Atlas Healthcare South West Limited

Brynsworthy

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

This inspection was unannounced and took place on 18 December 2014. At our last inspection in September 2013 we did not identify any concerns.

Brynsworthy is registered to provide accommodation and care for up to five people with a learning disability. The home specialises in providing a service for people with complex needs. On the day of our inspection, three people were living in the home.

There is 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.

People appeared happy and relaxed on the day of our inspection visit. People chose how they spent their time, were chatting with staff and smiling. Staff were attentive and available to support people with their chosen activities. Staff spoke with people in a friendly and respectful manner.

Summary of findings

It was evident that staff had spent time with people, getting to know their preferences, understanding how to meet their needs, and building caring relationships. Staff commented "we give the best" and "we are passionate about what we do".

Relatives felt people were safe at Brynsworthy. Staff considered possible risks to people's safety and looked at ways of reducing those risks. People were encouraged to follow their own activities and interests whilst staff supported people to be as independent as they wanted to be.

People were cared for, or supported by, sufficient numbers of staff during our inspection. Staff were concerned that staffing levels had recently been reduced after one person moved to another home. The registered manager told us the reduced staffing levels were in place for a four week period and would be reviewed afterwards. There were on-call arrangements in place in case of emergency and a lone working risk assessment had been carried out. Robust recruitment procedures were in place and appropriate checks had been undertaken before staff started work.

Staff had the skills and knowledge to support people with learning disabilities. Staff had received additional training that was specific to individual's health needs. Staff received on-going support through one to one supervisions and staff meetings. Staff felt supported by the registered manager. One staff member commented "They're a good manager; they really do care, and consider people's interests".

Care plans were personalised, including people's preferences and what was important to them. There was detailed information on how to meet people's health and care needs, communicate, recognise when people were unwell, and manage behaviours that may challenge the service. When people's needs changed the registered manager acted quickly to ensure the person received the care and treatment they needed.

People were supported to maintain a balanced diet. People told us they took part in food shopping and preparing the dinner. Staff offered choices in food and drink and supported people to prepare them.

The atmosphere in the home was friendly and relaxed. Relatives commented "It's a welcoming atmosphere, everybody is nice and happy" and "I'm very happy with the place, it's smashing". People were enabled to maintain their relationships with friends and family. There was an open culture within the service. Relatives told us they didn't have any concerns but would always feel able to voice them. They commented "The registered manager is always on top of things, it's made a big difference" and "they're a good team, working for people". Staff told us they felt supported by the team they worked with. One staff member commented "There's good communication, things get passed on, and we review how we deal with things".

There were effective quality assurance systems in place to monitor the service and drive improvements. Where shortfalls had been identified, action had been taken to improve practice. Safeguarding incidents had been appropriately reported to the local authority safeguarding unit and CQC. The registered manager had taken action to protect people and minimise the risk of further incidents.

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?
The service was safe.

People were safely supported to take day to day risks.

People were cared for, or supported by, sufficient numbers of staff during our inspection.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People benefited from staff who were trained and knowledgeable in how to care and support them.

People were supported to access a range of healthcare services.

People were supported to maintain a balanced diet. They took part in food shopping and preparing the dinner.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and kindness. Staff and people interacted in a friendly way.

Staff knew people well. They had a good knowledge of people's individual needs, preferences, personalities and personal histories.

People were involved in making decisions and planning their care and support. People made choices about their day to day life.

Good

Is the service responsive?
The service was responsive.

People had access to a range of activities in the home and the local community.

People's care plans gave staff important information about their individual needs. These records were personalised and identified people's preferences, what was important to them, and how to meet their health and care needs.

There was a complaints procedure in place. Staff knew how to tell if people were unhappy through their facial expressions and changes in behaviour.

Good

Is the service well-led?
The service was well-led.

The registered manager kept up to date with current best practice and was keen to develop and improve the service.

The service's vision and values were embedded in staff's everyday practice. The registered manager worked alongside staff to support and care for people.

Good

Summary of findings

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

Brynsworthy

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 inspection visit took place on 18 December 2014 and was unannounced. One social care inspector carried out this inspection.

Before the inspection, the provider completed a 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 improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of our visit, three people were using the service. We used a range of different methods to help us understand people's experience. We spoke with three people and two relatives on the telephone. We spoke with two staff and the registered manager during our visit. We received feedback from an occupational therapist who visited the service.

We looked at two care plans, medication records, two staff files, audits, policies and records relating to the management of the home.

Good

Is the service safe?

Our findings

As people could not tell us in detail about their care, we observed the interactions between people who used the service and staff. These interactions were friendly and relaxed. Staff spoke with people in a polite and friendly manner. People appeared to be relaxed and looked happy when staff spoke with them. This indicated people felt safe and comfortable in their home. Relatives told us they had no concerns about the way their family members were treated. One relative commented "I can rest assured".

Staff had received training in safeguarding people and knew what to do if they suspected abuse. The provider had safeguarding policies and procedures in place. Posters with contact details for reporting any issues of concern were on display. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. Safeguarding incidents had been appropriately reported to the local authority safeguarding unit and CQC. The registered manager had taken action to protect people and minimise the risk of further incidents. For example, staffing levels were increased and the registered manager supported a planned move to another service, for one person.

Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to ensure people were protected. The registered manager told us "We encourage positive risk taking" and "Risk assessments are completed, reviewed and revised to allow people to live fulfilling lives and take risks safely". Each risk assessment had an identified hazard, people who were at risk, how they were at risk, and how the risk could be minimised. Staff were aware of the risks people presented and knew what steps needed to be taken to manage them. For example, staff supported people to prepare food and drinks in the kitchen whilst ensuring people did as much as they could independently.

People could display behaviours that may put themselves or others at risk. Staff told us they managed each person's behaviour according to their individual assessment. Care plans included information about the person's behaviour, triggers that may result in the behaviour, warning signs to look out for, and steps on how to manage the situation. Staff told us they had completed training in challenging behaviour and aggression and were familiar with appropriate distraction and breakaway techniques.

People's needs were met in a timely way on the day of our inspection visit. The registered manager was on duty with two support workers. Staff spent quality time with people supporting them with their activities. Staff were concerned that staffing levels had recently been reduced after one person moved to another home. At the weekends, there were two support workers on duty. This meant if one support worker went out with one person, the other support worker was left in the service on their own with two people. The registered manager told us the reduced staffing levels were in place for a four week period and would be reviewed afterwards. There were on-call arrangements in place in case of emergency and a lone working risk assessment had been carried out.

Safe recruitment processes were in place. We looked at the files for two staff. We found that appropriate checks had been undertaken to ensure staff were suitable to work with people who lived in the home. For example, disclosure and barring service (DBS) checks had been completed before staff started to work for the provider. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Staff gave people their medicines. Medicines were stored in locked cabinets in each person's bedroom. The Medication Administration Record (MAR) sheets had been fully completed. This showed that people received their medicines as prescribed.

There were arrangements in place to deal with foreseeable emergencies. For example, there was an emergency fire bag by the front door. This contained detailed personal emergency evacuation plans for each person, a list of emergency contact telephone numbers, torches, and fire blankets.

Good

Is the service effective?

Our findings

Staff were trained to provide appropriate care and support to people. Staff told us they had completed an induction programme and received regular training updates in areas relating to care practice, people's needs, and health and safety. Staff training was a mix of on-line and face to face training. Staff knew the people they supported well and knew how to manage their health conditions.

Staff told us they received one to one support and felt well supported by the registered manager to fulfil their roles. Regular staff meetings were held to share information and discuss practice. We saw records of these meetings.

Staff demonstrated a good awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff received training on the MCA. There were policies and procedures in place. Information about the MCA was displayed on a staff noticeboard. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. The registered manager told us restraint was not used when people's behaviour challenged the service. People were not restricted from leaving the home. People told us they went out shopping and to various activities and we observed this to be the case during our inspection. People identified at being of risk when going out in the community had up to date risk assessments and we saw they were supported by staff when they went out during our inspection.

People's care plans contained information about their individual health needs. The registered manager requested advice and support from a speech and language therapist (SALT) after one person had experienced a choking incident. The SALT had visited the service and carried out an assessment for this person. The care plan had been updated to reflect the advice given and staff demonstrated they had a good understanding of how to support this person when they were eating.

People had access to community based health services. Staff told us they always took people to the GP surgery or called a doctor if they had any concerns about an individual being particularly unwell. One member of staff told us one person recently had toothache and they had accessed an emergency dental appointment.

An occupational therapist who had worked with the service to improve outcomes for one person told us "the manager has been proactive in joining us in working in a multi-disciplinary core group model (including the person's family) to affect change".

People had individual "hospital passports". These were used if a person was admitted to hospital and provided important information about the person's needs. This ensured people's needs were met appropriately while a person was cared for by staff who did not know them.

People were supported to maintain a balanced diet. Each day one of the people chose what would be for dinner. People told us they took part in food shopping and preparing the dinner. People were offered or asked for drinks when they wanted them. Fresh fruit was available in the dining room. Staff offered choices in food and drink and supported people to prepare them. For example, the registered manager asked one person what they would like for lunch. The person chose soup, took the lid off the soup, and helped to operate the microwave oven.

Records confirmed that people's individual nutritional needs were considered. For example, one person had a poor appetite. The care plan gave staff information on how to encourage the person to eat. If they were not interested in the meal, it was left in the kitchen as the person may come back to it. Staff were aware they should offer the person a variety of foods so they could pick what they liked.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy and that staff were caring. One person said "I'm happy here". Another person was supported by the registered manager to prepare lunch and commented "I like you". Relatives commented "Staff go 100%" and "It's a welcoming atmosphere, everybody is nice and happy".

Staff knew people well. They were able to tell us about people's individual needs, preferences, personalities and personal histories. Staff commented "we give the best" and "we are passionate about what we do".

Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. One person liked to know which staff were going to be on duty each day. Staff patiently went through the rota with this person. People asked staff for support with activities or help to prepare drinks. Staff took time to assist people. For example, one person had been out shopping for Christmas decorations with staff. The person requested some decorations for their bedroom. Staff offered to support the person to put the decorations up and they went to do this together.

People were involved in making decisions and planning their care and support. We saw people making choices about their day to day life. For example, staff asked one person to think about where they would like to go that day. Before the person went out they were keen to show us around the home. Staff gave the person time to lead the way. The person appeared to enjoy this responsibility and proudly showed us their home.

Staff told us how they offered choice to those with complex needs. For example, one person needed to be given time to make a choice. The person's care plan told staff to give the person plenty of time to choose what they wanted. It said it may take ten or twenty minutes but the person would make a choice.

Relatives told us they could visit when they wanted. One relative told us they were able to phone the home every day.

Staff were able to give us examples of how they would maintain people's privacy, dignity and independence. One staff member commented "we aim to improve lives of people, give them independence and dignity". The registered manager told us they had accessed information about dignity in care and planned to develop this within the service. A staff member had taken on the role of dignity lead in the home.

Staff told us how they encouraged people to be as independent as possible. For example, staff told us if they went shopping with one person they would encourage them to pay for items and cross the road safely.

Good

Is the service responsive?

Our findings

People's care plans gave staff important information about their individual needs. These records were personalised and identified people's preferences and what was important to them. There was detailed information on how to meet people's health and care needs, communicate, recognise when people were unwell, and manage behaviours that may challenge the service. For example, one care plan contained information in relation to one person's epilepsy. This told staff what to look for, what would happen, how to respond, and what to do after a seizure. Staff told us they had received epilepsy training which was specific to this person. The registered manager told us they had monthly review meetings with the epilepsy nurse to review and monitor the person's epilepsy.

Care plans were reviewed monthly to ensure people's changing needs were identified and met. People, their relatives, staff, the registered manager, and healthcare professionals may be involved in these reviews. One relative commented "The meetings have been most rewarding. I've been involved in the discussions and decisions". Detailed records of the meeting were kept in people's care plans.

People were supported by staff to access the community. On the day of our visit, two people were supported on an individual basis to access the shops. At other times, people accessed local cafes, pubs, music sessions, and social clubs. People were supported to maintain contact and relationships with family. Staff supported one person to go out in the car and visit their relative once a week.

During our visit, one person had a karaoke machine and spent time singing songs in the lounge. They encouraged the inspector and the registered manager to join in with them, passing the microphone around.

People were supported to help with daily living tasks such as food shopping, meal preparation, and tidying their bedrooms.

One person had been at risk of becoming socially isolated within the home. The registered manager had recognised this and worked with the person, their family, staff, and healthcare professionals to improve the situation. A relative told us how staff had encouraged this person to do more. They commented "Things have really looked up" and the person is "a lot happier than they used to be". During our visit, the registered manager encouraged the person to come downstairs and talk with us, which they did.

People and their relatives had access to the complaints procedure. This was also available in an accessible format with pictures and symbols to help people to read it. The service had not received any complaints in the past twelve months. Relatives told us they would always feel able to voice any concerns if they needed to. Staff told us one person would be able to tell them if they had a complaint. Staff knew to look for facial expressions and changes in behaviour to tell if a person was unhappy.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been in post since March 2014 and registered with the Care Quality Commission in May 2014.

The registered manager worked alongside staff in the home. People knew them well and were comfortable with them.

Relatives told us "I'm very happy with the place, it's smashing"; "The registered manager is always on top of things, it's made a big difference" and "they're a good team, working for people".

The registered manager was keen to develop and improve the service. They told us how they accessed resources to ensure they kept up to date with research and current best practice. They told us their vision for the service was to provide quality support, allowing people to have their needs, wishes and aspirations met.

The service had a mission statement which included its vision and values. These were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. The supervisions also provided the opportunity for any poor practice or concerns to be addressed in a confidential manner.

Staff told us they felt supported by the registered manager. Staff commented "They're a good manager, they really do care, and consider people's interests" and "It's a lot better now". Staff told us they also felt supported by the team they worked with. Staff commented "We have an amazing team" and "There's good communication, things get passed on, and we review how we deal with things".

The Provider Information Return (PIR) stated "new management has brought new ideas and an emphasis on questioning practice to improve service delivery". Staff told us how the registered manager had asked them to think about what they felt was restrictive practice, why it was done, and what changes could be made. They gave us an example of one person's clothes being locked away and the person not being given a choice in what to wear. As a result of the discussion, the clothes were placed in a wardrobe in the person's bedroom so they could choose what they would like to wear each day.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. For example, the provider's quality manager carried out 'provider visits' on a regular basis. Records showed the most recent visit took place on 4 December 2014. The quality manager spoke with people and checked how the service was meeting the CQC regulations. Where shortfalls in the service had been identified, action had been taken to improve practice. For example, they identified the need for more detailed care plans. On the day of our inspection visit, the registered manager showed us the new care plans.

Accidents and incidents were recorded and monitored. Incident reports contained information about what had happened, what had caused the incident, and what could be learnt. The registered manager had monitored incidents and identified any trends. For example, there were five incidents between people. The registered manager worked closely with the local authority to manage this situation. This resulted in a planned move for one person to protect people and prevent incidents reoccurring.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.