Care Quality Commission

The Ormsby Group Limited

Brighton Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 and 22 August 2018 and was unannounced. This was the first inspection of Brighton Lodge since a change of ownership and registration.

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

Brighton Lodge offers accommodation and support for up to nine people with a learning disability. At the time of the inspection, there were eight people living at the service. Brighton Lodge is a large Victorian house and the accommodation is over two floors. Each person had their own bedroom and people shared the communal areas.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

The provider had policies and procedures in place designed to protect people from abuse. Staff had spoken with people about what keeping safe meant. Risk assessments identified when people were at risk and action was taken to minimise the risks. Arrangements were in place to ensure people's safety in the building. People benefitted from an environment which met their needs.

People's needs were met by suitable numbers of staff who started work following a robust recruitment process. Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed. People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. Lessons were learnt and improvements made if things went wrong.

People had lived at Brighton Lodge for many years and their needs were well known by staff. The registered manager was aware of good practice guidance which had been published around providing good care and support for people with learning disabilities. People were supported by staff who had received relevant induction and training to enable them to support people they worked with. People were supported to eat and drink in line with their preferences and dietary requirements. People had access to healthcare services when necessary and the provider was working within the principles of the Mental Capacity Act.

People were treated with kindness, respect and compassion. People were supported to express their views and be involved in making daily decisions about their care and support. Staff knew what people wanted or needed through understanding their individual body language and facial expressions. Staff respected people's privacy and dignity.

People were involved in creating their support plans and accessed them when they wished to. Support plans gave staff detailed guidance around personal care, communication needs and individual signs that people were becoming anxious. People undertook a range of activities of their choosing. The provider had a complaints procedure in a written and pictorial format which had been discussed with people.

There was a clear vision to deliver high-quality care and support. Staff spoke positively about the registered manager and the senior staff member who was part of the management structure. People were involved with how the service was run. There was a system of auditing in place which evaluated the quality of the service. The registered manager had links with other agencies and worked with them to improve the outcomes for people.

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.

The provider had policies and procedures in place designed to protect people from abuse and appropriate recruitment procedures were in place.

Risk assessments were in place to reduce risks to people's health and safety.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and chose the menu for the week ahead.

People were supported to access healthcare services when necessary.

People benefitted from an environment which met their needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

People and their relatives had access to the complaints procedure.

Is the service well-led?

Good

The service was well led.

The provider promoted a positive culture that was open and transparent.

The provider had a supportive management structure in place.

People were involved in how the service was managed.

The registered manager operated a system of audits which they were in the process of evaluating.

Care Quality Commission

Brighton Lodge

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.

The inspection took place on 21 and 22 August 2018. The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law.

During the inspection, we spoke with two people, four staff and the registered manager. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of one person. We also looked at a range of records, including three care plans, two staff recruitment files and safety audits. After the inspection we received feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

The provider had policies and procedures in place designed to protect people from abuse. Staff had spoken with people about what keeping safe meant, what was private and what to do if they did not like something that was done or said to them. The registered manager had not had cause to make any referrals but knew who to contact should the need arise. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. One staff member told us, "We know people so well, we would spot changes in people's personality or behaviour. We would highlight this to monitor [the situation]."

Risk assessments identified when people were at risk and action was taken to minimise the risks. Individual risk assessments covered a diverse range of risks, such as swallowing, dealing with finances or catching the bus. Where risk assessments showed the need for equipment, this was supplied and staff were knowledgeable about how to use the equipment. If equipment stopped working as it should, the supplier of the equipment was contacted to visit the home and repair as necessary.

Arrangements were in place to ensure people's health and safety in the building. The provider brought in an external fire safety company to complete a risk assessment and give advice. Where suggestions had been made to improve the fire safety of the building, action had been taken and improvement had been made. Staff had received fire safety training. Regular safety checks and audits were completed, for example, regarding gas and electrical items. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly. There was a plan in place for where people would go if the building had to be evacuated.

There was a system in place to assess the safety of the building which identified areas for improvement. The provider employed a staff member with the responsibility for maintenance and smaller jobs were completed as soon as possible after being identified. The registered manager had a development plan in place for larger maintenance projects.

People's needs were met by suitable numbers of staff. People were usually out during the day, so the number of staff was fewer during the day than when everybody was home. However, plans were in place to meet people's needs if they stayed at home, for example, if they were unwell. When people were assessed as needing support on a one to one basis, staffing levels ensured this happened. Any gaps in the staff rota, for example, short term staff illness, were filled using the provider's own staff. Staff were willing to work flexibly to ensure people knew the staff who supported them.

Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Some people were prescribed medicines "when required". There were care plans in place for these

medicines which included what the medicine was for and when it could be used. One person was prescribed medicine if they became anxious and the care plan showed that offering the medicine was the last option, after other support strategies had been tried.

Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed. People were supported with their medicines by staff who were trained and competent to do so. The administration procedure for medicines was carried out by two staff, to minimise the risk of errors occurring. New staff completed a medicines induction which involved shadowing and being observed in practice before being signed off as competent. People were asked where they would like to be given their medicines and people made different choices, which were respected.

People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. Cleaning schedules were in place and were followed. Staff told us how they followed infection control procedures, for example, by using the correct washing temperatures and using disposable gloves for dirty laundry. The Food Standards Agency had visited the kitchen and had awarded Brighton Lodge a grade 5, which is the highest possible rating.

Lessons were learned and improvements made when things went wrong. The registered manager gave us an example of reviewing the incident forms which were completed after an incident had occurred. They reviewed the forms to look for patterns to monitor whether people's support strategies were used consistently and whether there were any staff training needs. Action was taken if necessary.

Good

Is the service effective?

Our findings

People had lived at Brighton Lodge for many years and their needs were well known. Any changes in their assessed needs were identified and professional advice sought where necessary. People were involved in their assessments, in that they were supported to reach goals of their choosing. For example, one person had recently gone out to visit some shops and had interacted with other people, which was an achievement for them.

The registered manager was aware of good practice guidance which had been published around providing good care and support for people with learning disabilities. For example, although there was a vacancy in the service, this had not been offered to anyone because assessed needs would need to be compatible with the people already living there.

People were supported by staff who had received relevant induction and training to enable them to support people they worked with. New staff also studied for the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff already working at the home were also offered the opportunity to complete the Care Certificate. Staff completed training in a range of subjects which the provider considered mandatory, such as food hygiene and first aid. Training was refreshed on an annual basis, or as necessary to the course content.

The registered manager's view on training was that it was important, for consistency, that the staff team, including management, completed training together. This meant the teams could focus the learning on the people they supported at Brighton Lodge. All staff had completed a recognised training programme which looked at the 'the whole approach' to supporting people who may from time to time display behaviours of concern or behaviours which challenge.

Staff were positive about the training offered. One staff member told us about some training they had undertaken which supported them to understand individual's emotions and responses and not take their reactions personally. The regular team meetings included time for training and reflective practice.

People discussed and agreed the menu for the week ahead during the weekly house meeting. People were supported to eat and drink in line with their preferences and dietary requirements. For example, where people had swallowing difficulties and needed soft foods, staff were aware of this and food was prepared appropriately, according to professional guidelines. We saw that one person was offered a choice of two appropriately prepared meals at lunchtime. People chose where they wanted to sit to eat and were given the time and support they needed to eat. Staff discussed options for lunch to ensure the choice was not repetitive of the planned dinner choices. Where people were at risk of rapid weight loss, their food was prepared with full fat ingredients, cheese was added to mashed potatoes, vegetables were buttered and extra snacks were provided.

People's needs were often financially provided for across several different organisations, with different responsibilities. The registered manager was clear that it was important to liaise with the correct organisation or department to achieve the best outcomes for people. They gave us an example which related to the need to challenge a financial decision regarding the provision of some specialist equipment. Although the process took a long time, the registered manager persevered and the person benefitted financially when the situation was resolved.

People had access to healthcare services when necessary. A healthcare professional told us about a person who had not previously been able to access community services, but that staff had, over the years, supported the person in ways which meant they could now access the service. Staff knew people well enough to know when they may be unwell, which meant healthcare professionals could intervene before their health deteriorated further. People had health action plans in place which showed evidence of healthcare appointments with doctors, dentists and other healthcare professionals.

Brighton Lodge is a spacious, homely, Victorian house and is suitable to meet people's needs. There is a large dining room and a sitting room. People can move around the home as they wish, for example, they use the kitchen to make meals and take their washing to the laundry room. There is a large garden and various storage outhouses. Each person has their own room and chose the colour schemes and decoration. Where people needed specialist equipment such as a ceiling hoist, there was room for this to be installed.

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. Staff had completed training about the MCA and how this impacted on people's lives. Records showed that people's capacity had been assessed for aspects of their lives, such as consent for support with personal care. For example, one person's body language indicated whether they were happy to be supported with personal care at that time, or not.

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 are called the Deprivation of Liberty Safeguards. 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 were being met. We found the provider was following the necessary requirements and the registered manager had made Deprivation of Liberty Safeguards applications to the local authority. The authorisations had either been approved or were being considered. The registered manager had a system in place which ensured renewal applications were sent to the local authority before the date the authorisation came to an end. Staff had a good understanding of mental capacity and best interests decision making processes and were clear about people's right to make decisions and live how they wanted to live.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and during the inspection we observed staff interacting positively with people. The atmosphere was calm, friendly and familiar and staff had a good relationship with people and knew them well. One person told us, "It's nice here. I like all the staff." A healthcare professional told us staff had, "always been consistently kind and caring."

Staff included people in group conversations, which included joking and 'general banter'. Staff communicated with people using communication methods they understood, such as Makaton, where people used this. Makaton is a programme designed to provide a means of communication to people who cannot communicate verbally. Other ways of communicating with people were also used, for example, picture symbols and 'talking mats'. Talking mats use unique, specially designed picture communication symbols that are suitable for all ages and communication abilities. The mats were used to support people to express their feelings, likes and dislikes.

Staff also knew what people wanted or needed through understanding their individual body language and facial expressions. Staff recognised the achievement if people had completed a new goal and we heard staff compliment a person on their new jacket. People appeared to be happy as they smiled and laughed with staff and each other.

People were supported to express their views and be involved in making daily decisions about their care and support. One staff member told us, "Everyone always has a choice." We heard staff asking people what they wanted to do that day and suggesting activities which they knew the person would like to do. People were asked who they would like to be able to access their care records.

Staff respected people's privacy and dignity. Some people were offered clothes protectors whilst they ate their meal. Staff were conscious that one person particularly liked their clothes and took a pride in their appearance and ensured they supported them to wear clean clothes always. People could choose which staff member supported them on a shift or could decline support from any member of staff. Some people expressed a preference for staff who were the same gender as them and staff ensured these preferences were met.

Good

Is the service responsive?

Our findings

People were involved in creating their support plans and accessed them when they wished to. One person talked us through their support plan, which included pictures they had chosen and coloured in. Support plans also included photographs of people going out or undertaking activities. Support plans gave staff detailed guidance around personal care, communication needs and individual signs that people were becoming anxious. Strategies were in place which identified different stages of anxiety, what behaviour would be displayed and what action should be taken to assist the person to become calm. Staff were positive about how good the support plans were. They told us the support plans helped them to understand people better, because they were aware of early indications or very subtle signs of anxiety or distress. We observed staff supporting people in ways identified in support plans and saw that they were effective. We also observed staff responding to visual cues displayed by people who did not verbalise their needs.

People undertook a range of activities of their choosing. One person told us, "I like to watch films in my room" and we saw people spending their time as they wished. People went to the shops, the theatre, tourist attractions, took picnics to the New Forest and went to a day centre during the week. People were supported to maintain relationships with friends and relatives.

A gardening club had been set up which most people were part of. The club produced a newsletter and there was a gardening diary in place. People had grown some vegetables and made bird feeders.

The provider had a complaints procedure in a written and pictorial format. Staff sat down with people and talked through the complaints procedure. Some people had signed to say they were aware of the procedure and one person received a certificate as they liked to receive certificates for achievement. The registered manager had received one external complaint and had responded to this appropriately and quickly. Action had been taken and the situation had been monitored. This process showed that further improvement was needed, so the registered manager tried an alternative solution, which was still being monitored.

The registered manager told us how they had started to look at end of life care planning. As each person had their care needs reviewed, families were included in the discussions around people's end of life wishes, but families had found this difficult. The registered manager was researching different ideas regarding how to involve people in ways which would meet their needs appropriately.

Good

Is the service well-led?

Our findings

People benefitted from a service which was managed well. A healthcare professional told us that the service was "Extremely good: well managed with caring, professional, dedicated staff." There was a clear vision to deliver high-quality care and support. The provider's mission statement reflected the value of independence, social inclusion and emotional and social development, on the provision of a quality service which met people's needs. A staff member said, "We all treat people with the same values." We observed a positive culture which was open and inclusive and put people at the heart of the service.

Staff spoke positively about the registered manager and the senior staff member who was part of the management structure. Comments from staff included, "I couldn't ask for better support", "Everyone is really nice, there is good support and supervision" and "It's a lovely place to work." Staff were confident to highlight any issues with colleagues or provide feedback. One described "familiar relationships" which meant staff felt comfortable to talk issues through.

The Ormsby Group Limited consists of two care homes and a day centre. The registered manager had weekly meetings with the managers of the other services so they could talk through issues and support each other.

The registered manager operated a system of audits which they were in the process of evaluating. This included reading through people's notes every day to check the quality of care and support provided by staff and to check that people had done the activities they wanted to do. The registered manager sought deeper answers when asking questions of staff about the completion of the daily records. For example, if a person had not gone out when they intended to, staff were asked what could have been done differently and what did the person do instead.

People were involved with how the service was run. They were asked for their views daily, as well as during the house meetings and regular reviews of their care and support. At the weekly house meetings, people were asked if there was anything they did not like, or if there was anything they felt the staff could do better or improve. People chose a theme for the week, for example, a country or a television programme. Activities were themed around the chosen topic, such as playing music, dressing the part, playing relevant music and choosing food around the theme. Sometimes there was a party around the theme and different areas of the home were re-named temporarily.

The registered manager was planning to set up a 'relative's meeting'. However, they wanted to seek relative's views of the service first, so that their responses would form the agenda for discussion. Team meetings were held monthly and minutes were recorded. We saw from the minutes that a range of topics were covered, from a discussion around improving the general quality of daily records, to seeking feedback from staff about the quality of the training provided.

As Brighton Lodge was registered under new ownership in June 2017, the registered manager and provider had focussed on maintaining the service and not making any major changes. The registered manager said

they would "continue to modernise and maintain the development plan" which they had put in place, so that the service would learn and improve. Quality staff training was an important part of the provider's ethos to continuously improve the service for people living there.

The registered manager had links with other agencies through networking, emailing and training. They also made links with other social care professionals, including other registered managers of 'good' services. The registered manager and staff also worked in partnership with the community learning disability teams and other community teams. The registered manager told us they had recently worked in partnership to create a 'wellbeing action plan' to support a person's mental health needs.