The Brandon Trust

Badgers House Care Home

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

Overall summary

The service was made up of two buildings located next to each other within its own grounds. Three people lived in the bungalow and three people lived in the main house. The houses were staffed separately.

People were kept safe from abuse because staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff said there were sufficient numbers of staff on duty at all times.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

Summary of findings

People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

The registered manager assessed and monitored the quality of the service provided for people. Systems were in place to check on the standards within the service. These included regular audits of; care records, medicine management, health and safety, infection control and staff training and supervision.

Activities were personalised for each person. People made suggestions about activities they wanted to participate in each day. People were offered the choice if they wanted to go out with staff daily. An additional member of staff was on duty to enable people to access community facilities.

Summary of findings

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 were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager and team leader.

People's medicines were stored securely and administered safely by appropriately trained staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Recruitment procedures were in place and the appropriate checks were undertaken before new staff started work.

Policies and procedures were in place to minimise the risks of infection.

Is the service effective?

Good

The service was Effective.

People received care and support from staff that were knowledgeable about their needs. Staff received effective support, supervision and training.

Mental capacity assessments had been completed for people so that actions were in accordance with people's wishes and best interests.

The staff had a good understanding about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People received a nutritious and balanced diet. Some people had support from health professionals regarding their nutritional intake.

People's day to day health needs were met because staff supported people to attend appointments and liaised with other healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people living in the service and treated them with kindness and respect.

People's privacy was respected and they were supported to express their choices about their care.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive.

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service was well managed and staff were clear about their roles and responsibilities.

There were systems in place to monitor the quality of the care provided to people. Regular audits were carried out.

Badgers House Care Home

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 16 December 2014 and was unannounced. The inspection team consisted of two inspectors.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider.

The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide. No concerns had been raised.

Most people could not verbally express their views. We spoke with and observed three people who lived in the service and six members of the staff team. This included the registered manager, team leaders and care staff. We viewed the care records for three people and looked at three staff recruitment and training records.

Good

Is the service safe?

Our findings

Staff had received training in safeguarding vulnerable adults and were able to describe what abuse was and the different types of abuse. Staff had a good understanding and were aware of their responsibility to report any concerns. The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff. Staff we spoke with said, "If I was concerned a person may be being abused I would report this to my line manager or contact the local authority" and "I would refer to the safeguarding adults procedure if I was concerned a person might be being abused".

In each person's care records, there were comprehensive risk assessments. These risk assessments covered areas important to people and aimed to protect people from harm. People's capacity to make specific decisions had been assessed and their best interests had been taken into account. Risk assessments provided clear guidelines for staff on how to provide care and support. Examples of this included; individual plans on using the services transport and supporting people to enjoy community activities.

Accidents and incidents at the service were recorded and monitored. The registered manager kept records of accidents and injuries for the service. The service reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people who used the service.

Individual plans were in place for managing people's behaviour and related health conditions. Specialist input from professionals had been obtained and records demonstrated clear strategies were in place to ensure people were safe including behaviour management plans. Staff had received the appropriate training in managing risks in relation to epilepsy, nutrition and positive response training.

The premises were clean, odourless and free from clutter. Policies and procedures were in place to minimise the risks of infection. All staff had been trained in the prevention and control of infection. Two staff had been identified as infection control leads. These staff had received advanced training on the prevention and control of infection. Hand washing facilities and suitable personal protective equipment, such as disposable gloves were freely available. People's clothing and other personal items were laundered separately. These arrangements helped minimise the risks of cross infection within the service.

Each person required one to one support during the day time. Seven care staff were on duty during the inspection visit. This included one day care staff member who was on duty to provide activity time to each person. At night one support staff worked waking nights in the bungalow and two staff in the main house. One on call sleeping staff was on duty in the main house and could be called upon for both houses in the event of an emergency. Additionally there were team leaders on duty during the daytime to oversee the service. The registered manager regularly reviewed staffing levels at the service to accommodate peoples changing needs.

We looked at staff roster for the four weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people. Vacant staff posts were covered by permanent staff as overtime and by bank staff with no shortfalls identified. Staff we spoke with confirmed this was the daily allocation of staff.

We looked at three staff recruitment records and spoke with staff about their recruitment. We found that recruitment practices were safe and that the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had been two errors involving medicines in the last 12 months. The appropriate action had been taken on each occasion including, seeking medical advice on the implications to people, providing further training to staff to avoid error and referral to the safeguarding local authority.

Medicines were stored securely in the main office and individually pre-packaged; these were referred to as "blister packs" by staff. Medication administration records (MARs)

Good

Is the service safe?

recorded medicines which had been administered to people and the records were accurate. Staff we spoke with said in order to assist with the safe administration of medicines and to avoid errors a protocol was in place. Staff who had worked a sleep in shift the previous night would not administer medicines. A staff member said, "If you've done a sleep in you may not have slept well, so to ensure people are safe another staff member will give the medication".

Good

Is the service effective?

Our findings

Newly recruited staff received a comprehensive induction. The service used the Skills For Care Common Induction Standards as a more in depth induction for all new staff. This was completed over a 12 week period. Staff confirmed during their induction they spent time reading people's care files and the policies and procedures of the service getting to know how the service was managed. Each new member of staff was appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff before they worked unsupervised.

Staff we met said they received ongoing training opportunities. We viewed the training records for the staff team and saw staff received training on a range of subjects. Training completed by staff included positive response training, medication, first aid, infection control, fire awareness, food hygiene, nutrition, autism and moving and handling.

Training was planned appropriate to staff roles and responsibility. The team leader said all staff were required to undertake positive response training before they could commence work in the service. They explained staff would look at ways to prevent and de-escalate situations to keep people safe. Staff confirmed they had received this training along with managing behaviours and physical intervention so that they were able to support people effectively. A member of staff advised us about the triggers which upset people, the actions they would take to de-escalate situations and the interventions used to protect people. An example being some people liked their own living space with a quiet atmosphere, if things became noisy this affected their behaviour and caused upset.

Staff received comprehensive support to carry out their role. The staff files showed that staff received one to one support through supervision meetings as well as observational supervision. One care staff said "I have regular meetings with my line manager" and "My manager observes my performance and provides me with feedback". Staff also received an annual appraisal which was to review their performance and identified areas of improvement. Staff said they could discuss any issues or concerns during the shift handover and they could speak with the registered manager or team leader at any time should they wish to. This meant people were supported by staff who were appropriately trained and skilled.

The registered manager was aware of their responsibilities in making sure people were not deprived of their liberty. Care records demonstrated Deprivation of Liberty Safeguards (DoLS) applications had been submitted to the local authority for all six people who used the service. These were submitted as people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Documentation in relation to assessments to determine whether a person had the capacity to make a particular decision was included within care plans. The arrangements showed people's right to make their own decisions was respected, with support available to them when necessary. An example being capacity assessments were in place to assess if people had capacity to consent to where they lived. Where people lacked capacity best interest decisions had been made and involved health and social care professionals, families or the persons advocate.

Information about the Mental Capacity Act (MCA) 2005 was readily available for staff to refer to. Staff had completed training in Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA). Staff had a good understanding of the MCA and DoLS and confirmed they had attended the appropriate training.

The registered manager said six people were at risk of malnutrition. People's care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. Staff sought expert advice from community professionals such as speech and language therapists and nutritionists. Two people were diagnosed with diet related health conditions. Care plans recorded staff were to oversee people's diet. These measures were taken in their best interests and had been agreed with professionals. People were offered a choice of nutritious meals and were involved in deciding what they wanted to eat and drink with the support from

Good

Is the service effective?

staff. Each person was supported by staff, to prepare and cook their meal. Staff said by supporting people regularly they were aware of people's individual likes and dislikes and were able to suggest alternatives options.

People received support which helped to ensure they maintained good health and received the healthcare services they needed. Care records contained health action plans for people and detailed the professionals involved in meeting people's health needs and the support people needed with individual health issues. Staff were able to give an overview of people's welfare and the support they received.

Records showed staff spent time talking to people each month about their health and care needs. People had access to local healthcare services such as dentists, nurses and chiropodists. People were registered with the local GP surgery. Staff supported people to attend appointments at the local surgery and for those people who were not able to attend the surgery the GP visited the service. The registered manager said they were "very well" supported by their local GP practice and by the community learning disabilities team. Contact details of relevant health professionals and local authority services were kept in care records which meant referrals could be made quickly. This meant that people were supported to have their health needs met appropriately.

The environment suited people's needs. Each person had their own self-contained flat decorated in line with their personal preferences. Flats provided people with adequate living space including en suite facilities, lounge area and a bedroom. In the bungalow people had their own secluded garden tailored to their individual needs. We saw examples of a range of outdoor activities within people's gardens. One person had a sandpit and another person had their own recycling area. Flats had lockable doors that could be operated by key. Three flats had a finger lock system installed that could be used if people preferred. The team leader said this gave people who could not use a key independence.

Good

Is the service caring?

Our findings

Most people could not directly tell us about their care and support because they had complex needs and were not able to verbally communicate. However, one person gave us a thumbs up and another person nodded their head when asked if they felt the staff were caring towards them. Health professionals spoke positively about the service and the staff team. We received the following comments from professionals, "The staff are caring and in many cases exceptionally so", "The staff appear very attentive to residents' needs" and "The happiness and wellbeing of the residents is always paramount".

Throughout our inspection staff interacted with people in a warm and compassionate manner and interactions with people were positive. Staff were kind, caring, attentive and were keen to engage with people. Staff spoke with people in a friendly way and respected their choices regarding where they spent their time, whether this was in the lounge or in their own flat. Staff consulted with people about what day care activities they wished to participate in. An example was when we observed one person choosing to go out shopping with staff during their one to one activity time. Staff explained the person liked to have coffee and cake when they went out and enjoyed looking at the Christmas decorations".

Staff were supporting people with their meals in a caring way. They sat with people in the lounge having a drink and actively engaged in conversation talking about Christmas and we heard lots of laughter. We saw positive caring relationships had been developed between people and staff. We spoke with staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs. Staff were aware of the life histories of people and were knowledgeable about their likes, dislikes, preferences and the type of activities they enjoyed. Staff said they "got to know people" when reading their care plans and speaking with family members.

Staff respected people's privacy and dignity. An example being when on four occasion's staff knocked on people's doors and sought permission before they entered people's rooms. Staff were able to tell us what actions they undertook to make sure people's privacy and dignity were maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout.

People were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included what to eat and drink, what time they got up each morning and went to bed at night and the activities they took part in. People received personalised care and they were consulted about the support they wanted. For example, one person's care plan said they did not like to go out and participate in activities but they enjoyed practical in house activity's such as collecting items, finding treasure and dismantling items. Another care plan described how a person looked forward to going out daily for 1:1 time.

Records confirmed advocates had been used to support people. An example being an advocate had been used to support a person to look for alternative accommodation.

Good

Is the service responsive?

Our findings

Most people could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care.

People needs were assessed. The relevant social and personal information was maintained and kept up to date. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. We saw the local authority carried out their own annual reviews of people's care, which included people, care staff, family and other representatives such as advocates to represent people's interests.

People were involved in planning and reviewing their care through monthly reviews with staff. Records we looked at and discussions with staff showed the service took account of people's changing needs. One example was in relation to behaviour management where the service worked with people and the local authority's community learning disability team (CLDT) to assess and implement plans to help people maintain independence and good health.

Input from other professionals was given a high priority. Advice had been sought from a range of health and social care professionals and plans were put into place as a result. The service had sought support from an advocate for one person who used the service. Staff said this was to ensure the persons preferences were placed at the centre of decision making. An occupational therapist had also been involved in helping staff to develop approaches and plans to teach people new skills. The registered manager said "We aim to make sure the service is based upon each person's needs" and "Our aim is to involve people in everything that goes on". Staff reinforced this approach and spoke enthusiastically about enabling people.

People were supported in promoting their independence and community involvement. Activities were offered to people, based on their lifestyle choices and as recorded in their care plans. These included watching football matches, trips to the cinema, eating out, shopping and other outdoor activities. We observed people going out into the community with staff. Assessments had been undertaken relating to people's individual circumstances. One person, for example liked to recycle materials and take items to a recycle bank with staff. The strategies had been recorded so all staff were aware of how to support the person. This showed people were assisted to take part in activities and promoted their independence.

A complaints policy was in place within the service. The registered manager said staff were encouraged to complain on people's behalf. There had been three formal complaints about the service during 2014. Records showed that each complaint was investigated and followed through to conclusion, keeping the complainant informed about what was happening and of the outcome. Complaints were used as a way to look at improvements in the service. For example, a new minibus was purchased following a complaint from a person living in the service.

Good

Is the service well-led?

Our findings

People were not able to tell us if they thought the service was well-led. We observed the care and support they were provided with throughout the day. We saw people were provided with high quality care and support that was personalised.

Staff said there was a personalised culture within service. They spoke positively about the registered manager and felt their approach was open and honest. The registered manager spoke passionately about the service. They said their vision for the future was to create opportunities for people to enhance their life skills and independence. An example being one person required extra personal living space due to their behaviour which could be challenging. The registered manager had worked with other professionals to look at providing separate accommodation for the person. This was to meet the individual needs of the person with a familiar staff team known to the person.

The registered manager was supported by their team leaders and divided their time between managing Badgers House Care Home and another service provided by Brandon Trust. They told us how they spent time directly observing the staff supporting with people. Overnight and at weekends there was an on-call system in place and staff were able to call for advice or assistance if needed. Staff confirmed they were able to contact a team leader or the registered manager when they needed advice. Team leaders were responsible for the service when the registered manager was not present. We spoke with two team leaders and they both said they met regularly with the registered manager to ensure consistency in their approach. All staff said the registered manager provided "good leadership, supported them well and were approachable".

Staff meetings were held on monthly basis with the staff team. The registered manager said feedback from staff about how things were going and suggestions about meeting people's needs was encouraged. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service. Staff said they found these meetings helpful. These measures ensured the registered manager was aware of how things were going and any issues that needed to be addressed.

Records confirmed poor performance of staff had been addressed to improve their practice. Staff said they felt well supported by the registered manager and by the organisation. Individual supervisions were held on a regular basis. The registered manager carried out supervisions with team leaders and the team leaders carried out supervision with the care staff.

There were two care staff vacancies within the service at the time of our inspection. We did not identify any shortcomings regarding the quality of care and support provided to people. The registered manager had already identified the main challenge to the service as being staff retention. The registered manager said they were being supported by the provider and had set up a steering group and developed plans for retaining staff. We were told the steering group had already identified the focus was to look at the terms and conditions of employment for staff.

Staff acted as mentors to support new staff during their induction and had been implemented as part of the steering groups focus. Staff we spoke with identified recruitment and retention of staff as being crucial to the future success of the service and confirmed the registered manager was looking at improving the retention of staff. Staff we spoke with said "The registered manager has been proactive is taking action".

The registered manager was aware of when notifications had to be sent in to CQC. A notification is information about important events which the service is required to send us by law. These notifications would tell us about any events that had happened in the service. In the previous 12 months one notification had been sent in. The CQC used information sent to us via the notification process to monitor the service and to check how events had been handled. Accidents and incidents were analysed to identify triggers or trends so that preventative action could be taken and reduce the risks of any reoccurrence.

Systems were in place to check on the standards within the service. These included regular audits by team leaders and the manager of; care records, medication management, health and safety, infection control and staff training and supervision.

Good

Is the service well-led?

Quality Assurance visits took place monthly and within the last 12 months 11 audits had taken place. These visits were carried out by another registered manager from within the Trust. The audits included details of the action completed as a result of the last audit and a new action plan for the registered manager to complete to make further improvements. The registered manager said the provider had recently made changes to the quality assurance system and from January 2015 a new audit tool would be used based upon the Care Quality Commission's new approach to inspections.

The registered manager showed us annual questionnaires they used to seek the views from people about the service regarding the care and support they received. The questionnaire was easy to read and used pictures to refer to which helped people answer each question. Staff said they assisted people to complete these and return them to the registered manager. The registered manager also sought the views of families and other professionals through distributing an annual questionnaire. The registered manager said the feedback received from questionnaires was incorporated into quality improvement plan for the service and the results were shared with staff, families and the people's living in the service.