintenance made by an external company, had not been fully maintained. The frequency of fire drills had not been maintained. This was to ensure people remained protected. Staff continued to monitor the quality of the service by completing quality assurance audits of the care and support provided, for example for infection control, health and safety and medicines administration. However, there were some omissions in the completion of these audits and the timescales of completion did not always meet the provider's policies and procedures. This was to ensure any issues were highlighted and could be addressed promptly. Records were not always fully accessible to reference. For example, new staff recruitment documentation and bank staff training records for registered manager to reference and plan for example any training required. Some care staff training updates were overdue. Staff told us of the training that had already been booked to address this. Paperwork such as care plans and risk assessments were late in being updated. This was to ensure people's care needs continued to be identified. There were omissions in the completion of information to the provider to keep them up-to-date with the service delivery. This was to enable the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider had ensured a health and safety audit and quality assurance audit had been carried out to identify any shortfalls. We discussed this with the registered manager who told us these issues had already been identified through these audits and they were working to the action plans which had been drawn up to address these issues. These were areas in need of improvement.

The service had a registered manager. 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. The registered manager was supported by a team of care staff.

The organisation's mission statement continued to be incorporated in to the recruitment and induction of any new staff. Staff demonstrated an understanding of the vision of the service, and promoted this and supported people to develop their life skills. The registered manager promoted an open and inclusive culture by ensuring people, their representatives, and staff could comment on the standard of care and influence the care provided. Care staff said they felt well supported within their roles and described an 'open door' management approach, and had received regular supervision and appraisal. Records we looked at confirmed this. They told us the manager was approachable, and would act on any issues raised with them. Staff commented that they all worked together and approached any concerns as a team.

There was good evidence of working in partnership with other agencies to meet the needs of people in the service. Feedback from a health and social care professional was of a well-managed service. They spoke of adaptable staff who had worked well with them, who were very aware of people's needs and of person centred care and support being provided.

By speaking with people and their relatives to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider.

The registered manager spoke of good support from their manager. They had attended monthly manager meetings. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other managers. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. 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 registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.