

Essex County Council

Bramble Close Supported Housing


Inspection report

9A Bramble Close
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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 

Overall summary

This inspection took place on 14 August 2015.

Bramble Close Supported Housing is registered to provide personal care to people in their own home. The service supports up to four people who have learning, physical or sensory disabilities. There were four people receiving a service on the day of our inspection.

A registered manager was 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were

Summary of findings

in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and

the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they required.

The service was well led, people knew the manager and found them to be approachable and available in the service. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had basic systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people receiving and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed and people received their medicines as they should.

Good



Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions.

Good



Is the service responsive?

The service was responsive.

Care plans contained all the relevant information needed to meet people's needs.

People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to deliver a good standard of care to people.

The atmosphere at the service was open and inclusive.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Good



Bramble Close Supported Housing

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 was undertaken by one inspector on 14 August 2105 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with three people who received a service. We also spoke with the manager and two staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People confirmed to us that they felt safe with the service they received and one person said this was because, “The staff are nice.”

The manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. One staff member said, “The person is my first point of interest so I would report it immediately.” The manager advised that they worked as part of the care staff team and so saw people on a regular basis. They told us this provided people with an opportunity to speak with the manager if they felt unsafe and allowed the manager to notice any changes in people’s care and support or staff practices.

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them and guidance was in place to help staff to manage this safely. Staff were aware of people’s individual risks and told us how they kept people safe, for example when assisting people with their moving and handling. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to staff safety and dealing with unforeseen emergencies. An emergency evacuation plan was in place for each person using the service. Staff received training in emergency procedures such as first aid and fire and were able to describe the procedures to follow in such an event.

People were protected by a robust staff recruitment process that ensure they were suitable to work with people receiving the service. The provider used an agency to recruit staff and complete relevant checks on staff, including agency staff. No new staff had been recruited since the manager had been in post. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed.

People were supported by sufficient numbers staff to meet their needs safely. Staff confirmed that there were enough staff available to meet people’s planned needs and provide them with the required support. We saw that staff were available when people needed them, including to support them with healthcare appointments or planned activities. People told us that staff were always available to provide their planned support, came regularly to check that they were alright and to help them when they needed it. The manager and rotas confirmed that there were always at least two staff on site and an on-call system was in place to provide emergency support.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept. People received their medicines as prescribed. Medication administration records were consistently completed and tallied with the medicines available. People confirmed that staff supported them with their medicines and that they received their medicines when they should.

Is the service effective?

Our findings

People were cared for by staff who were well trained and supported in their role. Staff told us they had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively.

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. The manager confirmed that a small number of formal staff supervisions had not been completed as expected and that they would action this immediately. Annual appraisals had been completed to assess staff competence and support staff development. Staff told us that they felt well supported in their work and had opportunity to develop their skills and knowledge and gain qualifications through further training.

The management team had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us that this was something they would learn about as part of the additional vocational training they were completing. The manager told us that there were no DoLS in place or required as there were no limitation or restrictions imposed on people using the service. People we spoke with confirmed this and that they were supported to make their own decisions and choices. The manager had introduced a change to the system of where people's money was stored to safeguard people. An

assessment of capacity and a best interest decision was in place to support this where needed. Other people confirmed they had been involved in the decision, asked for their consent and were satisfied with the new procedure.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they chose their individual meals and that staff prepared them. Staff supported people to plan their meals and complete their food shopping electronically. People's individual preferences and nutritional needs were known to staff and seen in practice, such as the need for thickener in some types of drinks, but not others. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. This included supporting a person to order 'healthy' foods as well as 'treats' when ordering their shopping. Until recently, when the provider had removed the scales to another service, people's weight was routinely recorded and monitored to support their health and well-being.

Each person had a health action plan in place to identify individual's health care needs and the support to be provided by staff. People's care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services. Records also showed that people's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. One person told us that staff listened to them and called the doctor for them when they did not feel well.

Is the service caring?

Our findings

People confirmed that staff were caring and kind. One person told us staff were nice and another person told us staff looked after them and were good to them. Staff interacted with people in a caring way, spoke with them in friendly tones and asked if they needed anything. Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way.

People were aware that their care records were in their own home and one person told us they "Were there on the table." They confirmed that they knew that they were about the support they needed but did not really look at them. One person said, "I am not bothered. They look after me alright."

Staff had worked with people for a number of years which enabled relationships to develop. Staff knew people's interests such as favourite television programme storylines or social activities and used these in conversation with people. They shared jokes and laughed together. People were encouraged to make choices and have new experiences and staff provided support to enhance people's quality of life. One person told us they had chosen the colours for the redecoration of their home and that the manager was doing the decorating in the evening while they watched their favourite television programme and chatted. One person told us that having said they had never tried champagne; they were supported to treat themselves to this for their birthday and really enjoyed the experience.

Staff spoke to people in a respectful way, for example, staff knew and used people's preferred names. Staff respected people's personal space. Before going to into people's home, staff rang each person's doorbell, announced themselves and requested agreement before going in or introducing us. People who needed support with personal care were assisted discreetly and with dignity. Staff spoke quietly with people about matters relating to personal care. People confirmed that staff closed doors when people were receiving support with personal care. People told us that staff did respect their dignity and spoke about going to have their hair done regularly which was important to the person.

People were encouraged to maintain their independence. We saw staff encourage people to eat and drink independently and appropriate utensils were available to support this. People told us that staff "don't take over" and let people do what they could do themselves, but "do help us when we need it."

Staff told us that people had few or no visitors or family members in contact. People confirmed this. The manager told us that one person had the contact details of their social worker and would be able to contact the local authority for independent support. The manager also told us that they had endeavoured to access independent advocacy services for people, however this was only available if a person had a particular concern. Information was available in the service for staff so they would know who to contact if people needed this support.

Is the service responsive?

Our findings

Each person had a care plan in place showing the support they required so that staff had clear guidance on how best to meet people's needs. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. This included, for example, ensuring that a person was able to complete the transfers they were able to manage from one place to another and which areas they required staff to assist with. One person's care plan included the guidance provided by the health professional following recent dental appointments. This meant that care plans were updated to provide staff with current information on people's support needs.

Staff were aware of people's individual needs and responded to this in an individual way. Staff were able to explain that one person needed a thickener added to one specific type of drink but not to any other drinks. This was documented in the person's care plan, health professional details and risk assessment. Staff told us that another person's abilities fluctuated now from day- to- day and so they needed more support some days than others, particularly with good food and fluid intake. Another person did not function at their best in the morning. The timing of their service was provided flexibly to support them with this so they could be in time for appointments and so as not to miss social opportunities and activities.

Staff completed records of the support provided to people. These records were well completed and in sufficient detail as to confirm that people received the agreed support. People had a weekly meeting with their designated member of staff where their current needs were considered

and actions planned. Staff told us, for example, that one person's posture was changing and they had arranged for the person to have an assessment for equipment more suitable to their current needs.

Staff supported people with their activities in the community in line with their plan of care and agreed staffing hours. This included day centres, art and food clubs, clothes shopping, trips to the theatre and support to organise and arrange their individual holidays. One person told us they went to the pub sometimes which they really liked. The service assisted people who could do so financially to make arrangements with suitable independent one-to-one support workers who helped them to access the community.

The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. A system was in place to record complaints and to show any outcomes or learning identified. The manager told us that no complaints had been received since our last inspection so we were unable to judge the procedures' effectiveness.

The complaint procedure was available in a pictorial and easy read format so that the information could be more accessible to people. A copy was available in each person's file in their own home. People told us they had no complaints and confirmed that they would be able to talk to staff if they did. One person said, "I would tell the staff or (manager's name)."

Is the service well-led?

Our findings

The manager promoted an open and empowering culture. People knew who the manager was. They told us they saw the manager often and that the manager always asked them if everything was alright for them or if they needed anything. They told us they felt they could talk to the manager if they needed to.

Staff told us they had received support and opportunities to develop from the manager and a number of staff were undertaking additional training and qualifications. A member of staff said, “You have a voice, you are listened to and you feel that what you do matters.” Staff told us that the manager and deputy manager were approachable and supportive and all staff worked as a team with good communication systems in place. The manager and staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions.

People benefited from a staff team that worked together and were clear about their roles and responsibilities. Staff told us that leadership had improved since the registered manager had been in post, with more organised systems and records and where everybody knew what was expected of them. This meant the service was better run for the benefit of people using it, such as, attendance at health care appointments. Staff said they felt more accountable, for example, they had to provide a report to their supervisor each month to show that care plans had been reviewed and updated as needed.

Systems were in place to gain people’s views on improving the service. Satisfaction surveys had been discontinued as the manager told us these had to be completed with staff support and so could not be considered wholly objective or independent. The weekly meeting for people with their keyworker had been introduced as an alternative way of gathering people’s views. These were then fed back to the management team to give an overview and ensure that any required improvements or changes were implemented. The manager had contacted people’s friends and professionals in the past year to ask their views about the service. All comments received were complimentary regarding the quality of the care provided.

The manager and provider had systems to monitor the quality of the service. The manager told us that they knew the people, the staff and the service quality well as they worked some days as part of the staff team while having separate days for management tasks. This enabled them to support and guide staff and identify any areas that needed improvement. The provider’s representative visited the service regularly, however no report of their findings were available. A range of checks and audits were completed that included health and safety, people’s money, medicines and infection control. The manager told us they intended to add other aspects to this, including for example, checks on completion of staff supervisions, to ensure continuous improvement.