

Brett Vale Residential Homes Limited

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Inspection report

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Tel: 01473827497

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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

Brett Vale is a residential care home providing personal care to 10 adults who have a learning disability and or autism.

The accommodation was in a rural setting with extensive grounds. Each person had their own room with en-suite and they shared large communal facilities if they chose to.

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

People lived in well maintained and appropriate accommodation that enabled them to live a lifestyle of their choosing. People had a choice about how they lived their life. There were facilities such as a hot tub and plenty of activities to be involved with and extensive grounds and local countryside to explore with staff support. Some people attended local day services.

There were appropriate staff numbers to enable people to maximise their potential. Staff were well trained and supported. There were good communication systems in place that enabled them to know how people needed to be supported on that day. Staff knew how to support people with distressed behaviour and were given suitable training. Staff knew people well and had developed positive relationships and people told us they were happy to live at Brett Vale.

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's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were good quality monitoring processes in place. The owner of the service had good oversight.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 28 February 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 Brett Vale on our website at www.cqc.org.uk.

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.

Brett Vale Residential Homes Limited

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

One inspector completed this inspection.

Service and service type

Brett Vale 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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. We used all of this information to plan our inspection.

During the inspection

We met everyone who used the service and spoke with those that chose to and could speak with us. 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 spoke with six members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People's personal money was well managed and appropriate safeguards involving others were in place.

Assessing risk, safety monitoring and management

- ☐ Risks to people were assessed and were safely managed. People's needs, and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. These were regularly reviewed.
- ☐ The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as using facilities such as the kitchen, jacuzzi and access to the community and vehicle safely were clearly documented and known by staff. The written and verbal handover given between staff ensured any developments or changes in people's well being was known to ensure risks were evaluated on a day to day basis.

Staffing and recruitment

- ☐ Fit and proper persons were employed. There was a policy and procedure in place for staff recruitment. Appropriate checks were made before staff commenced employment. Staff spoken with confirmed checks were made before they started work.
- ☐ People were enabled with sufficient staff to lead their preferred lifestyle. There were enough staff to meet people's needs and keep them safe. Staff confirmed that there were consistently enough staff rostered to meet people's expressed needs. Rosters confirmed this.

Using medicines safely

- ☐ People received their medicines safely and as prescribed. People were supported with their medicines to meet their needs.
- ☐ The registered manager ensured staff were trained so that they understood how to administer medicines safely and assessed their competency. There were appropriate procedures for administering medicines.
- ☐ The staff recorded all administration for each person. Records were checked regularly. The records were collected and audited. If audits had identified any discrepancies in recording there was a process to follow up to find out what had happened to allow the provider to take appropriate action.

Preventing and controlling infection

- Staff received training on how to prevent the spread of infection and food hygiene training.
- Staff were supplied with gloves and aprons to guard people and themselves from potential infection.

Learning lessons when things go wrong

- A process for learning when things go wrong was in place. Staff were clear about logging incidents and accidents and action was taken to resolve and appropriate actions taken to prevent a reoccurrence.
- The registered manager monitored the service and was keen to develop strategies that benefitted people. We were given examples of how the services had responded when matters did not go to plan this included reflective meetings and changes to practice where needed.

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 protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- ☐ Staff were competent, knowledgeable and skilled; and carried out their current roles effectively. New staff were supported through induction that included training and shadow shifts with the other experienced staff or the registered manager. Staff had additional training in people's conditions such as autism and methods of communication such as Makaton. This enabled staff to support people better.
- ☐ The staff told us they felt well supported. They explained that they met with the registered manager often and had daily contact with them. They told us they could speak with the registered manager if they needed any help or advice. The care staff told us they worked well as a team and there was a good rapport between the staff. They said they met for formal and informal meetings and that there were good systems for communicating with each other.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ Appropriate assessments were in place to identify if people had a need for support with eating and drinking.
- ☐ People were consulted and involved in food preparation where possible. People were enabled to be part of kitchen activities and washed and dried dishes and supported to access hot and cold drinks where possible.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- ☐ People's healthcare needs were recorded in their care plans. The staff monitored their health on a daily basis and recorded this in their care plans. They also reported any changes in people's health or condition to the registered manager, who liaised with healthcare professionals and people's families when needed.
- ☐ People were supported to access different healthcare professionals.
- ☐ Staff worked effectively with other health and social care professionals to ensure consistent care, for example when people attended hospital appointments.

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).

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.

- ☐ The staff had received training regarding the MCA and were able to tell us about this and their responsibilities relating to this. Staff understood about 'best interest decisions' and the processes that should be followed.
- ☐ We observed that staff asked consent before they supported people.
- ☐ The registered manager understood their responsibilities under the MCA and had sought appropriate DoLS authorisations.

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

- ☐ The environment had been adapted to meet people's needs. Significant investment had been made in the accommodation and grounds to provide a good quality facility. These included the development of a sensory garden for people.
- ☐ The service and grounds were well maintained, and people benefitted from access to extensive grounds and the local countryside.

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 using the service had staff that were kind, caring and they had good relationships with them. Some of the staff had worked at the service for a number of years and knew people very well. People showed us that they were happy living at the service and that they benefitted from positive relationships with staff.
- ☐ People's care plans recorded their cultural needs, religion, belief and other aspects of their identity and how they wanted to live their lives. The staff had a good understanding of equality and diversity. We saw they spoke about people and recorded support given in a respectful way.
- ☐ The staff went out of their way to provide support that met people's expressed needs. For example, when a person was ready to go out in the community in a vehicle staff were prepared to make that happen for the length of time the person wanted and visited places of their choosing.

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

- ☐ People were regularly asked for their views on their care and their plans. We saw evidence of regular reviews and feedback forms from people in care files.
- ☐ Daily notes demonstrated that people were asked how they wanted their care and support to go on that occasion. People consistently were given choices that were respected and supported to make decisions.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported to maintain their privacy and dignity. People were supported to spend time alone, but safely. The environment enabled people to socialise both indoors and outside.
- ☐ People were supported to be independent where they were able to and wanted this. People were supported to live a lifestyle of their choosing and participate in group living. They could participate in domestic life and were supported to access cooking and laundry facilities where able.

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

- ☐ People received personalised care which met their needs. We could see that people's needs were being met and that they were happy with the care and support they received. The service had been responsive to changes in their needs and had adapted their support accordingly. For example, if a person requested to go shopping or wanted a haircut then staffing was arranged to make this happen. We saw evidence that the registered manager had met with people and their representatives to formally review their care and support.
- ☐ One of the care staff spoke about the positive changes they had observed for the people who were supported by the service. They explained that people's behaviour was interpreted and they were supported accordingly to lessen anxiety. This included doing activities such as walking in the grounds, using the hot tub or going out in the vehicles provided.
- ☐ The provider had developed care plans with people. The plans included a breakdown of tasks the staff needed to perform, the desired outcomes and how these would be achieved. There was an emphasis of providing choice and understanding people's routines and how they wanted to be supported. The information was detailed and outlined specific likes, needs and interests.
- ☐ The staff recorded support given in a respectful and informative way. These showed that planned care tasks were followed, they also showed how the person felt. Information was clearly recorded and detailed. The staff also recorded any symptoms or behaviour that was out of the ordinary for people. They reported this to the registered manager and discussed with other staff if they had a concern that someone was unwell or anxious.
- ☐ The support staff told us that they were able to work with the same people on a regular basis. They got to know people well and had good relationships with them.

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.

- ☐ People were encouraged and supported to maintain meaningful relationships with family members.
- ☐ People were supported to attend regular day care where this was appropriate, and others enjoyed a variety of community-based activities of their choice with staff support.
- ☐ People had a rhythm to their day that suited them that enabled them to have meaning and purpose to their day.
- ☐ An outside area was being developed as a sensory area for people. People were involved in the decision of what to include and one person was being supported by the handy man to build a large chalk board area. This showed a positive equal relationship between staff and people.

- ☐ We were told about arrangements being made by people to go on an annual holiday. People tended to go in small groups with staff support. Peoples choices and preferences were taken into account in terms of the destination and with whom they wanted to share their holiday with.

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.

- ☐ People had their communication needs assessed as part of their original assessment. This was then used to develop care plans. People had access to professionals such as opticians and speech and language therapists as required to support them with communication needs.
- ☐ Staff had access to information and training on communication methods used such as Makaton.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. People using the service were encouraged to make any concerns known and were listened to.
- ☐ Complaints were taken seriously and used to improve the service where possible and appropriate actions with records were in place.

End of life care and support

- ☐ At the time of our inspection, no one was receiving care at the end of their lives. Care records had peoples wishes noted.

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 good. At this inspection this key question has remained the same. 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

- ☐ The culture of this service was person-centred and open. People spoke freely and openly with us about being involved and their views on the service.
- ☐ Staff were positive and motivated. There had been staff turnover and the vacancies had been filled. There was good morale. One staff member said, "We all get on brilliantly."
- ☐ The culture was one of wanting to achieve the best outcomes for people and staff.

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; Continuous learning and improving care

- ☐ There were structures, policies and procedures in line with openness and duty of candour.
- ☐ The registered manager was open and facilitated the inspection. They were keen to use learning and development opportunities to benefit people who lived at the service. They were keen to advocate on behalf of people and stand up for people with disabilities.

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

- ☐ The registered manager had been at the service since it opened. There had been recent changes in the group of people living at the home that has brought challenges to staff. The registered manager had worked hard to resolve these matters in the best interests of people.
- ☐ The registered manager understood their responsibilities and regulatory requirements and notified us at CQC as required.
- ☐ Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- ☐ There were quality management systems in place. Audits and action plans were shared as required. This included regular visits from the owner of the service who had oversight of the quality of care being provided. Staff spoken with said they knew who the owner was, that they visited regularly and were approachable and resolved issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively engaged in the running of the service. We could see that actions were taken when a suggestion had been made to improve the service for people. For example, the installation of the hot tub. This demonstrated a responsive service to people.
- People at the service benefitted from good links within the local community. For example, people used the local shops and hairdressers, people attended day centres that supported their needs. These links ensured people were not isolated and supported them appropriately.
- The service worked in partnership with health and social care professionals who were involved in people's care.