

Brunelcare

ABC Centre

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

ABC Centre is a domiciliary care service registered to provide personal care. This service, provided by Brunelcare at the ABC Centre was called extra care housing. People using the service receive personal care from the provider in their apartments for which they have a separate tenancy agreement with the housing provider. At the time of our inspection 44 people in the apartment complex were receiving personal care.

We carried out this unannounced inspection on 28 July 2017.

At our last inspection in April 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One was because people were not protected against risks associated with medicines due to the lack of proper and safe management systems. The other was because people were not protected against risks associated with the lack of proper auditing of medicines management systems.

At this inspection we saw the provider had taken the action they had identified in their action plan. As a result improvements had been made and the service was no longer in breach of these regulations.

We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 manager had registered with CQC in September 2016.

Medicines were well managed and people received their medicines as prescribed. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and when required plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see healthcare professionals including a GP when they needed to do so. The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to

understand.

The service was responsive to people's needs. People received person centred care and support. Where it was part of people's care package the service offered a range of activities and encouraged them to maintain their hobbies and interests. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The vision, values and culture of the extra care housing service were clearly communicated and understood by people, staff and others. The registered manager provided good leadership and management. An effective quality assurance system was in place. This meant the safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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 has improved to Good.

Medicines were now well managed and people received their medicines as prescribed

The registered manager and staff understood their role and responsibilities to keep people safe from harm.

Risks were assessed and plans put in place to keep people safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to work with vulnerable people.

Is the service effective?

Good ●

The service remains Good.

Staff received regular supervision and the training needed to meet people's needs.

Arrangements were made for people to see healthcare professionals including a GP when they needed to do so.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service remains Good.

People received care from staff who knew them well.

Staff treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service remains Good.

People received person centred care and support.

Where part of people's care package they were offered a range of activities.

People were encouraged to make their views known and the service responded by making changes.

Is the service well-led?

Good ●

The service has improved to Good.

The vision, values and culture of the extra care housing service were clearly communicated and understood by people, staff and others.

The registered manager provided good leadership and management.

A comprehensive quality assurance system was in place to monitor and improve the quality and safety of the service.

ABC Centre

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 28 July 2017. The inspection was carried out by one adult social care inspector and was unannounced.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their 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 the improvements they plan to make.

We contacted five health and social care professionals involved with the service and asked them for some feedback. We have incorporated what they told us in the main body of our report.

People were able to talk with us about the service they received. We spoke with 11 people. We also spoke with two family members of people using the service on the day of our inspection and, exchanged information with two other family and friends of people following our visit.

We spoke with a total of eight staff, including the registered manager, one team leader, four care staff, the housekeeper and the provider's operations manager.

We looked at the care records of five people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

At our last inspection in April 2016, we found people were not always kept safe from the risks associated with the management of medicines. This was because medicine administration charts were not always signed by staff and, the instructions on one person's medicine bottle was different from what was written on their administration record.

During this inspection we saw improvements had been made. As a result people were kept safe from the risks involved in the management of medicines. There were clear policies and procedures for the safe handling and administration of medicines. Records evidenced that people received their medicines as prescribed. Staff had received training in administering medicines. Clear guidance was in place for staff, which described the action to be taken to keep people safe if an error in the administration of medicines occurred. Some people were prescribed 'as required' medicines. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. Clear plans were in place to ensure staff knew when and how to administer these. Medicines that required additional measures to comply with legal requirements were managed safely.

People who used the service told us they felt safe. Comments included; "I've got my own flat in a secure building, so yes, I do feel safe", "I trust the staff and feel safe with them", "Yes, I think we're all safe here" and, "The staff answer call bells quickly if and when you need them". We observed people interacting with staff and saw they reacted positively and seemed relaxed and contented in their company. Relatives also said they felt people were safe.

There were comprehensive individual risk assessments in place to keep people safe. These included risks as a result of specific health care conditions and the delivery of personal care. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Other health and social care professionals had been involved in advising on safe practices and equipment. Staff had a good knowledge and understanding of individual risk assessments and measures to be taken to keep people safe. Daily records of the care people received were kept. These evidenced people had received care as identified in their individual risk assessments.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any

themes or trends.

People were supported by sufficient numbers of staff to meet their needs. Each person's care plan identified the care calls required. They detailed the care to be given, at what time, how many staff were required and for how long. People said the staff always attended for their support needs and said staff visits were usually on time. In addition people also had access to staff through a call bell system. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. During our visit we saw there was enough staff to meet people's needs.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

Environmental risk assessments were also in place for risks associated with people's apartments and the communal areas of the complex. Staff had received fire safety training and the service had an annual fire safety assessment. Emergency lights throughout the building were regularly checked, the fire alarm maintenance log was up to date and there was a fire safety manual in place. Checks were carried out on the fire control panel, fire extinguishers and smoke detectors in people's flats. Emergency pull cords were also regularly checked to ensure they were working. The registered manager had introduced 15 minute building checks during the hours of darkness. This was because staff were lone working at these times which brought an increased risk to people and staff from intruders.

Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

Is the service effective?

Our findings

People said their needs were met. Comments included; "They're very good and know what they're doing" and, "I need help getting around. The staff have been trained with lifting. They listen to me and how I want things done as well". Relatives confirmed their family member's needs were met effectively.

Throughout our visit we saw people's needs were met. Staff provided the care and support people required when they needed it. People using the service had a variety of individual needs which included mobility. Staff were skilled at meeting these needs and ensured people were able to move about the building and their apartments independently and safely.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

People were cared for by staff who had received the training to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. The core training completed by staff included; moving and handling, first aid, infection control, fire safety, administration of medicines and safeguarding vulnerable adults.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. An induction checklist ensured staff had completed the necessary training to care for people safely. Staff confirmed they had received an effective induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. People's care plans clearly recorded

this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

Staff understood that people should at all times be encouraged to make their own decisions regarding their care and support. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind.

Most people did not need any assistance with eating or drinking and many cooked independently in their apartments. There was an onsite restaurant in the communal part of the apartment complex where people could purchase meals. . The chef held regular meetings with people who used the restaurant to ask about menu preferences. The menu board on display showed that people's comments from these meetings had been taken into consideration, with requested meals made available. At lunchtime we joined 12 people using the restaurant. The atmosphere during lunch was relaxed. People interacted with each other and the three staff serving them. The food was well presented and people were offered choices of meals and drinks

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment was of a high standard and met people's needs. Communal areas were homely and people's apartments were personalised with photographs, ornaments and people's own furniture. The registered manager told us when they took up post people had told them they did not like the colour scheme in the communal lounge area. They said they had worked with people to identify a new colour scheme and then arranged for volunteers to paint the room. They said, "The tenants really like to sit in the lounge now". Some people showed us their apartments and were clearly proud of them. They told us that when necessary repairs were identified these were quickly acted upon.

Is the service caring?

Our findings

People and relatives told us staff were caring. They said; "The staff are lovely, really kind and caring", "They're all really good, do anything for you", "The care staff are excellent, they're all angels" and, "Mum is very positive about the care staff". Each member of staff we spoke with said the care provided at the ABC Centre was good and that staff were kind, caring and compassionate.

During our inspection we saw people were treated in a kind, caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. Staff sought and responded to people's views, opinions and suggestions. This was achieved through day-to-day discussions, care plan reviews and 'tenants' meetings, all of which were clearly recorded. People and relatives confirmed their views were sought and they were involved in making decisions about their care and support. They also told us information was provided in ways that were easy to understand. We saw the service distributed a 'customer information guide' that was informative and easy to understand.

Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. When speaking to us staff spoke about people in a positive manner.

People's care records included an assessment of their needs in relation to equality and diversity. One person spoke to us about how important their religion was to them. They said staff helped support them with this. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

Promoting independence was seen as important by people and staff and was actively promoted. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain this.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives we spoke with felt staff made an effort to ensure people's contact with family and friends was promoted.

During the day we were struck by the relaxed and homely atmosphere at the ABC Centre. People and staff seemed to enjoy each other's company. People were engaged in conversation with each other and staff and there was a real sense of relaxation and fun. People told us they would recommend the service to others.

Care staff spoke with pride about the service provided. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred. People told us their needs were met and the care provided was person centred. They said; "I tell the staff if I have any concerns or problems", "Anything I need I can use my call button to get the staff" and, "The staff and manager listen to me and will sort out any problems quickly".

Relatives were mainly very positive when asked about how responsive the service was to people's individual needs. Some issues were raised with us when we spoke. These included, the idea of having a smaller group of care staff working with one person in the early stages of living with dementia. We spoke with the registered manager about this. They said they recognised this as an important issue and were investigating ways this could be achieved. Another family member raised an issue directly with the registered manager when visiting. We saw the manager responded immediately by delegating a staff member to resolve the issue raised.

People's care plans were person centred. They included information on people's life histories interests and preferences. Information on how people had been involved in developing these plans was included in people's care records. Staff said this information helped them to provide care and support in the way people wanted. Daily records of the care people received were kept. These were completed thoroughly and demonstrated people were cared for as outlined in their care plans. People's changing care needs were identified promptly and reviewed with the involvement of other health and social care professionals where required.

Talking with the registered manager and staff it was clear they saw they had a role in protecting people from the risks of social isolation and loneliness. We saw they were proactive, and made sure people were helped in maintaining relationships important to them, such as family, community and other social links. An aspect of the extra care housing service recognised as being of importance was its role in providing person centred activities and encouraging people to maintain their hobbies and interests. Some people using the service did not need or want any support in this area. Others had plans in place to provide support for them to participate in activities.

A weekly plan of activities was on display and made available to people. People spoke positively about these activities and the social interaction they offered. However, a number of people said they would like the provider to arrange more trips out. We spoke with the registered manager about this. They said they were researching through 'tenants meetings' how many people would like this and, the sort of trips people would like. They explained that once this was done and costs agreed, trips could be organised.

People's views were actively sought and acted upon. Regular 'tenants meetings' were held for people. Some people told us they attended and enjoyed these. Others told us they preferred not to attend them. We looked at the records of the most recent of these meetings. We saw a range of areas had been discussed including staff, activities and food.

The provider had a policy on compliments and complaints. The policy detailed how complaints were

responded to, including an investigation and providing a response to the complainant. Eight complaints had been received in the six months leading up to our visit. These had been dealt with appropriately and fully resolved. With each the provider had made changes to avoid a reoccurrence of the concern that gave rise to the complaint.

For example In July 2017 two complaints had been raised. One was from a person who as part of their agreed care package had a cooked breakfast made for them by staff each day. They had been allocated a staff member who was not able to use their cooker. The registered manager upon receiving the complaint had apologised to them and ensured only staff able to use the cooker would be allocated in future. The second of these was from a person who had been awoken at night to find a staff member in their apartment putting their laundry away. They said they had been alarmed by this. The registered manager had apologised to them and investigated what had happened. We saw their investigation had identified an inexperienced worker had misunderstood the expectation on them regarding their responsibility to assist with laundry at night. The registered manager had ensured the staff member was supported to better understand people's right to privacy and their responsibilities.

We also saw staff had assisted people to make complaints to other agencies. This showed staff recognised people's rights to expect certain standards and, to make representations when these were not met.

Is the service well-led?

Our findings

At our last inspection in April 2016, we found the provider's systems for auditing the quality and safety of the service was not operating effectively because there was a lack of auditing of the medicines management systems.

During this inspection we saw improvements had been made. The provider had implemented systems and processes to assess and monitor the quality and safety of the service and, ensured actions was taken to improve this where required.

Comprehensive quality assurance systems were in place. These included weekly checks on areas such as; medication, equipment, care records and health and safety. We viewed the most recent records of each of these audits. In each case where remedial action was identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the continuous improvement of the service provided to people. The provider also distributed satisfaction surveys for people using the service, family members and staff. The findings of these were collated and analysed by the registered manager.

The provider's operations manager carried out regular quality assurance visits. These were thorough and looked at many aspects of the service. We looked at the record of the most recent of these and saw actions identified as required were clearly identified. We saw these actions had been completed. For example, it had been noted that some care plan reviews were in need of completion. We saw these had either been completed or were now scheduled.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. One example of this arose from a recent fire safety audit which had identified a mobility scooter left outside of an apartment as being a safety hazard. Staff worked with the person to park this downstairs in the complex and, fit a rail in the corridor outside of their apartment to enable them to access the lift independently without the need of the scooter.

Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed. Talking with people, visitors and staff it was clear the vision, values and culture of the extra care housing service had been communicated and were understood. We saw a recent staff meeting had included a discussion on the provider's values. These were defined as being; sustainable, high quality, accountable, respectful and kind. This resulted in an acronym of SHARK. Staff we spoke with were familiar with this and understood its significance to them and the service provided to

people.

People and relatives told us they liked the registered manager and were able to talk to them when they wanted. One relative said, "The manager has improved things a lot". Staff spoke positively about the management of the service. Comments included; "(Registered manager's name) is very good. If mistakes are made, she's very supportive and always does the right thing", "The management is very good" and, "I'd go to the manager with any problem and be confident it would be sorted out".

Staff said they were able to contact a manager when needed. The registered manager told us they operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provided the advice, support and guidance they required.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Staff meetings were scheduled and held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

A copy of the most recent report from CQC was on display in the reception area to the apartment complex and was accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

At the end of our inspection we gave feedback to the registered manager and operations manager on our findings. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.