Mr & Mrs Mohamedally

Brigstock House

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

About the service
Brigstock House is a care home registered to provide personal care for up to eight people with a learning disability. At the time of the inspection eight people were using the service in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The provider protected people from abuse by ensuring staff received training to safeguard them and had clear safeguarding procedures in place. The risk of people experiencing avoidable harm was reduced because risks were assessed, and measures were put in place to mitigate them. People received their medicines appropriately. There were enough staff available to keep people safe and they were recruited through processes that allowed the provider to be confident they were safe and suitable to deliver care and support. The home was clean and staff followed good hygiene practices to control infection risks.

People's needs were assessed by the provider as well as health and social care professionals. Staff were trained and supervised in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People accessed healthcare services whenever they required.

Staff were caring, considerate and empathetic towards people. Staff knew people and understood their non-verbal communication. People were supported to make choices about how they received their care and support and were encouraged to be as independent as possible. Staff respected people's privacy and dignity.

The service was person centred and people's care plans detailed how people wanted their needs to be met. Staff supported people to engage in activities at home and in their community and to go on holiday each year. The provider made information accessible to people and responded to complaints appropriately. Staff supported people to maintain relationships with family and friends.

The service had a registered manager and deputy manager in post who had embedded robust quality assurance processes at the service. Staff felt supported and their views were gathered to make improvements to the service. The managers and staff worked in partnership with external agencies as well as the provider's other services to ensure people received the care and support they required.

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection
The last rating for this service was Good (published 08 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brigstock House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Brigstock House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Brigstock House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 February 2020.

What we did before the inspection
We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with two people and interacted with two people who did not use verbal communication. We spoke with one healthcare professional, three staff, the deputy manager and registered manager. We reviewed four people's care records and five staff files. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection
We contacted two healthcare professionals to gather their views about the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received safeguarding training and understood their role in protecting people from improper treatment.
- People were provided with information about abuse. Safeguarding posters were on display in communal areas. These colourful, illustrated posters explained in easy-to-read large text different types of abuse what people should do if they were concerned.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm because staff assessed risks to people and took action to mitigate them. For example, where people presented with health associated risks, protocols were in place to guide staff.
- Positive risk taking was supported. Staff and people worked collaboratively to develop risk assessments which promoted people's independence. For example, measures were in place to support people travel independently
- Staff undertook health and fire safety checks to ensure the environment remained safe for people. Staff regularly tested the care homes' fire alarm system and people were supported to rehearse building evacuation.
- Where people presented with behavioural support needs, staff had guidance in care plans and risk assessments to keep people safe.

Staffing and recruitment

- The provider ensured that the staff supporting people were safe and suitable to do so.
- Prospective staff completed an application and were interviewed. Appointable staff were vetted which included checks for criminal records, the right to work in the UK, and proof of identity. In addition, the provider confirmed the performance of staff in previous roles by taking up references.
- Staff were available throughout the day and overnight in numbers sufficient to meet people's needs and to keep them safe. Staff had access to managers outside of office hours through an on-call system.

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions. The support people required to take medicines was stated in care records.
- Medicines were stored safely in a locked medicines cabinet. Staff checked and recorded the temperature at which medicines were stored to ensured they remained within manufactures guidelines.
- Where people presented with allergies to medicines this was stated prominently in their care plans and

medicines administration record [MAR].
●MAR charts contained people's photographs which assisted staff in ensuring the right people received the right medicines.
● Where people were prescribed 'when required' medicines staff had clear guidance on MAR charts regarding their administration.

Preventing and controlling infection
● The infection prevention and control procedures followed by staff protected people from the risks associated with poor hygiene and cross contamination.
● Staff wore single use gloves when supporting people with personal care to prevent the risk of accidentally spreading harmful bacteria.
● There were posters on display in bathrooms and the kitchen demonstrating the correct techniques for handwashing. These included photographs and easy to read descriptions.
● Staff had guidance on good hygiene practices in the kitchen and around food preparation. Staff used colour-coded chopping boards to prevent cross contamination between different food types. The service had a rating of 'generally satisfactory' from the Food Standards Agency.
● The registered manager ensured that where specialist checks and tests were required these were undertaken by appropriately qualified contractors. These tests included fire extinguisher checks, gas safety and Legionella testing.

Learning lessons when things go wrong
● The provider undertook reviews when things had gone wrong and implemented improvements to prevent reoccurrence. For example, the registered manager ensured that staff received additional training following an incident.
● Where events had occurred with wider implications, the registered manager shared details with staff to promote learning throughout the team.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed. Where required assessments were also carried out by healthcare professionals such as speech and language therapists.
- People and their relatives participated in assessments which reflected people's preferences and strengths as well as their needs.
- Staff supported people with reassessments regularly and when their needs changed

Staff support: induction, training, skills and experience
- People received care and support from skilled staff. The provider ensured that staff received on-going training to keep their knowledge up to date.
- Staff received training in areas such as first aid, manual handling, food hygiene, safeguarding and infection control. Staff also received training in people's specific needs such as autism.
- New staff were supported through an induction process which included a period of shadowing experienced staff and becoming familiar with people and the provider's procedures.
- The registered manager and deputy manager arranged regular one to one supervision meetings for staff to attend. These meetings were used to discuss people's changing needs and staff development.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff supported people to eat well. Care records noted the support people required to eat.
- People chose what they ate. Pictorial menus were used to assist people to make choices.
- Staff encouraged people to participate in preparing meals and made healthy options available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;
- People were supported to be healthy. One person was supported to use a treadmill as part of their programme to manage their weight and maintain good health.
- When required staff made referrals to healthcare professionals. For example, speech and language therapists supported people's communication needs.
- Staff supported people to attend regular health checks with their general practitioner.
- People were supported with their oral healthcare. Staff supported people to brush their teeth and manage gum care where they wore dentures. Regular dental appointments were arranged when people were examined, and staff given advice around supporting people to maintain good oral health.

Adapting service, design, decoration to meet people's needs

● The service had been adapted to meet people's needs. This included making the ground floor and garden areas wheelchair accessible.

● Since the last inspection the provider had closed and renovated the service. Among the improvements for people was the replacement of carpet and the installation of a wet room.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

● People were treated appropriately and in line with mental capacity legislation. Where people lacked capacity best interests decisions were made. Where people required restrictions to keep them safe, assessments were in place and health and social care professionals had oversight.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and compassionate support from staff. One person told us that staff were, "Very good. Very nice."
- People and staff knew each other well. We observed that where people did not use verbal communication, staff responded to people's needs. One member of staff told us, "Communication is a lot about body language and facial expression. It's subtle, it's about knowing people."
- Where people were known to become anxious, staff knew how their anxieties presented and the actions they should take to reassure people.
- Care records noted how people liked to celebrate their birthdays and photographs showed them doing so.
- People's cultural and spiritual needs were assessed care records noted people's spiritual and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make choices and decisions about how they received their care and support. For example, people chose the activities they engaged in.
- Staff understood how people expressed their choices. Communication aids were used to support this and care records provided information about people's expression and comprehension.
- People were supported with tangible choices where possible. For example, people were shown clothes to help them to decide what to wear. The same process of offering alternatives that people could see and touch was also used to support people to choose what to eat, drink and do.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care records provided staff with information about supporting people's needs. For example, one person's care records noted they liked to fill a bath with water but required the support of staff to ensure it was at an appropriate temperature before getting in. In another example, a person's independence when shopping involved them pushing a shopping trolley whilst staff supported them to make selections and pay.
- We observed staff speaking to people respectfully. And staff spoke to us about people in terms which conveyed warmth and fondness.
- Staff protected people's dignity. When providing personal care staff told us they closed people's bathroom and bedroom doors and supported people to undertake as much of their personal care tasks themselves.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided staff with guidance on meeting people's assessed needs. The views of people and their relatives led the personalisation of care plans.
- People's care records included a pen portrait which provided staff with details about their lives. This offered staff perspective and promoted empathy by enabling them to get to know people.
- Care records detailed how people required their personal care needs to be met such as the support people required to eat, drink, wash, dress and brush their teeth.
- Care records noted people's likes and dislikes. For example, one person's care records noted that they liked cereals and fizzy drinks but disliked hot and spicy food. Another person liked discos and cuddles but disliked cornflakes and being told to slow down. A third person's care records noted they liked outings and sensory lights but disliked being cold and using public transport. This meant staff had personalised information regarding people's preferences.
- The service was responsive to people's behavioural support needs. Staff used a low arousal response to manage people's behavioural support needs. The registered manager and deputy manager reviewed behavioural incidents and shared findings with the relevant healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service supported people's communication needs. Individual communication needs were assessed by healthcare professionals and staff had guidelines to support people's varied communication abilities effectively.
- The provider made important information available for people in pictorial and easy-to read formats. Information included the provider's accessible safeguarding procedures.
- People had individual disability distress assessments within their care records. These assessments were used to provide staff with information about how people who do not use speech might show they are experiencing pain or discomfort through their appearance, posture, sounds and mannerisms.
- Pictorial material was used to support people. Pictures were available of activities, meals, staff and staff members. There were pictures on doors to explain their function such as bathrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff supported people to maintain relationships with friends they had made at the provider's day service and other care homes. One person's care records noted, "I get invited to a lot of birthday parties as I have many friends at the day centre."
● People's relatives were welcomed to the service. Photographs showed relatives attending events at the service including parties and barbeques. Staff supported people to send birthday and Christmas cards to relatives and photographs of people engaged in activities were sent to relatives via a mobile phone app.
● People were supported to develop their skills around activities of daily living. This included aspects of personal care and meal preparation. One person was supported to participate in a work activity.
● Staff supported people to participate in a range of activities including, cycling, bowling, arts and crafts, literacy, keep fit and table activities such as puzzles.
● People and staff tended the care home's garden in which they grew foods such as courgettes, spring onions, carrots, herbs, beetroot, corn and parsnips.
● Staff supported people on outings. Trips included to the theatre, parks, garden centres and central London. People were also supported to go on day trips and holidays to places such as Littlehampton, Brighton and Cornwall. We saw photographs of one person at a weekend spa break. A member of staff told us, "She loved the pampering."

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure in place to which people and relatives had access.
● Where complaints were received these were responded to in line with the provider's policy.
● The registered manager and deputy used the findings of complaints to drive improvements at the service.

End of life care and support
● None of the people receiving care and support at Brigstock House were identified as requiring end of life care.
●The registered manager and deputy manager understood to whom referrals would be made to support people if they required end of life care. This included palliative care nursing specialists.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we found the service had experienced several changes of manager. At this inspection, the service had a registered manager in post who was supported by a deputy manager. People, staff and a healthcare professional were complementary about the leadership of the service and the positive impact they had.
- There was an open atmosphere at the service and staff felt supported. One member of staff told us, "My managers are very encouraging and want me to be my best."
- There was effective communication throughout the team. Handovers took place at each shift change when staff discussed people's changing needs. Communication and handover books were also used to ensure all staff were aware of people's changing needs.
- The registered manager arranged team meetings for staff to attend. Records showed that these were used to discuss issues such as activities, quality checks and cleaning.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open with partner organisations such local authorities and the CQC and ensured that all parties were notified about important events at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality of the care and support being provided was routinely checked in order to identify shortfalls and make improvements. In addition to checks carried out by the service management, the provider also used an external auditor who carried out quality checks each month. Where shortfall were identified action plans were put in place.
- The registered manager, deputy manager and staff were clear about the roles including the tasks that were delegated

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider kept people, relatives and friends up-to-date and involved through a newsletter which reported on and shared photographs about events and activities. The service also produced a large calendar each year with photos of people and their birthdays highlighted.

● The registered manager gathered the views of relatives through surveys. Surveys asked relatives questions about their views on matters such as how welcomed they felt by staff when visiting family members, the quality of care and the décor of the care home. The outcome of these surveys was shared with staff at team meetings.
● Staff were invited to share their views about the support they received and how the service could be improved. The registered manager issued surveys to staff annually and reviewed their responses.

Working in partnership with others
● The registered manager and deputy worked closely with colleagues in the provider's other homes and day service. People benefited from this cooperation by increasing their social networks and opportunities for activities.
● The provider worked in partnership with a range of health and social care professionals and made referrals to them when required.
● Staff attended training provided by the local authority and the service was represented at provider's forums were best practice ideas were shared.