

Partnerships in Care (Brunswick) Limited

Brunswick House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 28 October 2016 and was unannounced. Our last inspection of the service took place on 1 December 2015 and the provider was rated as Requires Improvement.

Brunswick House is registered to provide accommodation and personal care to a maximum of five people who may have learning disabilities or mental health needs. At the time of the inspection there were three people living at the home.

There was no 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. A new manager had been recruited and was in the process of applying to register as a manager. This manager was present throughout the inspection.

People were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. Staff understood how to report concerns on abuse and manage risks to keep people safe. Medications were given in a safe way.

Staff did not always have access to training and supervision to support them in their role. Staff understood the importance of seeking consent in line with Mental Capacity Act 2005 but did not always understand how to support people who had Deprivation of Liberty Safeguards in place. People were supported to have enough to eat and drink and had been supported to access healthcare support when required.

People were supported by staff who were kind and treated people with dignity. People were supported to be involved in their care and maintain relationships with people important to them. People had support from advocacy services where required.

People were involved in the planning and review of the care. People felt supported by staff who knew them well and were given opportunity to take part in activities that were meaningful to them. People knew how to make a complaint if needed.

Staff felt supported by their manager but felt that more frequent supervisions were required to discuss their work. Incidents that should be reported to us and the local authority safeguarding team had not always been reported. Audits were completed but these were not done consistently. People were given opportunity to feedback on their experience of the service and felt able to approach the manager with any issues.

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.

People were supported by staff who knew how to report abuse and manage risks to keep people safe.

There were sufficient numbers of staff available to support people.

Medications were given in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not have access to regular training and supervision to ensure they could support people effectively.

Staff did not always understand how they should support people in line with their Deprivation of Liberty safeguards.

People had sufficient amounts to eat and drink and were supported to access healthcare support when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who involved them in their care and treated them with dignity.

People were supported to maintain relationships that were important to them and had access to advocacy services when required.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

People were supported to take part in activities that were

meaningful to them.

People were aware of how they could make a complaint if needed.

Is the service well-led?

The service was not always well-led.

Staff felt supported but felt that further supervisions were required to support them in their role.

Audits had not been completed consistently and incidents that would need to be reported to the local authority safeguarding team and Care Quality Commission had not been reported.

People were given opportunity to feedback on their experience of the service.

Requires Improvement 

Brunswick House

Detailed findings

Background to this inspection

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

This inspection took place on 28 October 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views. We used the feedback given to plan what areas to focus on during the inspection.

We spoke with two people, two members of care staff, and the manager. We looked at two people's care records, medication records for three people, staff recruitment and training files and quality assurance audits completed.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "It is ok. Yes I feel safe". Another person told us that they hadn't felt safe before moving to the home but now felt much safer being at the home with staff. The person said, "I am safe here".

Some staff told us they had not received any training from the provider in how to safeguard people from abuse. However, all staff we spoke with displayed a good understanding of how to identify abuse and the action they should take if they suspected someone was at risk of harm. One member of staff told us, "I would recognise abuse. I would then confide in the manager straightaway". Staff we spoke with confirmed they had not had to report any concerns about people at risk of harm.

People were supported to manage risks to keep them safe. Staff understood the risks posed to people and how they should support people to manage these. For example, we saw that some people could display behaviours that can challenge. The staff we spoke with told us how they managed this risk and gave examples that included; talking to the person, diverting their attention away from the issue causing the distress and removing the person from the situation. Staff told us they had received training in how to restrain people but understood that this should not be used unless there is a serious risk to the person or others and all other options had been considered first. We saw that there were risk assessments in place that were individualised, identified the risk and gave guidance for staff on how the risks should be managed. Where accidents and incidents occurred, we saw that a record was kept of the actions taken to reduce the risk of the incident reoccurring.

Staff told us that prior to starting work, they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS would show if someone had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks took place. We saw that staff were required to provide information about their employment history and that this had been provided. However, where gaps in a person's employment history had been recorded, we could not see evidence that this had been addressed with the person to ensure that a full history was provided. We spoke with the manager who informed us that employment gaps were looked into but had not been documented.

People told us that there were enough staff available to meet their needs. One person told us, "Yes, there is enough staff". Staff we spoke with also felt there were enough staff although suggested that one more staff member would always be advantageous. We saw that there were enough staff for people and that where people required support; this was provided in a timely way. The manager informed us that although one person had recently moved out of the home, they had maintained the previous staffing levels to ensure that people could continue to be supported to do the things they wished too.

People were happy with the support they received with their medication. One person told us, "They [staff] help me with my medication. They make sure I take it every day". We saw that were possible; people were supported to administer their own medication. We saw that there was guidance available for staff informing them on how to support the person with this. The person told us they were happy with this and could

explain when and how to administer their medication. We saw that medication was stored securely and that the temperature of the room was checked daily to ensure that the medication was not affected in any way by incorrect temperature. Where people had medications on an 'as and when required' basis, there was guidance available for staff informing them of when these should be given to ensure consistency. We looked at medication records and saw that the amount of tablets available matched the amount recorded. This showed that people had received their medication as prescribed.

Is the service effective?

Our findings

People told us that they felt staff had the skills and knowledge required to support them. One person told us, "The staff are good".

Staff told us that prior to starting work, they completed an induction that included shadowing a more experienced member of staff. One staff member told us, "On my first day, they showed me around, introduced me to people and went through fire and care plans". Some staff told us they had received training as part of their induction and on an ongoing basis, whereas other staff said they had not. One member of staff told us, "They [the provider] didn't put me on training straightaway but put me on some after about 3 months. I have only had one training course since I have been here". We spoke with the manager about the training provided to staff. The manager informed us that since she had taken up post as manager, she had not been able to locate any records about the training staff had been provided with previously and was not aware of what training was completed. The manager had identified this as an area of concern and had begun enrolling all staff on training to ensure they had the knowledge required to support people. The intention was that all staff would have updated all of their training by the end of 2016. We saw that the manager had commenced booking staff onto training courses. Following the inspection, the manager sent us details of the training they could see that staff had received. However, the details sent over did not evidence that all staff had received training. We identified that some staff had not been included and that there were gaps in staff training where updates had not been provided in a timely way. The staff we spoke with however, all demonstrated a good understanding of their role and how to support people.

Staff told us that they did receive supervision with their manager to discuss their training and development but this was not done consistently. One member of staff told us, "We had supervisions but not as often as I would like. I would prefer more". Another member of said, "No I haven't had a supervision". Staff told us that they were able to speak to the manager informally if needed. One staff member told us they had previously requested extra training to support their development but this had not been provided. The member of staff said, "I had asked for some training but I haven't been put on it and I asked a while ago".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent prior to supporting them. One person told us, "The staff will always ask me first before they do anything". Staff we spoke with understood the importance of supporting people to make decisions and could explain how they do this. One member of staff told us, "I get permission from people by speaking with them and asking". We saw staff seeking people's permission before supporting them and waiting for a

response before proceeding.

We saw that some people had DoLS authorisations in place. We saw that these applications had been made appropriately and people confirmed they and their family had been involved in the best interest's discussions. One person told us, "I have just had a best interests meeting with me, my social worker and parents". However, we saw that staff knowledge of DoLS was inconsistent and not all staff knew who had a DoLS authorisation in place or why. Without this knowledge staff would be unable to ensure they were supporting people in line with the conditions of their DoLS.

People told us they were happy with the meals they were provided with. One person told us, "The food is nice". Another person said, "The food is fantastic, fabulous. We get takeaway every few weeks". Staff told us and we saw that people were encouraged to be involved in the planning and preparation of their meals. One staff member told us, "We used to do set mealtimes but now we like people to do more for themselves so we help with dinner and people prepare their own breakfast and lunch". We saw that people were supported to eat at times to suit them and were supported to choose their own meals. We saw easy read guidance available for people within the kitchen to support them to prepare their own meals safely. People told us they had input into what food was purchased for the home and that a meeting was held each week for people to decide what foods to buy.

People were supported to access healthcare services where required. One person responded, "Yes," when asked if staff help them to visit the GP when needed. Staff we spoke with understood the actions they should take to support people to maintain their health. Records we looked at showed that people had been supported to access a number of services including, hospital appointments, opticians and the GP. We saw that people had health action plans in place. A health action plan is a document that gives information about things people can do to remain healthy.

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person told us, "The staff are nice". Another person said, "The staff are good and friendly". We saw that staff had established friendly relationships with people. People were relaxed in staff company and could be seen laughing and joking with staff throughout the day.

People were supported to be involved in their care and told us they were given choices. One person told us, "I get to choose what to do". Other people told us how they were supported to make decisions about things including; what they would like to eat and where they would like to go. One person told us that house meetings were held so everyone who lived at the home could decide what they would like to see at the home. The person said, "We have meetings every Monday to discuss what we want at the home". Staff we spoke with told us they promote people's choices. One staff member told us, "I would never just 'do' things for people, I always give them a choice". We saw people being given choices throughout the day and that where people were struggling to make a decision, staff would support them by showing them options, or informing them of their choices again to help them choose.

People were treated with dignity and given privacy when requested. One person told us, "They [staff] give me privacy when I want this and knock the door before coming in [my room]". Staff we spoke with could explain how they ensured people were treated with dignity and gave examples that included; respecting people's decisions and giving them choices. One staff member told us, "I always knock the door before entering someone's room and wait for them to say I can go in to preserve their dignity". We saw staff put this into practice and saw staff speak with people in a respectful way, refer to people by their preferred name and support people to have time alone when they asked for this.

People were encouraged to maintain their independence where possible. Staff told us they encouraged people to be independent and one staff member said, "I encourage as much as I can but if people do not want to do something, I wouldn't force them". We saw that people had been encouraged to prepare their own meals and the kitchen and breakfast area had been set up to support this. We saw other people being supported to clean their own rooms. People we spoke with confirmed they did this task daily and enjoyed being able to do their housework independently.

People told us they were supported by staff to maintain relationships that were important to them. One person told us, "I see my family twice a week and I text them too". We saw there were no restrictions on people visiting the home and people were supported by staff to also visit their family and friends in their own homes.

We saw that the provider had arranged for advocacy services to visit people on a monthly basis. The manager told us this was to ensure that people who did not have family and friends still had someone they could speak too aside from staff. We saw records to show these visits took place and that the advocates produced reports for the provider to alert them to any issues or areas for improvement that they had discussed with people.

Is the service responsive?

Our findings

Before people moved into the home, an assessment took place with people to discuss what support they required to ensure that the provider was able to meet their needs. Records we looked at showed that these assessments had taken place and that people had been consulted about their care needs. People told us they were involved in reviews of their care and had seen their care plans. One person told us, "My key worker sits with me to make sure I am ok". Another person said, "I have a one to one with [staff members name] every week". The person told us this was to ensure that they were happy with their care and that the support provided met their needs. Records we looked at showed these meetings took place and care records had been updated where required to ensure the information held about people remained up to date.

People felt that staff knew them and their care needs well. One person said, "The staff know me well". Another person told us, "Yes" when asked if staff knew about their likes and dislikes. Staff we spoke with displayed a good understanding of people's likes, dislikes and preferences with regards to their care. For example, staff could tell us about people's hobbies, life history and foods they enjoyed. We saw that records held personalised information about people's preferences and staff knowledge reflected the information recorded.

People spoke enthusiastically about the activities they took part in. One person told us how they had recently been signed to a local football team after successfully passing trials and now attended weekly training and took part in regular football tournaments. This activity had a positive impact on the person who visibly displayed a sense of pride at having achieved a place in the team. Other people told us they were supported to take part in activities they enjoyed. One person told us, "I go bowling and we are going to have a party for Halloween". We saw that people had recently been taking part in bike rides, swimming, day trips to the seaside and maths and English classes. One person told us, "There is something to do every day". We saw people were asked about what activities they wished to take part in and that staff then supported them to do this. We saw one person being supported to visit the cinema while another person decided to stay home and play on a games console. All people we spoke with confirmed that they chose what activities they wished to do and one person said, "These are all things that we have chosen to do".

People knew how they could make complaints if required. One person told us, "[Manager's name] is the manager. I see them a lot and would go to them with a complaint". All people we spoke with told us they had never needed to make a complaint. We saw that information was displayed around the home informing people of how they could complain if they needed too, although this was not available in other formats to support people's understanding of how to complain. We spoke with the manager who informed us that no complaints had been made but could explain how any complaints that came in would be handled. This included discussing the complaint with the person and completing an investigation.

Is the service well-led?

Our findings

There had been no registered manager in post for the previous four months. However a manager had been appointed and was managing the home on the day of the inspection. The manager informed us they were in the process of making an application to register with Care Quality Commission as a manager.

At our last inspection in December 2015 we rated the service as Requires Improvement. This was due to concerns about the recording of medication, a lack of systems in place to manage people's money safely and no systems in place to monitor the quality of the service. We saw at this inspection that these concerns had been addressed, although the quality assurance systems needed further improvement to ensure these were completed consistently.

Following the inspection in December 2015, the provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We saw that the rating had been displayed on the website operated by the provider but could not see this displayed in the home. We spoke with the manager who was not aware that the rating also needed displaying at the home and displayed this immediately after being made aware.

We saw records that indicated that incidents had occurred at the home that would need to be reported to the local authority safeguarding team to ensure people were safe. However these referrals had not been made. We spoke with the manager about this who had taken action to keep people safe following the incident but had not identified that the incidents were a safeguarding matter and so had not reported these in the appropriate way. We saw that the manager understood their legal obligation to notify us of incidents that occur at the service however, they had not notified us of the events we identified appropriately.

We saw that audits were completed to monitor the quality of the service. These audits looked at areas such as medication, infection control and the quality of mattresses. However, we saw that these were not completed consistently. For example, we could only see that an infection control audit had taken place once. Following the inspection, the manager sent us evidence of one other infection control audit that had been completed before our visit. We also saw that medication audits were completed inconsistently with some months missing. Without undertaking audits consistently, the provider would be unable to determine any areas for improvement.

Staff told us they felt supported by the manager. One member of staff told us, "Yes I do feel supported. I have raised issues before and she listened to me". Staff told us that there was always a manager available to them outside of office hours if they needed support. One staff member confirmed this and said, "There is an on call rota we can use for anything we need out of hours". We saw that staff meetings took place and staff confirmed that they were given opportunity to discuss the care they provide people in these. However, staff told us they did not receive regular supervisions so that they could discuss any issues privately with their manager. Staff we spoke more supervisions would further support them in their role.

People knew who the new manager was and spoke positively about her; informing us they felt confident in discussing any issues with her. One person told us, "I would go to [managers name] if I had a problem". We saw that the manager had a visible presence around the home and people were relaxed in her company.

Staff told us they knew how to whistle blow if they had concerns about care and could explain how they would do this. One staff member told us, "I have been told how to whistle blow. If I didn't feel anything was done about a concern, I would keep going higher [to other bodies such as care quality commission]".

We saw that people were given opportunity to feedback on their experience of the service. This was done in resident meetings. People we spoke with confirmed these took place. We saw that people had been given opportunity to make suggestions about where improvements could be made and request extra activities. Records we looked at showed that where feedback had been given, this was acted upon.

The manager told us that they had clear plans for the future of the service and felt supported by the provider. The managers plans included registering with Care Quality Commission as a registered person and completing further work to promote people's lifestyle choices and support people to be as independent as they are able to be.