

Brandon Trust

52-60 Grosvenor

Inspection report

52-60 Grosvenor Terrace,
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on 24 November 2014 and was announced. We provided the registered manager 24 hours' notice of the inspection. This was because the manager is often out of the building supporting staff at other locations. We needed to be sure that they would be in. 52-60 Grosvenor provides personal care and accommodation for up to eight people with learning disabilities. At the time of the inspection there were six people using the service.

There was a registered manager 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 aware of the signs of abuse and were able to tell us how they would escalate an allegation of abuse. People did not always receive a service that was safe and met their needs. Risk assessments were in place for people with a plan in place to manage those risks. Staff did not always take into account professional recommendations in the management of risk; this increased the likelihood of risk occurring to people.

Summary of findings

The service recruited and employed suitably qualified staff to care for people; newly appointed staff were supported to develop their experience so they were able to meet people's care needs.

Medicines were not always managed safely. Medicines administration records were not kept up to date and we found expired medicines in the medicine cupboard.

Staff had access to regular training to update their skills and knowledge and to equip them in their caring roles. Staff had regular supervision and an appraisal. Staff discussed personal and professional development needs and a plan was put in place to meet those needs.

Staff were aware of their responsibilities within the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People and their relatives were supported by staff to make decisions and to consent to care and support. Staff were knowledgeable in working with people with complex care needs, and referred people to health and social care services for support and advice to meet those needs.

We saw staff interact and engage with people, where people were unable to communicate verbally; staff used non-verbal communication methods which people understood. Staff understood the care, support and wishes of people and these were respected. People were encouraged to make decisions for themselves, as able, and staff helped people to achieve their goals. People's confidential care records were stored safely and staff had access to these when needed.

People had assessments before coming to live at the service and whilst they were living there. People and their

relatives were encouraged to be involved in assessments and care plan development. Care and support was delivered in line with their assessed needs, care plans were developed from this information so that people received appropriate care to meet their needs. These were regularly reviewed and updated as required. People and their relatives were asked for feedback on the quality of the service and staff acted on those responses to improve the care delivery for people. People were provided with information on how they could make a complaint and how the complaint would be managed.

The registered manager was aware of their role and responsibilities of managing the service and with their registration with the Care Quality Commission. During team meetings the registered manager provided staff with service updates. Incidents and accidents were discussed with staff in meetings to support their learning and to improve care and support for people.

Staff carried out regular quality audits. Medicines audits were carried out at each shift change. However, we found there was no overall medicines audit for the service and medicine errors could not always be detected. We found the medicines audits completed had not recognised there were expired medicines stored in the medicine cupboard. This medicine could be used in an emergency for people who were at risk of a sudden deterioration in their health. People were at risk of a significant impact to their health and well-being if they received this medicine.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

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?

The service was not safe.

People were at risk of receiving unsafe care because risk assessments were not in place.

Medicines were not managed safely. People were at risk of receiving unsafe medicines.

Staff were aware of the signs of abuse and took appropriate action to manage an allegation of abuse.

Requires Improvement



Is the service effective?

The service was effective. People were involved in choosing their meals. Staff were supported with regular training, supervision and support so that they were able to carry out their jobs.

Staff were aware of the roles and responsibilities within the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People were cared for by staff who knew their needs.

Staff engaged well with people. We saw that people responded to staff during their interactions with them.

Good



Is the service responsive?

The service is responsive. People had their needs assessed prior to living at the home. People and their family were involved in the development and review of care plans. People were supported to attend weekly activities.

Good



Is the service well-led?

The service was not well led. Medicine audits did not always identify areas of risk to people. There was no audit or overview of the service's medicines management and errors could not always be detected.

There was a registered manager in post; there was a senior member of staff on duty to support other staff. People and their relatives were encouraged to provide staff with feedback on the service.

Requires Improvement



52-60 Grosvenor

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 24 November 2014, and was announced. The provider was given 24 hours' notice because the registered manager supports staff at other locations and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We received information from the local authority about the quality the service provided to people. We looked at the information we held about the service including records of notifications sent to us.

We spoke with the registered manager and four care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We were unable to speak with five out of six people.

We looked at six care records, six medicine records, five incident reports, and house meeting minutes. We asked the registered manager to send us three copies of team meeting minutes; we received these six days after the inspection.

Is the service safe?

Our findings

People did not always receive a service that was safe and met their needs. Each person had risk assessments in place and a management plan to reduce the risks of an incident occurring. However, we found that risk assessments completed by staff did not always take into account recommendations from professionals to ensure that people were supported safely. For example, following an assessment from a speech and language therapist a plan was developed for staff to follow to support a person with swallowing difficulties. This included recommendations and guidelines about the types of food the person could eat safely. We found that the person's care plan was not updated to reflect the recommendations from the professional. Staff had completed a nutrition risk assessment and recorded that the person had no problems with eating and drinking, despite his swallowing difficulties eating. The nutrition risk assessment completed by staff did not take into account the SALT assessment and recommendations, increasing the likelihood of risk while eating. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some risks were managed safely, for example, a person was at risk of falling out of bed, equipment was ordered and put in place to reduce the risk of the person falling out of bed and sustaining an injury. Another example of a risk assessment in place was for a person whose behaviour challenges. The risk assessment had a behaviour management plan with actions and techniques staff could take to manage the behaviour.

People did not always receive their medicines safely. We noted there was a medicine for one person labelled with their name. We checked the person's medicine administration records and we noted this medicine was not recorded on their MAR. We discussed this with the carer who stated that they were unsure why the medicine was not on the person's MAR. The carer told us that they would

clarify this with other colleagues and the dispensing pharmacy. There was a risk that the person received medicines which had not been prescribed increasing the likelihood of deterioration in their health.

People were at risk of receiving unsafe medicines. We found two pre-filled syringes that had expired in 2011. This medicine would be given to people in an emergency in case of an epilepsy seizure. We asked the carer why the expired medicine was in the medicine cupboard, the carer was unable to explain this. The carer told us this medicine would be disposed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were knowledgeable about how to protect people from the risk of abuse and harm. Staff told us how they knew the sign of potential abuse and what actions they would take if this occurred. Staff we spoke with were aware of how they would escalate a safeguarding concern to the registered manager, if appropriate and the local authority. A member of staff told us, "I am clear about the process used for safeguarding issues. All reports are made to the local Social Services Safeguarding Team, the manager and possibly CQC. I would also complete an incident form."

The service had a safeguarding policy in place and staff had completed updated safeguarding adults training, providing them with knowledge how to manage a safeguarding allegation at the service. One member of staff told us, "I would report to the managers any bad practice." An example given by the staff member was regarding an incident between people who were separated, and kept safe. We saw that an incident had been reported under safeguarding and over 12 months ago and dealt with appropriately.

Staff completed an application process, which included an application form with their previous work references. Police checks were carried out and staff did not start working at the service until these checks were cleared. New staff had the opportunity to shadow experienced staff, so that they could gain experience in caring for people and provide appropriate care for them.

Is the service effective?

Our findings

People received care and support from staff that were skilled and trained to meet their needs.

The staff we spoke with had experience of working with people with complex care needs. Staff had regular training and supervision to identify areas of professional development and skills needed to improve care delivery. Staff we spoke with told us they had completed all mandatory training, such as medicine management, safeguarding adults and basic life support. Staff had training which equipped them to carry out their caring roles. The training records confirmed this. We spoke with one member of staff who told us, "There are good training and development opportunities". Another member of staff told us, "I have achieved an NVQ3 and the A1 Assessors Award."

Staff received regular supervision with their line managers. We saw five records of these, people were able to discuss issues relating to their daily working practices and any issues they had. Staff had an annual appraisal where learning and development plans were discussed and recorded. These were reviewed during supervision and updated if changes were identified.

People were supported to make decisions where possible. Staff completed a mental capacity assessment for people where there was a specific decision to be made about their care. The provider had an understanding of their responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had identified people who would benefit from an assessment using the MCA. At the time of writing this report, three DoLS applications had been submitted to the

local authority for their consideration. People were protected from unlawful deprivation of their liberty and staff were aware how to support people while taking into account their human rights.

People consented to care and support from staff. People were supported by a relative if they had complex decision to make. The service had links to an advocacy service which could advocate for them.

Staff training records showed that they had completed recent training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of their responsibilities in line with the MCA and DoLS.

People were supported to make decisions about the meals provided in the home. People were provided with options with food choices, staff prepared all meals for people. People contributed to monthly menu planning meetings where they decided to have a weekly takeaway meal of their choice. People were supported to eat a meal out of the home on occasions. People would chose were they wanted to go out to eat. Staff supported people to make arrangements with the venue and made arrangements for menus available to be provided so people could have an idea of the food they could choose which met their specific nutritional needs.

People had access to healthcare when they required it, where people required additional support a referral was sent to the appropriate healthcare professional. For example, one person had difficulties with swallowing; a referral to the speech and language team was made to an assessment and advice to support the person's needs. People were taken to the GP if the need arose and people were supported to attend a hospital appointment if necessary.

Is the service caring?

Our findings

We saw that there were positive interactions with staff and people. We could see that staff respected people and treated them with dignity. From the communication between staff and people that people were relaxed and comfortable with the staff they were communicating with.

Staff used different methods to communicate with people. For example, staff responded to people using facial expressions and sign language. People who were unable to communicate verbally were provided with communicate support tools, such as electronic devices and Makaton. Makaton uses signs and symbols to help people communicate. We observed that staff allowed time for people to communicate their needs, for example, people and staff communicated using Makaton which is designed to support spoken language and the signs and symbols are used with speech with a person.

Staff knew that care and support needs of the people they cared for. A member of staff told us, “The person likes to go out every day, even if it is a walk around the local area.” Another member of staff said, “The person likes to sit in a certain seat, we always try and make sure that they can sit in their preferred seat, if we can.” This demonstrated that staff knew people they cared for and respected people’s wishes were able.

Staff operated a key worker system where they supported individual people in their care, including assessments,

updating records, personal care and support. Staff demonstrated their knowledge for people, for example, a member of staff told us, “I have noticed that the person’s skin is becoming dry, I made an appointment for them to go to the GP and I will go with them.” Care records showed that people and their relatives contributed to their assessments and their life histories, likes and dislikes were identified so people were able to receive care and support in the way they wished. This meant that people had an identified member of staff who would discuss areas of concerns, complete reviews and support to achieve their personal goals. For example, one person was supported to contact their family and arrange a visit.

People’s wishes were respected, staff supported people to maintain relationships with friends and relatives. Two people had friends in other provider homes; people were supported to invite each other to lunch or other events at the service. Some people were supported with arrangements to go on holiday and visit with relatives. Relatives and friends were encouraged to visit the service when the person wished. Relatives were invited to attend events at the service. This included a Christmas meal, summer barbeques or when people celebrated their birthdays.

People’s records were stored securely, and staff had access to these when needed. People’s personal information was updated appropriately and staff were aware of confidentiality when managing people’s records and this kept people’s information safe.

Is the service responsive?

Our findings

People and their relatives were encouraged to be involved in the review of the delivery of care. Staff supported people to be as independent as possible according to the person's abilities. People would discuss the goals which they wanted to achieve with their key worker. Assessments were updated to reflect the change in care to meet the person's care and support needs. For example, one person wanted to maintain links with their local community. One of their goals was to be able to continue to do this. It was discussed that the person could accompany a carer to do some shopping. It was then scheduled into the person's weekly time table for the table to go out shopping. The person told us "I like going out."

Feedback from healthcare professionals was used to improve the care people received. For example, following an assessment from an occupational therapist (OT) a recommendation was made for a person to have a specialist hoist which could meet their needs to help them move around.

Before people came to live at the home, assessments were completed for people. People and their family contributed to assessments. From the assessments, care plans, risk assessments and management plans were developed to meet the needs of people. For example, one person had a support and behavioural plan in partnership with the Community Learning Disabilities Team with input from the SALT. Training around the details of the plan has also been delivered.

Each person's bedroom was decorated in accordance to their wishes; each room was individually decorated with personal items such as photographs of their family or artwork which they had completed at the day centre. People were supported and encouraged to pursue social

activities outside of the home. On the day of the inspection people were getting ready to go out for the day. Some people were going to the day centre; another was going out with a relative.

During our inspection we saw that staff responded to people's individual needs. Staff support people in a kind way and protected people's dignity. Staff were knowledgeable about people's health and care needs, were there were concerns about a person's health; these were discussed with a senior member of staff on duty. Details of the discussions were recorded and information placed within the person's records, with the actions taken if any.

People or their relative were provided with a service users handbook, this include information about the service, the roles of the staff and what to expect from staff whilst living at the service. There were symbols and pictures display around the service for people who were unable to communicate verbally. A Makaton sign was displayed in the communal areas; staff were encouraged to use Makaton for people who used this form of communication.

People were asked for their feedback through house meetings, key working sessions and surveys and the service made changes for example people was supported to do individual activities. For example people chose to attend in dance classes; this choice was implemented.

People and their relative were provided a copy of the complaints form, which people could complete with support. The registered manger investigated complaints and informed the complainant of the outcome of the investigations and actions taken were necessary.

The information reviewed from the local authority stated that the service was responsive to people's needs. They said the service was able to meet the needs of the people living at the home and that staff responded quickly to people changing needs.

Is the service well-led?

Our findings

People did not always receive a service that was well-led. Staff carried out regular medicine audits; staff told us they completed medicine audits at each shift change. Staff looked at medicines stored in the medicine cupboard, and looked the medicine administration records for people. Staff told us they checked that medicines due had been given to people at the times prescribed. However, we found that the medicine audits did not always identify areas of risk. We found that there were expired medicines kept in the medicine cupboard which could be used in an emergency for people experiencing a sudden deterioration in their health. The medicine audits did not identify this area of risk or the potential impact this would have on people.

There was a registered manager in post, they were aware of their responsibilities. The registered manager sent notifications to the Care Quality Commission (CQC). For example, when there was a safeguarding alert made and we were informed of this. We were able to track our received notifications with the records that were held at the service.

Incidents and accident forms were completed. The service used these as a basis for staff training and example was about people who had epilepsy in the service. Based on this incident, staff updated their training in epilepsy; equipment was purchased for people who had this condition to reduce the risk of injury.

Staff we spoke with told us that the manager was supportive. One member of staff told us, "I have a fantastic manager and who would help with every situation. Sometimes you need clarity and direction. For example when we had adverse weather I sought advice from the manager and she was responsive about the best course of action to take." Another staff said, "We have a good team here, I can speak with my team leader about anything, we will that come to a solution." Another told us, "Senior staff can always advise."

Changes in service delivery were discussed at supervision and staff team meetings. The registered manager encouraged staff to discuss concerns and contribute to the development of the service. Staff provided feedback

through supervision and meetings. The registered manager had reminded staff to label and date food stored in the fridges in the kitchen. We looked at the fridges and noted all the food kept in the fridge was label correctly.

The registered manager kept themselves updated with changes and development in the service. The manager had recently completed training in the assisted technology. From this the manager discussed the details of the training and how staff could use the information to improve the service for people. The registered manager told us that the training was beneficial for people living at the service. From this the service appointed an assistive technology practitioner, so that this area could be developed and recommendations implemented.

There were effective quality assurance systems in place to monitor the quality of care The area manager completed bi-monthly audits at the service. Based on the findings from the audit an action plan was developed and given to the registered manager to discuss with staff. Action was taken by staff to make improvements, for example a review of the service user guide for people. Updating information contained in the guide for people. This demonstrated that the service had systems in place to improvement the service for people.

A member of staff told us, "Staff work with people in a professional and respectful way' 'The service users are happy and the managers are very polite, it's not a bad house."

The service had implemented a number of policies for the service. Staff were aware of the whistle blowing policy; one member of staff told us "I know about the whistle blowing policy, I know how to raise such a concern, although I have not used it before."

The service sought feedback from people and their relatives and requested feedback from them, in May 2014. The results from the survey indicated that people were happy with the quality of care received and they did not have any complaints about their care delivery. People provided feedback to staff through their one to one sessions with their key worker and house meetings. Staff took minutes of these meetings and actions taken as required. For example, people wanted to choose different activities to do inside the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

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How the regulation was not being met: People who use services were not protected against the risks associated with unsafe care. Regulation 9 (1) (b) (iii).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

How the regulation was not being met: People who use services and others were not protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, and dispensing, safe administration.

Regulation 13.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.