The Brandon Trust

Alma Grove

Inspection report

1a Alma Grove
Bermondsey
London
SE1 5PY
Tel: 0207231 2316

Website: www.brandontrust.org

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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 25 November 2015 and was unannounced. The service is registered to provide accommodation for up to three people who are living with a learning disability. At the time of the inspection there were three people using the service.

At the last inspection on 21 August 2013, the service was meeting the regulations we inspected.

The service has 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.

Staff had processes in place to guide them to safeguard and protect people from abuse. Staff demonstrated their awareness of the signs of abuse and the actions they would take to escalate an allegation of abuse. People's

Summary of findings

risk assessments identified their needs and the management of them by staff. Risk management plans in place gave guidance to staff to reduce their recurrence, while encouraging safe, positive risk taking for people.

There were sufficient numbers of staff to meet people's care needs. The level of staff was flexible to meet the needs of people throughout the day.

Medicines were managed safely for people. Effective systems for the management, administration, storage, and disposal of medicines were in place.

Staff appraisal, training, and supervision supported them in their role. Staff understood best practice guidance and training used and implemented them to meet the needs of people. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

People gave consent to care and support provided by staff. The registered manager had an understanding of the principles the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had an awareness of people's nutritional needs for the maintenance of their health. The service provided meals in order to meet people's preferences, in response to their individual needs. People had a choice in meals they wanted and in sufficient quantities.

People had access to health care services to meet their needs and professional guidance implemented to maintain their health.

Staff knew people well, were aware of their personal histories, and understood their likes and dislikes. People and their relatives were involved in making decisions about how they received care. Staff incorporated innovative and creative ways to involve people in planning their care. Care and support delivered to people centred on their individual needs, preferences, and choices. Staff provided exceptional care and support to people in a way, which respected their dignity and privacy.

People and their relatives contributed to regular reviews of their care and support. People undertook activities of their choice, which helped them towards independence. People maintained relationships that mattered to them with support from staff if needed.

People and their relatives were aware of how to raise a complaint and make a comment about the service if they wished.

The registered manager demonstrated clear leadership and established with staff, a positive culture within the staff team. Staff were involved in the development of the service to drive improvements. Staff were proud to work for the service, were motivated to provide good quality care, and applied best practice to help improve people's lives.

The registered manager informed the Care quality Commission of notifiable incidents, which occurred at the service. The registered manager monitored, and reviewed the service to improve the quality of care to people. Improvement plans were developed, and staff made implemented these changes to provide an effective quality of care.

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?

Good

The service kept people safe and from harm. Staff had processes in place to guide them to safeguard and protect people from abuse. Staff managed risks to people while supporting and encouraging them to take positive risks.

Staff were in sufficient numbers to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good

The service provided effective care for people. Staff were supported in their caring role so that they were able to care for the person effectively.

People had access to healthcare support to maintain their health.

Meals provided met people's preferences and requirements.

The provider was aware of the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff understood and knew people's needs, wishes, likes and dislikes and their care delivered in line with them.

Staff acted promptly to alleviate distress and showed concern for people's wellbeing in a caring and meaningful way.

People and their relatives were involved in making decisions about how they received care.

Staff were obligated to make people's individual needs and wishes known. These were taken into account when providing care to them, promoting their independence.

Is the service responsive?

Good

The service was good when responding to peoples' needs. People had access to services, which met their health care needs promptly.

People were encouraged and supported to access services and activities in their local community.

People were able to complain to the manager, and there was a system in place to manage and resolve any complaints.

Is the service well-led?

Good

The service was well-led and the registered manager created an environment where people received a safe service. Regular monitoring and review of the service took place and actions implemented to drive improvements.

The registered manager involved people and staff in the development of the service.

The manager sent appropriate notifications to the Care Quality Commission.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 25 November 2015 and carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in care homes for people with learning disabilities.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with three people living at the service and three care workers. We also spoke with the deputy manager and registered manager We completed general observations of the service, reviewed three people's care records and medicine administration records (MARs), and other records regarding the maintenance of the building and the management of the service.

After the inspection, two representatives from the local authority gave us feedback on the service.

Good

Is the service safe?

Our findings

People told us, told us they felt safe in and around their home, and were very happy living at the service. One person told us, "staff [were] always around when I needed them." Another person said, "I can have my freedom around my home but still feel safe. If there was any time I didn't feel safe I would shout for staff and they would be there straight away."

People were protected from abuse because staff identified and acted on allegations of abuse. Staff we spoke with had an awareness of abuse and they demonstrated how they would recognise signs of abuse in people they cared for. The service had a safeguarding process and guidance in place to support staff in the effective management of an allegation of abuse. Staff told us that they would discuss any concern they had, firstly with their manager and the registered manager. Staff were aware of the whistle blowing policy and its use. Staff told us that they would raise a concern if needed. One member of staff told us, "I have never had cause to raise a concern, but would if needed." The registered manger had advanced training and knowledge in safeguarding adults from abuse. They were involved in the provider's safeguarding panel as an investigator. Experience from this role enabled them to disseminate their knowledge and experience in safeguarding adults. This ensured that staff had recent and current information to support them to protect people from abuse.

People had access to their money to pay for activities they enjoyed taking part in which helped them to develop their social skills. There were arrangements in place for the safe management of people's money. There were records that reflected the balance people had.

People could be confident that the provider ensured they were care for in a suitable and safe environment. Health and safety concerns were assessed and any issues found were dealt with appropriately. The staff and the registered manager completed regular monitoring and checks to ensure a safe environment. Records showed that the provider made arrangements for regular checks of the service to make sure it was safe and well maintained. For example, portable appliance tests (PAT) checked the safety of electrical equipment. This made sure the equipment was safe for people to use. There was a record of the outcomes of these with any follow up actions taken. Any requests for repair were made and actioned. Regular checks of fire, electric, and gas safety occurred to ensure they were safe. Staff and the registered manager had ensured that people lived in an environment, which was well maintained and safe to meet their needs

People were protected from any risks associated with their health, well-being, and support. Staff identified risks to people and managed them appropriately. Staff used risks assessments to support people to take risks. For example, a risk management plan gave guidance to staff of how to manage the risks associated with a person's limited road safety awareness. It also supported the person to take risks. For example, the person used public transport with support from staff so they increased their confidence. The provider shared information on risks, and their management with staff at the person's day centre. This meant that people had continuity and consistency of care in the management of risks.

People had their care delivered by skilled workers on each shift. They were enough staff available to meet people's needs safely. Each shift had a senior care worker who led a team of care workers. They provided advice and guidance for staff when required. The registered manager reviewed the staff rota and as a result, staff availability changed to meet people's individual needs. For example, people could take part in evening social activities of their choice, because there was enough staff available to support them with this.

People were cared for by suitably recruited staff. Before staff began work at the service, there was an application process to guide the registered manager in the safe recruitment of staff. Staff records held an application form, criminal records check, personal identification, and employment references. Staff we spoke with confirmed that they had followed this process when recruited to the service.

People had their medicines as prescribed. One person told us "I take my medicine, because I need it and staff give it to me." Another person said that staff gave them their medicine on time and "always remind me when to take my medication." People's MAR records were complete and accurate. Each person had a medicine care plan, which demonstrated how people like to have their medicines. For example, some people preferred to take their medicines in

Good

Is the service safe?

the staff office while others had them in another room of their choice. Medicines administered followed the procedure for the person as outlined in their care plan and as per the prescriber's instructions.

The management of people's medicines were safe. Staff administered and disposed of medicines safely. Staff returned unused medicines to the dispensing pharmacy for disposal. Staff made a record of medicines returned and a pharmacist provided a receipt for the acknowledgement of them. People had PRN medicine protocols in place. People had medicine risk assessments that recorded any allergies to medicine that ensured people had their medicines safely. People's medicines were stored safely in a secured, locked cupboard in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

Good

Is the service effective?

Our findings

People were cared for by knowledgeable staff. Staff had an appraisal, and supervision training supported them in their role. Staff supervision and appraisals identified training, and professional development needs. The manager and the member of staff developed a well-defined plan with planned actions recorded. For example, staff told us they were able to identify their training needs. Records showed that staff and their manager agreed and developed goals with actions taken to achieve them. During an appraisal, staff and the manager reviewed the progress made and staff reflected on their practice.

People were supported by trained and skilled staff. Staff understood best practice guidance and applied their knowledge gained from training to meet the needs of people. The provider assessed the effectiveness of staff training. For example, staff competency on the management of medicines was assessed and this was completed before staff were considered safe to manage people's medicines. The registered manager supported staff so they were effective in their caring role. Staff were knowledgeable and skilled to provide appropriate care.

People gave their consent to receive care and support from staff. Staff offered people an opportunity to make an informed decision using methods of communication they understood to aid their decision. People were able to use signs, symbols, pictures, and Makaton to do this. Makaton is a language designed to provide a means of communication to individuals who have difficulty in communicating verbally. Relatives or representatives and, relevant professionals made best interests' decisions for people. We saw an example where a person required hospital treatment. Staff used pictures and symbols to present information about how the treatment would affect them. This happened over a three month period to help the person to understand what was involved. Staff became aware that the decision was too complex. Staff assessed that the person was unable to understand, retain the information presented, or weigh up the risks associated with the treatment. In this instance, relatives were involved in making an informed decision with the contribution of the person and an understanding of the benefits and risks associated with the treatment for the person. Staff involved people and their relatives in making important decisions regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People were not unlawfully deprived of their liberty. The registered manager had an understanding of their role and responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had made contact with the local authority to make an application for DoLS. The provider complied with the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the risks from the unlawful deprivation of their liberty.

People had food and drink which met their preferences, nutrition and hydration needs. One person told us, "I like the food." We checked that there was sufficient food and drink for people. Staff demonstrated an understanding of people's nutritional needs to manage their health conditions. People were able to make choices on the food they had. For example, we observed that people had lunch at a time that they requested and suited them. There was a lunchtime meal for everyone however, staff respected that people chose to eat at different times. Staff were able to tell us what people's favourite foods were. A record of what people liked to eat was in their care records. One person told us "I like to eat curry." This was included on the menu so all people could have this if they chose. People were involved and contributed to the planning of the menu for the week menu in place. However, people were also able to choose meals that were not on the menu. People had the freedom to eat their meals wherever they wished.

People had access to health care services. Staff were aware of people's health care needs. Staff attended health appointments with people. People had regular reviews and monitoring of their health. As a result, the implementation of appropriate care or treatment was in place if people's health needs changed. For example, a person had a referral to hospital for further investigation following the development of a health condition. People had a hospital passport in place. This had details of the person's health conditions, allergies, and health care needs. The passport is useful as it contained information regarding the person's health care needs. This included information about their health conditions or allergies. This ensured people received

Good

Is the service effective?

consistent care and treatment in line with their health care needs effectively. Healthcare professionals were aware of people's needs to enable them to provide appropriate and consistent care. Staff ensured people received access to care and treatment, which met their needs.

Good

Is the service caring?

Our findings

People told us they liked all the staff that cared for them. Staff had been there for over two years and knew people's needs well. People and their relative provided information on the person and there was a record of their interests, likes and dislikes. People received support with their care needs, and how they wished to receive care by staff. People had privacy that they needed. For example, a people had a key to their bedrooms, for their own use, which helped maintain their privacy.

People were treated with dignity and respect. Staff allowed people time to communicate with them and to respond. Staff spoke about people in a kind and compassionate way.

Staff acted promptly when people were in distress. We arrived to the service when people were getting ready to leave the service to attend their activity for the day. One member of staff told us, "[People] know what time they would normally leave the service to go out for the day. I can see that they are becoming anxious because they have not left yet." The member of staff spoke to people in a comforting manner; people responded and then looked relaxed. People then left the service with staff so they could carry on their daily activities. Staff took action to support people to alleviate their anxieties. Staff showed concern for people's wellbeing in a caring and meaningful way. This demonstrated that staff cared for people in a way, which showed compassion and awareness of the needs of people they supported.

People's bedrooms were decorated according to their wishes. Two people invited us to visit their bedrooms, which were well decorated, clean, and tidy. People had photographs of their family displayed in their room. The decoration of people's room was person centred and reflected their likes and interests. A person told us, "I like my room." People were encouraged and supported to make their living space their own.

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home. Relatives and friends were encouraged to visit people at the service. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished. There were systems in place to request the support from an advocate if required. An advocate supports a person to make their opinions known and heard.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. People's personal private information was safe and kept confidential.

Good

Is the service responsive?

Our findings

People received a service, which was responsive and met their needs. Before coming to live at the service, people had an assessment of their needs. Staff considered whether the service could meet those needs. After an initial assessment, a care plan was developed. People's care plans clearly described their individual needs and the support staff gave to meet them. People had regular care plans reviews to ensure the service continued meeting their needs.

People's assessments reflected the way they wanted to receive their care. The registered manager created an environment where staff respected and valued each individual person. The provider ensured that the needs of the person were central to the assessment process. For example, people's strengths were identified and central to their care and support needs plans. People received person-centred care. People had regular care plan reviews to ensure they continued to be effective.

People had care plans that were person centred. The planning and delivery of their care reflected their individuality. For example, staff had guidance to follow to support a person with anxiety. Records showed that there was a pattern of anxiety over a three month period. The registered manager sought guidance from a health care professional; who identified the person needed support to manage their anxiety triggered by unknown events. Staff followed professional advice they developed an innovative colour coded weekly planning tool. The person's socks were also colour coded and changed daily to reflect their planned activity. This planning tool worked very well for them and they knew what was happening on each day. Staff noticed the person experienced less episodes of anxiety. People's care needs were identified and staff sought guidance and support to meet their individual needs.

People and their keyworker met regularly for discussions about their care. For example, the key worker used these meetings as an opportunity to discuss their health needs and other issues bothering people. This was recorded in an easy read format, which they understood which was kept on their care record. Staff supported people to take part in household tasks at the service. Staff told us this assisted people to develop daily living skills. Staff completed a shopping list with people and went out shopping to buy small quantities of food items, such as milk and bread. People became familiar and developed their skills in organising a shopping list, purchasing items, healthy eating options, shopping and cooking skills.

People's social care needs were identified and met by the service. Staff encouraged people to attend activities outside of the service. For example, one person was encouraged to engage in community activities. They had previously declined all offers of attending a daycentre on previous occasions when staff suggested this to them. Staff were aware that the person enjoyed listening and playing music and recognised an activity related to music would be an opportunity for the person to become involved. Through the staff's encouragement, persistence, the person was able to follow their interests; they attended a weekly music class, which they enjoyed and participated. Staff supported people to follow their own interests and participate in activities that were meaningful to them.

People went on holiday with staff support. One person told us that they "went swimming and went bowling." People had an individual activity plan, which had pictures of them doing an activity they enjoyed or a place they enjoyed visiting. People had plan in place and did something most days with support from the staff. A person told us, "my favourite tube station is Piccadilly Circus." and "I like going there." The person's key worker was aware of this and supported the person to travel on the London Underground. They would visit their favourite London Underground station and had pictures of it on their bedroom wall. They had a duvet cover and a map of the London Underground stations, which they showed us when they invited us into their room. Another person was supported to go to watch the local football team playing at a Bermondsey football ground. They told us they really enjoyed this.

People could attend regular residents' meetings. There was an easy read record of each person's contribution to the meeting. People and their relatives had a copy of the complaints form. The complaints policy and procedure was available for people, relatives, and staff. People and their relatives provided informal feedback. People or their relatives had not raised any concerns about the service.

Good

Is the service well-led?

Our findings

People received care and support by staff in a service that was well-led. People told us they got on well with the manager and could talk with him because he took time out to listen to them. During our inspection we saw that people were free to enter the office to speak with staff or the registered manager as they wished. Staff we spoke with was complimentary about the registered manger. One care worker told us, "the manager is very approachable." Another told us "When I go to the manager with a problem I know it will be dealt with and I know what is happening."

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider. The provider analysed the response people and their relatives made. The analysis showed that the majority of people were satisfied with the quality of care. The registered manager developed an action plan to improve the service. We saw feedback from a relative who said they were pleased their relative had settled well and happy living at the service.

The local authority commissioning team carried out checks at the service, and found some areas for improvement. Records showed staff had taken action to make those improvements.

There was a registered manager at the service. They were aware of their responsibilities as registered providers with the Care Quality Commission (CQC). They kept CQC informed of notifiable incidents that occurred at the service.

The provider and manager welcomed feedback from staff. Staff contributed to the management of the service through taking part in the review of the service. From this a plan for improvement was developed and actions taken to resolve any outstanding issues. There were regular staff meetings relating to the service and their caring roles. Staff offered solutions to issues raised.

The provider organised team-building events for staff. The provider's ethos of encouraging individuals with learning difficulties to be more independent was discussed at team-building events. The registered manager told us that the team building exercise improved communication, boosting morale, motivation, and to promote better teamwork in the workplace. The registered manager and staff focussed on the needs of people, whilst demonstrating their commitment to develop and improve their attitudes, values, behaviour, and the service.

People received a service, which, was monitored and reviewed. The provider had systems in place to ensure people received good quality care, which met their needs. Reviews of people's care records took place to ensure accuracy and consistency of them. For example, reviews ensured people had relevant support in place. People received safe service because actions occurred to maintain and improve the quality of care records.

Staff completed internal audits on the quality of food, activities, and the home environment. These identified areas of concerns and a developed an action plan from this. People provided feedback on the quality and variety of the meals provided. The audit identified areas for improvement for the service. For example, people were involved in the development of the menus to reflect people's preferences. This improved the quality and variety of meals provided for people.

Medicine audits took place to protect people from harm of medicines. These were reviewed by the manager were any concerns or errors could be identified and managed appropriately. Audits of medicines helped to reduce the number of errors and staff administered medicines safely to people.