Progress Housing

Bramshaw House

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

Summary of findings

Overall summary

The inspection took place on 8 and 9 March 2016 and was unannounced.

Bramshaw House is registered to accommodate up to ten people with learning and physical disabilities. The home does not provide nursing care. Bramshaw House is situated in Worthing, West Sussex. At the time of our visit there were ten people living at the home.

The service had a registered manager in place. 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 were protected from risks to their health and wellbeing. Plans were in place with safety measures to control potential risks. Risk assessments were reviewed regularly so information was updated for staff to follow.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence and involvement.

People were assisted to lead a fulfilling life; they were able to set personal goals and objectives. The atmosphere in the home was happy and lively. People were engaged in activities, hobbies, interests and were encouraged to participate in community based activities.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and administered safely. People were supported to eat and drink enough to maintain their health.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People

were aware of how to raise a concern and told us they would speak to the registered manager and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe.

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

Risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

All staff received the training they needed to be able to provide safe and effective care. All staff received appropriate supervision and support.

Staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

People told us that food at the home was good. We observed the lunchtime experience and this was relaxed and friendly. People enjoyed their meals and each other's company.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were treated with care and staff were quick to help and support them.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive to people's needs.

People's individual needs were assessed, planned and responded to by staff who understood them.

People were occupied and had a variety of age appropriate activities which gave their life meaning and purpose.

People were encouraged to raise any concerns. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of their roles and responsibilities.

Bramshaw House

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 March 2016 and was unannounced.

One inspector undertook 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.

We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for three people, medication administration records (MAR), a selection of policies and procedures, four staff files, staff training and supervision records, staff rotas, complaints records, audits and minutes of meetings.

During our inspection, we observed care, spoke with eight people using the service, one relative, the registered manager, the deputy manager, the area manager and all the staff on duty. Following the inspection we contacted professionals who had involvement with the service to ask for their views and experiences. We received feedback from two social workers.

The service was last inspected in November 2013 where there were no concerns identified.

Good

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. A relative told us that the home was, "Brilliant," that the staff were, "Really great" and that they felt, "[Name] was safe". A social worker told us that, "The service maintains a very high standard in my experience and I haven't ever had any concerns about the safety of residents whilst in attendance there."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff or speak to the local authority. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service followed West Sussex policy on safeguarding, this was available to all staff as guidance for dealing with these concerns.

Staff provided support in a way which minimised risk for people. We saw that people were able to move around the home freely and safely. The premises and gardens were well maintained and well presented. All maintenance and servicing checks were carried out, keeping people safe. A social worker told us that, "The service are very good at following all advice and ensuring safety of service users. They have good links and relationships with professionals and readily seek advice and support which increases safety". People were encouraged to set goals and objectives. Risk assessments were carried out around these wishes. For example one person's goal was to go shopping for new clothes. Staff had worked with the person, assessing risk and planning steps to be taken to meet the goal. This goal had been successfully met and the person had purchased their own clothes.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. Staff and relatives told us they were happy with the staffing levels.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. We saw that people were supported to attend day centres and community based activities. There were five care staff during in the morning, four in the afternoon and two at night.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new

members of staff started work at the service, checks were made with the Disclosure and Barring Service.

Peoples' medicines were managed and administered safely. We observed medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. We saw that care was taken to ensure that people received medicines at the correct times, for example, an hour before food. All medicines were checked by two staff members prior to their administration. Assistance to take their medicines was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely and kept securely. We observed that all medicines were kept secure. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We saw that the fridge temperature was monitored to ensure that medicines were stored at the correct temperature to ensure their effectiveness.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. One relative said, "I have confidence in the staffs ability".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received regular training in topics including, epilepsy, learning disabilities, first aid and infection control. The staff training records confirmed that the training was up to date. A social worker told us that, "I believe the service is highly effective, their care is very professional and proficient and has been incredibly effective in improving the life of a resident I supported there." People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

The registered manager told us that any new staff will complete The Care Certificate ; however no new staff have been recruited recently. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. A social worker told us that the service had a low staff turnover.

People were supported by staff who had supervisions (one to one meetings) with the registered manager. Supervision records showed that supervisions took place every two months. The registered manager also carried out regular observations of staff practices. The records demonstrated that both the staff member and supervisor had an opportunity to raise items for discussion. There was also opportunity to discuss the observations that had taken place and ways in which staff practice could be improved. Staff told us they felt supported by the registered manager, and the other staff.

Staff told us there was sufficient time within the working day to speak with the registered manager. During our visit we saw good communication between staff and the registered manager or deputy. They told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. The registered manager told us that applications had been made for all the people at the service.

Staff had a good working knowledge on DoLS and mental capacity. Staff had received appropriate training for MCA and DoLS. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. People were not able to consent and make decisions regarding their placement at the home. However, people were able to give consent regarding their day to day life, for example what they had to eat and drink. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. For example, people were able to make choices from a selection of two items.

During our visit we observed that staff involved people in decisions and respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff made sure that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied the person understood the choice available.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. We observed the lunchtime meal experience. Tables were nicely set with condiments, glasses and serviettes. Those requiring support with eating were provided with well-paced support. Some people had adapted crockery with plate guards in order to assist their independence. People were engaged in conversation. We observed many positive interactions between people and staff. The mealtime was an inclusive experience with staff and people eating together. Staff appeared caring and took pleasure in spending time with people. There was a lively and fun atmosphere.

People had menu planning meeting each week to plan the evening meals for the following week. They were supported by staff to plan meals that were balanced and nutritious, taking into account their personal needs and preferences. Breakfast and lunch were reviewed during key worker meetings, to ensure that the menu remained effective in relation to taste and preference.

Care plans contained detailed and clear information regarding people's risk of choking and how to manage the risks. People with particular dietary requirements had access to and support from a dietician. People were weighed monthly and their weights monitored to note any unusual gains or losses so that their diet can be tailored. Staff we spoke with knew people's preferences and told us that all people were able to indicate their likes and dislikes. People told us that the food was, "Lovely", there was, "Lots of it" and that it was, "Very tasty".

People had access to health care relevant to their conditions, including GPs, speech language therapist (SALT), dietician, occupational therapist (OT), district nurses, hospital specialist consultants and wellbeing therapists. Staff knew people well and referrals for regular health care were recorded in people's care records. People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital.

People had a health action plan which described the support they needed to stay healthy. These were completed annually with a nurse from the GP surgery. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were well cared for and treated with respect and dignity. People were full of praise for the staff. People described them as, "Really good fun".

Throughout our visit staff interacted with people in a warm and friendly manner. The whole staff team focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew people's individual abilities and preferences, which assisted staff to give person centred care. A social worker told us that, "I haven't spent much time observing the care there but have nothing but positive feedback from family members about the caring roles they have experienced there." Staff were aware of people's individual communication needs and methods of communication. People who were unable to verbally communicate had assistive technology in place to support them. We were told that 'Bliss Board' and 'Electronic Pathfinder' were two of the devices used. These devices give people a 'voice'. Staff observed people for visual 'yes' and 'no' cues when they were looking at the symbols and text on their 'Bliss Board'. This meant that staff knew what is being 'said' to them. The 'Electronic Pathfinder' is a Voice Output Communication Aid (VOCA). People used the electronically stored speech in order to communicate. Staff were confident and competent in the use of assistive technology and were able to have two way communication with people.

People's care was not rushed enabling staff to spend quality time with them. The home was spacious and allowed people to spend time on their own if they wished. One person told us how much he, "Like his room" and that he had, "Plenty of space to manoeuvre his wheelchair".

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful. They were aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people.

Friendships between people were encouraged. One person was in a relationship and supported to meet up regularly. Two people had developed a relationship and were supported to arrange 'date nights' and a joint holiday had been planned at their request. We were told that, "We're going on a train on our holiday", and "[Name] is going to monkey world, but I don't like animals, so I'm going to do something different that day." Both people were very excited about their forthcoming holiday together which staff had facilitated.

The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Good

Is the service responsive?

Our findings

People were supported to maintain their independence and access the community. For example, a person who supports Brighton and Hove Albion liked to attend all home matches with his friends. A member of staff transported him to the stadium.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs.

Each person had a keyworker. The keyworker provided a focal point for people amongst the larger staff group. They took a social interest in the people they were allocated and were involved in support plan development with people. People were involved in the choice of their keyworker. The keyworker allocation was based on observation and the form of communication used by each person, a staff member who had a good rapport with the person was selected. They had a meeting together every month. This reflected on their month and anything they had achieved. Their care plan was reviewed and updated around the choices they make about their care, personal care preferences, communication needs, concerns about their health and choice of activities. The minutes from this meeting were then reviewed and discussed in staff supervision with a manager and relevant appointments or referrals were made. Goals and objectives were discussed in the keyworker meeting. They were reviewed to highlight goals achieved and then new objectives were recorded in the care plan. For example one person's goal was to choose their own clothes. Staff had support the person to achieve this goal by spending time with them and taking them shopping. Following the successful outcome, the plan had been extended to include shopping for towels and other personal items. People's care needs were kept under review and any changes or increase in dependence was noted in the daily records and added to the care plans. This meant people received consistent and co-ordinated care that changed along with their needs.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them. A social worker told us that, "I believe that the level of ability there and the standard is very high and I have been very impressed with the placements they have supported and the benefits in people's lives they have made. I think their plans are thorough and person centred and they are very able to tailor and personalise care to the person's needs."

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. For example we saw that two peoples care plans included recommendations from the speech and language therapist (SALT) to reduce the risk of choking.

Staff maintained a daily record for each person that recorded the support they had received. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a lively atmosphere within the home. We saw that some of the people were interacting with each other and chatting with staff. Staff and people told us that they liked each other's company.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain their own hobbies and interests, staff provided support as required. One person showed us various artworks that they had done and told us, "I love painting. [Staff] put some of my pictures on the wall for me." Another person took great delight in showing us pictures and models of cars that he had made. The service had good links with the local community. People were able to take part in community activities including shopping, going to the pub, local restaurants and cafes.

During the afternoon we observed a music session in the lounge. The session was lively and enthusiastic; we saw that all people and staff joined in. The session was fully inclusive, staff and people sat together, drinking tea and coffee, joining in and chatting together. The choice of music was appropriate for the age of people; some people had made specific requests. People were happy and engaged. People were supported to celebrate occasions that were special to them. This included birthdays, anniversaries, or achievements. Traditional events, such as Christmas and Easter were recognised and celebrated in a way that meets individual's preferences.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. All people we spoke with told us that they were happy with the level of social interaction and activities provided. A social worker told us that the service, "Are very good at looking at ways to enhance the lives and opportunities of service users. I feel that the service user is put first by Bramshaw staff and the service users are nearly always out doing activities with staff."

The service had a complaints policy and complaints log was in place for receiving and handling concerns. The registered manager told us that the complaints policy and method of handling complaints was reviewed in 2015 and a new log was put in place which recorded the complaint and response to it. We were told that, 'An easy read version of the complaints policy is being developed by the area manager. This will be in place by June 2016'. People told us they were happy at the home and had no cause to complain. Relatives told us that were confident that any issues raised would be addressed by the registered manager. No complaints had been received in the last year.

Good

Is the service well-led?

Our findings

The home had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service.

The registered manager had been in post for ten years, and the deputy manager was promoted from support worker three years ago. People knew who the registered manager and deputy were. A person living at the service told us that they liked the registered manager and she was, "Really good". During lunchtime we saw that people cared a great deal for the deputy. Several people expressed concern that he was busy and needed to, "Sit down and eat lunch". It was clear that people were very fond of the staff.

The registered manager told us that she spent time with people on a daily basis in order to observe the care and to monitor how staff treated people. The deputy worked one day in the office and with people on the other days. This enabled him to encourage good practice and provided a link between staff and management. Records confirmed that the registered manager carried out observations and then discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with her. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Staff and people using the service said the registered manager was open and approachable and they would go to her if they had any queries or concerns. Staff felt confident to raise any concerns. Staff felt supported by the registered manager and told us that the home was well led. A social worker told us that the service, "Is well led and the manager has a good relationship with the team and works well with professionals and parents to ensure continuity of care." Another social worker told us that, "The manager and deputies as well as the owner are very responsive, they maintain very good contact with the local authority and their responsiveness is very reliable and consistent."

During our visit we met with the area manager. We were told that she visited the service daily, received a handover from the registered manager and read the communication book. This meant that she was fully aware of the people using the service and how the service was operating. She carried out supervisions of the registered manager every two months and supported the registered manager, if required, during meetings. We were told that the home had a, "Prominent management presence". We saw that people and staff readily interacted with the area manager and it was clear that she was a regular visitor to the home.

Staff assumed extra responsibilities to expand their skills. Some staff had a lead role and were 'champions' in a specific area, for example eating and drinking. We saw that the staff member with a lead role for eating and drinking had attended additional training and produced an information file which had been shared with the rest of the staff group. This encouraged good practice and empowered staff to be part of continuous

improvement.

People and their relatives were empowered to contribute to improve the service. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Annual surveys were given out to people who were able to complete them. The service found that this was not an effective way of gaining feedback as the majority of people were not able to complete the surveys. We were told that more effective feedback was obtained by talking to people on a one to one basis. People's experience of care was effectively monitored through monthly meetings with their keyworkers. This gave people an opportunity to discuss their likes and dislikes. People were also able to discuss what they wanted. We saw records to confirm this and that this feedback was used to guide people's care and routines.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Accident and Incident forms were completed. These were signed off by the registered manager who analysed them for trends and patterns. We saw that the area manager completed a compliance audit which covered all aspects of the service . This included looking at records, talking to staff and talking to people and any visitors. A copy, with an action plan, was given to the registered manager and the provider. The action plan included dates for completion. These were signed when the actions were completed and this was then monitored by the area manager to ensure necessary improvements were completed.