

North East Autism Society Brentwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brentwood is a residential service providing personal care for up to 4 people with a learning disability. The service operates from an adapted building with an enclosed garden in a residential area of Sunderland. At the time of inspection there were 4 people living at the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it

Right Support

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. All staff ensured people living in the service were happy with the environment and found ways to promote their independence; their passions and interests were maintained wherever possible. People and relatives were involved in every stage of care planning. Systems and records were in place to ensure people received person-centred, safe care. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

People received kind and compassionate care. People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The registered manager had an effective quality assurance system in place. Regular audits and checks were completed. These were used to identify relevant action and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home. Staff were safely recruited and received an induction followed by training from the provider.

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

Rating at last inspection and update

The last rating for this service was good (published 7 March 2018)

Why we inspected

This inspection was undertaken due to the age of the previous rating. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brentwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service is well led.

Details are in our well led findings below.

Brentwood

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Brentwood is a 'care home without nursing'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 members of staff and two relatives. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff support. We also viewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I know how to identify abuse but I have never needed to report it."
- People were supported through positive behaviour support techniques and staff had received appropriate training. Staff knew how they would support people who became distressed in line with plans of care.
- People told us they felt safe when receiving their care. One relative told us, "I feel [person] is 100% safe, no question whatsoever. The staff look after them superbly."

Assessing risk, safety monitoring and management

- People were kept safe as risks to people and within the environment were assessed regularly and mitigated. Any changes to care plans or risk assessments required signatures from management and staff to confirm they had read and understood the modifications.
- Care files were extremely detailed and person-centred, they contained a range of personalised risk assessments, which reflected the care and support needs of each individual. For each risk, control measures to minimise the risk had been included.
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans and communication passports which had been developed to provide staff with guidance of the least restrictive way in supporting people who displayed such behaviours.
- Appropriate measures were in place to manage people's safe evacuation during an emergency. Information was recorded regarding people's mobility needs and any sensory or cognitive impairments.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs.
- People were cared for by appropriately trained and competent staff. The providers training matrix showed 100% compliance across modules including health and safety, equality and diversity and deprivation of liberty safeguarding.

Using medicines safely

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.

Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic. In addition, they showed detailed information to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.
- There were sufficient supplies of PPE and staff had received training in how to use this.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "We work very closely together, it's like a family."
- The manager communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "We have regular contact with the staff, multiple times a week by phone as well as handovers when [person] returns home."
- The provider had a clear vision, and their values were embedded in the service. Staff were well trained and took pride in achieving good outcomes for people living in the service.
- The service worked alongside other organisations to empower people to live as independently as possible and access community services.

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 service had a duty of candour policy, and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- The manager was aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- Systems were in place to assess, monitor and improved the service. The registered manager undertook a range of audits and checks, which were effective in maintaining a good standard of care and support. Audits and action plans were used effectively as a tool for continuous improvement.
- Staff feedback was positive regarding confidence in the management team. One person told us, "I feel supported in my role. I know management can be busy but if I need anything they are there for me."

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

- The provider held regular team meetings with staff where their views were heard and suggestions on improvements could be made.

- People, staff, and advocates were involved in how the service was run. The service worked with people to understand their individual needs and requirements adapting care and support around those individual needs.

Working in partnership with others and continuous learning and improving care

- Staff had built excellent relationships with people, relatives and other healthcare professionals. Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.
- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.