

The Brandon Trust

Badgers House Care Home

Inspection report

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Date of inspection visit:
30 August 2017

Date of publication:
22 September 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

Badgers House Care Home consists of two buildings located next to each other within its own grounds. Three people live in the bungalow and three people in the house. At the time of our inspection six people with learning disabilities were living at the service.

This inspection took place on 30 August 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At the last inspection in December 2014 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

There was a registered manager in post. 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.

We found the service provided was designed and delivered around the individual needs of the six people. They received care and support from skilled staff that were well managed.

Staff understood their role and responsibilities to keep people safe from harm. Individual risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

Staff received regular supervision and the training needed to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA). Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People had access to the food and drink they chose when they wanted it. The physical environment was personalised and met people's needs.

People received a service that was caring. They were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was highly individualised. They were offered a range of activities both at the service and in the local community. Staff actively sought to gain people's views.

There was a clear and effective management structure in place. The registered manager and team leaders were well liked and respected by people and staff. The vision, values and culture of the service were understood by all staff. They provided good leadership and management and were in turn well supported by the provider. The safety and quality of service people received was monitored on a regular basis and

where shortfalls were identified they were acted upon.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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 comprehensive inspection took place on 30 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We contacted six health and social care professionals involved with the service and asked them for some feedback. We have incorporated their views and comments into the main body of our report.

Some people were able to talk with us about the service they received. We spoke with two people. Others were not able to talk with us about their experiences of using the service. We carried out informal observations to gain an understanding of their experiences. We spoke by telephone with one person's relative and exchanged email correspondence with another.

We spoke with a total of six staff, including the registered manager, one team leader and four support workers.

We looked at the care records of each person using the service, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Is the service safe?

Our findings

People who used the service were comfortable with staff and actively sought out their company. Relatives and health and social care professionals told us they felt the service kept people safe.

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. The team leaders had received advanced training on 'safeguarding for managers'. Staff knew about 'whistle blowing' to alert management to poor practice.

There were comprehensive individual risk assessments in place. These risk assessments covered areas important to people and aimed to protect people from harm. People using the service required intensive, skilled support to keep them safe at home and when using community facilities. The risk assessments and management plans in place contained clear guidance for staff and, detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals.

People were supported by sufficient numbers of staff to meet their needs. Each person required one to one support during the day. At night one support worker was awake in each building, with one additional staff member sleeping in and available for both the house and bungalow. We looked at the staff rota for the two weeks prior to our inspection and saw these levels of staffing were provided. Staff said there were enough staff to safely provide care and support to people. One support worker said, "We have enough staff to make sure people are safe and well cared for and, also to support people to go out". Another said, "Staffing levels here are good. We just need to be able to hang on to good staff". During our visit we saw there was enough staff to safely meet people's needs.

We found that recruitment practices were safe and relevant checks were completed before staff worked in the service. On the day of our visit we were unable to check if relevant pre-employment checks were carried out before staff started work. This was because these records were stored at the provider's main offices. However, we contacted the provider's human resources department and were able to confirm these had been carried out. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept separately in the house and bungalow. Regular auditing was carried out to ensure they were stored and administered safely. Staff were trained in administering medicines and their competence to do so was assessed regularly. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them

for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. There had been two errors in the administration of medicines in the 12 months leading up to our inspection. On each occasion appropriate action had been taken to seek medical advice and put measures in place to reduce the likelihood of a reoccurrence.

Environmental health and safety risks had been identified and action taken to keep people safe. The risk of fire had been assessed and equipment regularly inspected and maintained. Plans were in place to ensure people were safe when using the bathrooms and kitchen. Checks had been carried out on electrical equipment. Hot water temperatures were monitored to ensure people were not at risk of scalding. Plans were in place to keep people safe in the event of emergencies. These included personal evacuation plans in the event of a fire and, plans for medical emergencies.

Records of any accidents and incidents were completed and kept. These analysed what had happened before, during and after the incident or accident. Preventative measures to be taken to reduce the risk of reoccurrence were then identified. We saw the registered manager regularly reviewed these to identify any themes or trends.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs.

Is the service effective?

Our findings

Throughout our visit we saw people's needs were met. Staff provided the care and support people required when they wanted and needed it. Health and social care professionals we spoke with confirmed they felt the service met people's needs.

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, epilepsy awareness, equality and diversity, administration of medicines, autism awareness and safeguarding vulnerable adults. In addition to this, staff received positive response training before providing support to people. This training aims to equip staff with the skills required to support people when anxious, distressed or angry. Staff confirmed they had received this training. They were able to tell us about the triggers which might cause upset to people, the actions they would take to de-escalate situations and any interventions used to protect the person and others.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the MCA and DoLS. Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Each of the six people had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The registered manager had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities. The registered manager had informed CQC as required when applications had been authorised. The dates that Dols applications were submitted and, the dates authorisations received expired were monitored by the registered manager. This meant they were able to review if and when a new application needed to be submitted. Any conditions identified in authorisations were taken into account when care arrangements were reviewed.

Staff actively promoted people making their own day to day choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

People chose what they wanted to eat. All three people living in the bungalow had their own kitchens where their food and drink was prepared and eaten. Individual menus were in place and based upon people's likes and dislikes. The three people living in the house also had their own kitchens. However, two people did not use them. Their food was prepared and eaten in a communal kitchen/dining area. This was because the process and wait involved with food preparation caused them a degree of anxiety. Staff had found that food being prepared in another area of the house avoided this particular trigger. The third person living in the house ate in their own kitchen. We saw people had access to a variety of drinks throughout the day. Each of the six people had been identified as being at risk of malnutrition and some required a particular diet for health conditions. Staff were knowledgeable regarding this and people's food and fluid intake was carefully monitored and recorded.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. 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. People also received specialist input from the community learning disabilities team.

The physical environment met people's needs. Each person required their own space which was designed to meet their needs. This was evident at both the house and bungalow. All six people had their own self-contained accommodation decorated in line with their personal preferences. This provided people with adequate living space including en-suite facilities, a lounge area, a kitchen and a bedroom. In the bungalow people had their own secluded gardens tailored to their individual needs.

Is the service caring?

Our findings

Whilst at the service we saw people were treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, one person's cultural heritage had been explored and they had been matched with a keyworker from a similar background. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families. The need for independent advocacy had been identified and sought for one person. Advocacy is when an independent person provides support to help someone express their views and wishes.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

Promoting people's independence was a theme running through people's care records and our discussions with staff. Guidance was in place for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role. One support worker spoke passionately about the support given to assist one person to make tea and butter toast. They said, "It's fantastic, no one would have thought (Person's name) would do this". We recognised that given this person's life history of receiving institutional care and their complex needs this was a significant achievement for them.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was 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. Staff carefully sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and regular care plan reviews which were clearly recorded.

Staff we spoke with said they felt the care people received was good and, when asked, all said they would be

happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided at Badgers House Care Home was flexible and responsive to people's individual needs and preferences. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes.

These plans were regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

People participated in a range of individual activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. Staff told us it was important for people to be active and have opportunities to engage in their hobbies and interests.

One person needed to go out with staff support at the same time (between 10:00 and 12:30) each day, this included having their breakfast at the same place whilst out. They required this routine in order to feel safe and content. This was carefully planned and records demonstrated this took place.

A second person needed to experience regular breaks away from their home. We saw they had been supported by staff to take two holiday breaks already during 2017. The person's complex needs meant these breaks required careful planning and resourcing. We saw records evaluating the success of each of these, including recommendations to aid future planning.

A third person had been supported by three support workers to attend a premier league football match. They saw the team they supported and had always wanted to see play live. They were also celebrating a significant birthday at this time. The trip required detailed planning as they had not experience a crowd so large and had not always reacted well in these situations. During the day they had lunch before the game and post-match refreshments in the VIP area of the stadium. We saw records completed by staff stating this had proven to be a great success.

Looking through records and talking with staff we saw each person participated in a variety of activities including visits to local pubs, shopping trips and many other individual activities.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. One complaint had been received in the 12 months leading up to our visit. We saw this had been taken seriously and action taken as a result. Staff had also supported a person to complain to the housing provider about the length of time taken to repair their toilet. We also noted the registered manager had stated in their PIR that they intended to, 'Continue to find new ways of helping people make complaints and share their views'. This showed the provider and staff took complaints seriously and saw them as a way of improving the service provided to people.

Is the service well-led?

Our findings

Throughout our inspection we saw people benefitted from receiving a service that was well led. Staff we spoke with understood the vision, values and culture of the service and were able to explain them. We saw there was a person centred culture and a commitment to providing high quality care and support. Staff provided us with information we requested promptly and were available to answer any questions we had. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

The one area staff and relatives expressed concern for the future was, the recruitment and retention of staff. This had arisen due to an increase in staff turnover over the previous 12 months. They told us they felt the people living at Badgers House Care Home required skilled and experienced staff and were concerned the calibre of staff needed may not always be available. The registered manager was aware of this potential problem and had stated in their PIR that staff retention is an area they intend to further improve. They said this was under continuous review.

The management structure was clear and understood by staff, relatives and professionals. The registered manager was assisted by two team leaders; one based at the house and the other at the bungalow. Staff told us the registered manager had been in post several years, although they had temporarily moved to another service before returning. They said this meant they knew people well and were able to ensure the service met people's needs.

Without exception we were told the registered manager and team leaders were supportive and approachable. Staff told us they were able to raise any concerns regarding poor practice with senior staff and were confident these would be addressed. Other comments from staff regarding the leadership and management of the service included; "(Registered manager's name) is very approachable, so is (Team leader's name) I can talk to them anytime" and, "(Registered manager's name) is a good manager and always on top of things". A relative said, "(Team leader's name) is good, very positive and helpful".

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

People benefitted from receiving a service that was continually seeking to improve. Sophisticated and comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. The provider had also

developed a quality assurance programme. This planned for each of the CQC five key question areas to be assessed between January and October 2017. This would be done through a monthly audit focussing on one of the question areas. These audits would alternately be carried out one month by the registered manager and the next by the manager of a different service. The registered manager told us they would take any necessary action to make improvements immediately and, develop a longer term operational plan in November 2017 which would draw on the findings of these monthly assessments. We saw progress on this programme was up to date when we inspected.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

Staff meetings were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.