

Brand Homes Limited

Brand Homes Limited - 55 Berryscroft Road

Inspection report

55 Berryscroft Road
Staines
Middlesex
TW18 1ND

Tel: 01784459404

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06 March 2020
10 March 2020

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

55 Berryscroft Road is a care home without nursing for up to six people with learning disabilities and/or autism. There were six people living at the home at the time of our inspection.

People's experience of using this service:

Learning and improvement had not been implemented when adverse incidents occurred. An ambulance crew had raised concerns about the information available to them about a person's needs when they responded to a 999 call in May 2019. The crew noted that staff could not provide important information about the person's healthcare needs and that there was no hospital passport in place. Despite this, hospital passports had not been developed for use in any future hospital admissions.

The provider had not notified CQC of this event, which meant we were unaware of it until this inspection and unable to check that appropriate action had been taken to address the ambulance crew's concerns.

Although the home was safe, some key aspects of the service, such as medicines and infection control, were not audited to ensure appropriate standards were being maintained. We have made a recommendation about this.

Staff received good support from the registered manager but one-to-one supervisions were not taking place and staff meetings had not been held for some time. We have made a recommendation about this.

People received their care from consistent staff who knew them well.

Staff supported people in a way which maintained their dignity and respected people's decisions about their care. People had formed positive relationships with the staff who supported them.

People were supported to maintain good health and to access healthcare services when they needed them.

People had access to activities they enjoyed and opportunities to access their local community.

People enjoyed the food at the home. They were encouraged to contribute to the menu and their feedback was listened to.

There were enough staff available to keep people safe and meet their needs. The provider's recruitment procedures helped ensure only suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

At the last inspection the service was rated Good (published 14 October 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Brand Homes Limited - 55 Berryscroft Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the visit on 6 March 2020. One inspector carried out the visit on 10 March 2020.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced as we wanted to ensure people were available to speak with us.

Before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home, the registered manager and two staff. We looked at care records for two people, including their assessments, care plans and risk assessments. We read the minutes of residents' meetings. We checked five staff files, medicines management, accident and incident records and quality monitoring audits.

After the inspection

The provider sent us further supporting evidence by email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us staff helped them take their medicines when they needed them. Some people chose to manage their own medicines and were supported by staff to do this safely. No-one was receiving their medicines covertly (without their knowledge).
- Staff who administered medicines received appropriate training. There were appropriate arrangements for the ordering, storage and disposal of medicines. Each person had an individual medicines profile and there was guidance in place for medicines prescribed 'as required'. The medicines administration records we checked were up-to-date and complete.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the home and when staff supported them. They said they felt safe because staff understood their needs and the support they required.
- Risk assessments were used to enable people to take positive risks. For example, one person had a risk assessment in place which supported them to access the local community independently. Where risks were identified, there was guidance for staff to follow to reduce the risk of harm.
- Any accidents or incidents that occurred were recorded by staff.
- The provider maintained appropriate standards of fire safety. There was a fire risk assessment in place for the home and a personalised risk assessment to identify the support each person would need in the event of a fire.
- The provider had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- There were enough staff available to meet people's needs and keep them safe. People told us they did not have to wait when they needed support.
- The number of staff required on each shift was calculated based on people's assessed needs. Staff told us they had time during their shifts to spend time and engage with the people they cared for. Our observations during the inspection confirmed this.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider had obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- Staff understood their responsibilities in protecting people from abuse and poor treatment. They said they felt able to speak up if they had concerns and were confident any issues they raised would be taken

seriously.

Preventing and controlling infection

- Staff kept the home clean and hygienic. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home.
- Staff attended infection control training in their induction and regular refresher training. They told us they had access to personal protective equipment, such as gloves and aprons, when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training they needed to carry out their roles effectively. An induction was provided to new staff, which included shadowing colleagues to understand how people preferred their support to be provided.
- Staff had access to the training they needed to provide people's care and support. This included autism, epilepsy, health and safety, food hygiene and infection control awareness.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed before they moved to the home to ensure staff could provide their care. There had been no admissions to the home since our last inspection.
- People were supported to maintain good physical and mental health and to access healthcare services when they needed them.
- Records demonstrated that staff supported people to see healthcare professionals regularly to maintain good health. These appointments included a nurse for the influenza vaccine and a GP, optician and dentist for check-ups.
- Staff supported people to access specialist healthcare professionals if necessary. For example, clinical advice and support had been sought from clinical nurse specialists, neurologists, psychologists and speech and language therapists. Staff had implemented any guidance or recommendations made by professionals to ensure people received effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the home. They said staff asked for their ideas about the menu and that their feedback was listened to. The minutes of residents' meetings confirmed this. People were encouraged to be involved in preparing the evening meal for their housemates on a rota basis.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in accordance with the MCA. There were no restrictions on people's freedom of movement and no applications for DoLS authorisations had been submitted to the local authority.
- People confirmed staff asked for their consent before they provided their support. Staff understood people's rights to make decisions. One member of staff told us, "We always know that it is people's own choice. This was clear right from starting this job and [registered manager] is always saying this to us."

Adapting service, design, decoration to meet people's needs

- The service was comfortable, homely and well-maintained. People had access to a shared lounge, dining room, kitchen, bathroom and garden. Each person had a single bedroom which was personalised according to their tastes and preferences. None of the people living at the home needed special adaptations or equipment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. They said they liked the staff who supported them and got on well with them.
- People received their care from familiar staff who knew their needs. Many staff who worked at the home had been employed for some years and had formed close relationships with the people they supported.
- The home did not need to use agency staff as bank staff were available to cover vacant shifts. The registered manager was also actively involved in supporting people, which meant they could provide cover if needed due to staff sickness.
- People were supported to maintain relationships with their friends and families. People said they could have visitors whenever they wished. People had formed friendships with the residents of the provider's other care home nearby. People from the two homes sometimes took part in activities together and spent time in one another's homes.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff treated them with dignity and respected their choices about their care. They said they could have privacy when they wanted it.
- During our inspection, staff treated people in a way that was friendly yet respectful. We observed that staff offered people choices and respected their decisions.
- Staff supported people in a way which promoted their independence. For example, staff had support people with travel training so they could travel independently to work or for leisure. One member of staff told us, "Increasing people's independence is a big part of what we do."
- People were encouraged to be involved in the routines of the home, such as meal preparation, cleaning and laundry. There were rotas for household tasks, which people said meant everyone was allocated their fair share. During our inspection, one person made their packed lunch for the next day and worked with a staff member to prepare the home's evening meal.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the support they received to live their lives as they chose. They said staff supported them in the way they wanted them to.
- People's care plans were person-centred and reflected their individual needs. They considered all aspects of people's care, including health, mobility, personal care, nutrition and hydration.
- Staff had a good knowledge of people's individual needs and how to support them. Staff demonstrated when we spoke with them that they were aware of the guidance in people's care plans.
- Staff knew and respected people's preferences about their care. For example, one person had specific preferences about their bathing routine; daily notes demonstrated that staff supported the person in accordance with their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had opportunities to take part in activities they enjoyed. They said staff asked for their feedback about activities to make sure they wanted to continue doing them. The minutes of residents' meetings confirmed this.
- Several people told us they accessed activities through local day services, including IT, art and craft and drama. The provider had worked with a local Employability scheme to support some people to gain employment.
- People also had opportunities to enjoy social and leisure activities, such as bowling, eating out and going to the cinema. One person told us they enjoyed going to the local leisure centre and said, "I love the gym."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured that important information was available to people in accessible formats. For example, the complaints procedure had been made available in an easy-read format.
- People were supported with their individual communication needs. One person had been referred to speech and language therapy for communication support and recommendations on how staff could best support them.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns and were confident complaints would be taken seriously by the registered manager.
- The provider had a written complaints procedure which set out how complaints would be managed. The complaints procedure had been provided to all the people at the home in their Service User Guide. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had not taken action to improve the service following an incident at the home in May 2019. An ambulance crew had raised safeguarding concerns with the local authority regarding the information available to them about a person's needs and the absence of a hospital passport. Despite this, hospital passports had not been developed by the time of our inspection.
- Providers are required to notify CQC of significant events that affect people's health, safety or welfare so that, where needed, CQC can take follow-up action. The provider had not notified CQC of the safeguarding concerns raised by the ambulance crew. As a result, we were unaware of the event until this inspection, which meant we were not able to check that remedial action had been taken.

Failure to notify CQC of incidents that affect people's health, safety or welfare was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- We identified some areas in which the provider's quality assurance systems could be improved to support learning and drive improvement. Although medicines administration records were up-to-date and complete, the provider did not carry out medicines audits to ensure people were receiving their medicines safely and as prescribed. In addition, although the home was clean and hygienic, the provider did not audit standards of infection control to ensure people were protected from the risk of infection.

We recommend the provider implement effective systems to assess, monitor and improve the quality and safety of the service.

- Although staff were well-supported by the registered manager and said they could ask for advice when they needed it, one-to-one supervisions were not taking place and staff meetings had not been held for some time.

We recommend the registered manager implement regular staff supervisions and staff meetings to improve the effectiveness of communication amongst the team.

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

- There was an inclusive culture at the home in which residents and staff worked together. The registered manager was actively involved in providing people's support and knew all the residents and staff well.
- Staff spoke positively about their roles in supporting people to develop their independence. People were supported by staff worked to be involved in the running of their home.
- People had opportunities to give their views about the care and support they received. Residents' meetings were held regularly at which people were encouraged to give their views about any aspect of the service they wished to discuss.
- We received positive feedback from staff about the support they received from the registered manager. Staff reported that the registered manager was approachable and supportive. One member of staff told us, "[Registered manager] is very supportive and has time for everyone."
- Although staff were able to speak with the registered manager when they needed support, staff meetings had not been held for some time. This meant staff did not have opportunities to discuss issues relating to the home or people's support as a group.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had developed effective working relationships with other professionals involved in people's care, such as GPs, community nurses and specialist healthcare professionals.
- The provider was a member of Surrey Care Association, the local association for care providers, and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of incidents that affected people's health, safety or welfare.