RBS Care Limited

Brandon House

Inspection report

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Date of inspection visit:
24 October 2016
25 October 2016

Date of publication:
20 April 2017

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

The inspection took place on 24 and 25 October 2016 and was unannounced.

Brandon House provides accommodation and personal care for up to 42 people with mental health needs whose primary needs are for emotional support and care. The service does not provide nursing care. At the time of our inspection there were 41 people using the service.

At the time of our inspection there was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 day-to-day running of the service was carried out by the registered manager with input from the provider on a regular basis.

People were safe because the registered manager and staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed effectively with input from relevant health professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.
People were treated with kindness and respect by staff who understood their needs and preferences. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and access the local community so that they were not socially isolated.

Staff had good relationships with people who used the service and understood their needs. People's privacy

and dignity was respected.
There was an open culture and the management team supported staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The registered manager and the provider were visible and actively involved in supporting people and staff. Staff were positive about their roles and their views were valued by the management team.

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

Staff understood how to protect people from abuse or poor practice. There were processes in place to manage risk and to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

Staff understood how to relieve distress in a caring manner.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well led.

The service was run by an experienced and competent manager who demonstrated a commitment to provide a service that puts people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Teamwork was encouraged and the management team led by example.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Brandon 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 24 and 25 October 2016. The inspection was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, the deputy manager, the provider, two members of the care team, a senior care worker, one of the domestic team and the activities co-ordinator.

We reviewed three people's care records and tracked their care and support through the assessment and care planning processes. We also looked at their medicines records and risk assessments. We reviewed information relating to the management of the service such as health and safety records, staff rotas, quality monitoring audits and information about complaints. We reviewed three sets of staff files including recruitment, training and supervision records.

Good

Is the service safe?

Our findings

Staff demonstrated that they understood what constituted abuse or poor practice and were able to explain processes for reporting issues. Training records confirmed that staff had received training in safeguarding and staff told us they were confident they would be listened to and actions would be taken if they had any concerns.

People understood about how to keep safe and they were encouraged to raise concerns or talk to staff about anything that was worrying them. Throughout our inspection we saw that people came to the office to talk to the registered manager and they spoke with staff about things they were concerned about. We saw that staff actively listened to people and when necessary reassured them or discussed what help they needed.

The registered manager and support staff were able to explain how they managed risk, particularly in respect of how people's mental health impacted on their ability to manage life situations. For example, people required support to manage their finances and the support they received varied according to their individual needs and abilities. Most people who lived at the service had their benefits and finances managed on their behalf. This was done by a local authority organisation for people who do not have the capacity to manage their finances independently and where no suitable alternatives exist and their finances cannot be administered on their behalf by relatives or friends. The management team explained that each person receives individual support depending on how they were able to manage. For example some people were able to collect their own benefits, some needed more support and could manage their money one day at a time while others were able to manage their money over the course of a week.

The manager carried out a range of checks and audits on the equipment and the environment to promote people's safety. The fixtures, fittings and furnishings were well maintained and the premises were clean and well managed by a team of domestic and laundry staff.

The provider had systems in place to recruit staff safely. Staff files contained all the information required by regulation and confirmed that appropriate checks had been carried out and relevant documentation was in place including proof of identity. We saw that written references had been sought and Disclosure and Barring Service (DBS) checks were carried out before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support. Staff told us that, as part of the supervision process, they had to confirm that there had been no convictions or change of circumstances since the DBS check had been completed. The manager explained that three written references were asked for as part of the checking process and all DBS checks had recently been updated.

On the day of our inspection we saw that staffing levels were appropriate to meet people's needs and provide support for individuals. The registered manager explained the formula they used for assessing the dependency needs for the people currently living at the service and calculating the number of staff hours required to meet their needs. The assessment was detailed and gave a breakdown of how much support

people needed with their medicines, activities and personal care at different times of the day. The assessments were reviewed monthly to take into account people's fluctuating needs. We saw from records that additional hours to those identified as necessary were often put in place. For example, one record identified that 878 hours were needed but staffing levels were put in at 907 hours so that there were sufficient staff to deal with emergency or challenging situations. A member of staff told us that staffing levels were fine. They said, "We always find time to talk to people."

We noted that there was a stable staff team and many of the staff team had been in place for a number of years. We also spoke with a member of staff who had been in post for less than a year and they demonstrated a good understanding of their role, knowledge of people's individual needs and they knew about how to support people appropriately when they had fluctuating mental health needs.

The provider had systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in individual sealed pots. There was clear information about what medicines were in the pots, which were stored securely. We saw that audits were carried out of medicines systems. People could be confident that they would be supported to receive their prescribed medicines by staff who understood how to follow safe procedures.

Good

Is the service effective?

Our findings

Staff received a range of training to give them the knowledge they needed to carry out their roles. They made positive comments about the training and said they were encouraged to develop new skills. They were enthusiastic about the training and one member of staff said it was important to, "put it into practice." A member of staff said that they were encouraged to build on their knowledge and to develop skills to take on roles such as team leader. Training records confirmed that staff completed a wide range of training, including safeguarding and the Mental Capacity Act. The registered manager maintained an up to date spreadsheet to monitor what training staff had completed and identified when updates were due.

In addition to formal training, a member of staff told us it was important to learn from the people they were supporting. They said, "You are constantly learning. You listen to people about what they have experienced."

Staff knew people well and were able to demonstrate they knew how to support people individually. A member of staff told us, "You need to be able to recognise stress, it helps us understand people. The key thing is building relationships and trust. It's important to recognise what works for individuals and which members of staff are best placed to deal with it."

Staff explained that they had good, thorough handovers so that staff on the next shift had a good understanding of any issues. One member of staff said, "There are situations you need to be prepared for" and gave examples of information that needed to be shared with colleagues.

Newly recruited staff received an introduction to Brandon House and they were given a mentor to support them through the early days of their employment. They were supported at induction to work towards the care certificate, following standards set out by Skills for Care the strategic body for workforce development in adult social care. A member of staff told us their induction had been thorough. They had spent three weeks shadowing experienced staff and were given time to familiarise themselves with care plans, policies and procedures.

The provider had a clear process in place for supporting and supervising staff. Personnel records confirmed that staff had face-to-face supervisions approximately every six weeks as well as observations of their practice. Staff had a yearly appraisal of their performance and an individual development plan was put in place.

Staff told us they felt well supported by the management team. A member of staff told us, "It is a joy to work for this organisation."

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. When people were unable to make decisions because of their mental health needs, there were

clear processes in place to make decisions on their behalf and in their best interests.

All staff had received MCA training; they understood people's mental health needs and how their capacity to make decisions could fluctuate depending on their mental wellbeing. They knew some of the things that could have an impact on individuals' mental health and how to support them appropriately in these circumstances. The activities co-ordinator explained how they were able to encourage and motivate people to change. They gave an example of a person who enjoyed reading but the genre of books they usually chose had a negative impact on their mental health. The member of staff explained how they had encouraged them to read other books with content that was less disturbing and which had a more calming effect on their mood.

People were encouraged to participate in preparing food if they were able to do so. Snacks and drinks were available any time; people said they liked the food and they could choose what they wanted to eat.

People's mental and physical health needs were recorded in their individual plans of care and there was full, detailed information about the level of support the person required. Their health needs, including specific needs relating to their mental health, were met by staff who demonstrated a good understanding of how to provide appropriate support. Staff had the skills and knowledge of individual's conditions so that they were able to identify when there was a change or decline in an individual's mental health that would require input from health services. During our inspection we observed how the registered manager and provider sought input from health professionals for a person who was displaying signs that their mental health was deteriorating.

Where people required regular medicines for their mental health that was given by injection, the provider had made arrangements with the local surgery for a practice nurse to come to the service to administer the injections. This supported people to have their medicine in the privacy of their home and avoided what could be a stressful visit to the surgery.

The design of the premises met the needs of people who lived at the service. In addition to the main house, there were two smaller houses with their own living rooms and kitchens, where up to five people could live more independently in each of the houses. People in one of the smaller houses had a greenhouse and people were supported to grow tomatoes and herbs to use in their cooking.

In the main house there were communal areas where people could socialise and there were also two quiet lounges where people could spend time relaxing. We saw that one person enjoyed reading in a quiet lounge and someone else liked using the computer. People were able to lock the doors to their own rooms if they wished and their privacy was respected. Individual rooms were decorated according to the style preferred by the person.

Good

Is the service caring?

Our findings

During our inspection we observed that staff chatted with people about what they were doing and their plans for the day. We saw good interactions between staff and people living at the service and it was evident that people were relaxed and confident with staff. One member of staff was observed dancing and singing with someone, which the person evidently enjoyed because they were smiling and joining in.

Staff knew people well and were able to explain about the type of things that made people happy as well as situations that could cause distress. We noted how staff quickly picked up on changes to people's behaviour that would indicate they were becoming anxious or were unhappy. Staff demonstrated a good understanding of what they needed to do to support individuals in these circumstances and gave examples of how this worked in practice for individuals. We saw that staff treated people with kindness and consideration.

People were able to express their views and there was a culture of openness and encouraging people to speak up for themselves. A member of staff explained how they supported people to do things that were new so that they gained confidence. They said, "I love it when someone does something they couldn't do before." The member of staff gave individual examples of things people had been encouraged or supported to do. This could have been something that they had either not done before or had enjoyed in the past and had been encouraged to take up again.

People were treated with dignity and their privacy was respected. If people wanted to make phone calls, there was a separate landline available for them to use. When people were in their rooms their privacy was respected and staff did not disturb them unless there were concerns about their wellbeing.

The activities co-ordinator explained about the work that they were doing to increase people's independence and promote a culture of enablement. People's independence was promoted in the smaller houses that were detached from the main building. People were supported to learn about cooking, including planning the menu and shopping for ingredients. They were also supported to learn about the safety aspects of meal preparation and some people were working towards being able to do this independently.

In the main building people were also encouraged to be as independent as possible. People did jobs like watering the plants and setting the tables for meals in the dining room and they were paid a small amount to encourage them to feel valued when they did these jobs.

Good

Is the service responsive?

Our findings

Throughout our inspection we saw that staff knew people well and were able to explain about people's likes, dislikes and preferences.

Records showed that people were involved in planning their care and their consent was sought before staff provided care and support. People's individual plans of care contained information that was person-centred. There was a summary of the person's background with information about their social interests and what they liked to do.

The activities co-ordinator demonstrated a knowledgeable and enthusiastic approach to providing activities that were centred on the individual. They told us that it was all about motivating people and finding what was the best way to do that for each person. Activities, hobbies and interests were wide ranging and were delivered in a variety of ways including one-to-one time with individuals, outings and visits, sporting activities, arts and activities to promote wellbeing. Activities and pastimes took place in the wider community and at home. A member of staff told us that all staff assisted with activities as this was an integral part of the care and support people needed. They said, "We have our own list of things to do like quizzes, cooking and garden games in the summer."

People said they enjoyed going out to a range of social activities. They went out for meals, took the train or bus to nearby towns to have picnics or visit sites of interest. Some people enjoyed having 'walk and talk tours' of the local area, where they went out for walks and staff supported them to learn more about the area where they lived. People also liked to go to entertainment venues such as the cinema, the theatre and local entertainment venues. Records and photographs confirmed that people enjoyed these activities.

The activities co-ordinator demonstrated a good understanding of the importance of getting it right for people with mental health needs and supporting them to learn more about how their mental health affected what they did. Some people went to a club in the local community to learn about conditions that impacted on their psychological well-being and how they could be empowered to cope when they were unwell.

Staff told us that routines were important to people and what they tried to do was change negative routines that did not help a person's wellbeing to positive routines that they were comfortable with. For example, people went swimming twice a week and these regular opportunities eventually encouraged a person how had not been swimming for many years to join in. Other people enjoyed sea fishing on a weekly basis. A member of staff said, "There is a basic structure for things like meals, but what happens in between is constantly changing. Activities are developing and flexible so that we can respond to what people want to do."

People were supported on a one-to-one basis with activities of their choice in the service. The activities co-ordinator told us that they did sessions working with individuals on the computer, art projects, piano lessons or listening to music and receiving support to develop skills around English and maths. In addition

some people went to work at a woodworking scheme; the smoking shelter and garden furniture were made by people who went there to work. Other people were supported to participate in voluntary work to improve their self-esteem, for example making furniture.

The provider has a complaints procedure in place so that people who lived at the service had the information they needed to make a complaint if they wished to do so. During our inspection we observed that people regularly came into the manager's office to raise issues or talk about any concerns they had. People were encouraged to talk about concerns either individually or in groups. There was a monthly magazine for people who lived at the service providing information and news about activities and things that people had done; this helped people to have a sense of belonging and being included in the community.

Good

Is the service well-led?

Our findings

There was an experienced registered manager in post at the service. The registered manager received regular input and support from the provider. Through discussions it was evident that the registered manager and the provider knew the staff team and people who lived at the service well. The service operated with a family ethos and the provider took a hands-on, supportive role in the day-to-day operation of the service. On the day of our inspection the provider was working alongside the manager. Staff told us the provider knew people well and took an interest in their wellbeing.

Staff were enthusiastic about the management team and told us they received good support. One member of staff said they "couldn't fault" the provider and also that the registered manager, who went "above and beyond" what was expected. The member of staff told us, "They do things they don't have to" and gave us examples of the kind of help and support they had received.

A member of staff told us, "It is like a family" and said that the management team will always recognise if there were difficulties at home for members of staff and were supportive. Team work was good and they would always cover for colleagues when necessary. Another staff member said, "There isn't a high turnover of staff and fixed shifts make for strong teams." Another member of staff said, "There is good teamwork" and interactions between staff and the management team were constructive and encouraging.

We saw that there were processes in place for monitoring the quality of the service including listening to people who lived there and taking their views into account to make improvements. When areas for improvement were identified, an annual development plan was put in place to take actions to improve. Examples of actions taken included an on-going plan of redecoration and refurbishment of the premises. A member of staff told us , "The décor is much improved." Staff confirmed that the provider made resources available to improve the environment or people's lifestyle.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications contained sufficient information to demonstrate how incidents had been managed. The registered manager was able to explain how they used the information to put measures were in place to reduce the risk of further similar occurrences.

There were systems in place for managing records. People's care records were well maintained and contained relevant information. Records examined including people's care records, personnel records and health and safety documents were up to date. Documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential