

Mr & Mrs Mohamedally

Brigstock House

Inspection report

57 Brigstock Road
Thornton Heath
Surrey
CR7 7JH

Tel: 02086656369

Website: www.bdcsupportingservices.co.uk

Date of inspection visit:
04 April 2017

Date of publication:
09 August 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 April 2017 and was announced. At our last inspection in December 2015, we found the provider was not meeting a number of regulations. We therefore asked the provider to take action in relation to upkeep of the environment, staff training and support, quality assurance systems, notification of reportable events and record keeping. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations.

Brigstock House is a care home registered for eight adults with a learning disability, autism or mental health needs. There were six people using the service at the time of our inspection. Two people used the service for short stay breaks from time to time.

The registered manager in post at the time of our previous inspection left employment shortly afterwards and a replacement manager was appointed in April 2016. This manager left and another new manager was appointed in October 2016. They were in process of applying to register and were already registered for a second location owned by the registered provider. 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.

Since our last inspection essential repairs and redecoration to the environment had been carried out. The home was clean, comfortably furnished and bedrooms were personalised according to people's needs and interests.

Staff had undertaken further training to support them in their role and meet people's individual needs. The manager had improved the arrangements for staff supervision and to check and monitor that staff had the skills to support people effectively.

We previously found that incidents and accidents were not always reviewed or investigated and those which were reportable to CQC had not been shared. We found improvements at this inspection.

Further quality assurance arrangements had been introduced to check that people were well cared for and safe. New audits and checks were in place although further work was required to embed and sustain consistent practice. We have not changed the rating for the well led question from requires improvement because to do so requires consistent good practice over time.

There were adequate numbers of staff who had been safely recruited. Staff were available to provide people with one to one support when needed.

People felt safe and the staff took action to assess and minimise risks to people's health and well-being. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to

protect them from abuse.

People spoke positively about the home and the staff team. Staff understood the needs of the people who used the service and how they liked to be supported. We found that staff communicated well with people and with each other.

Staff respected people's privacy and treated individuals with kindness and patience. Staff made sure people's dignity was upheld and their rights protected. 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 support this practice.

Care and support was planned in partnership with people so their plans reflected their views and wishes. Care plans were reviewed on a regular basis to ensure people were getting the right support.

People maintained relationships with those who were important to them. Staff worked flexibly to support people with their preferred interests, activities and hobbies.

People were involved in the planning and preparation of their meals which met their dietary needs and choices. People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health, social and medical support when it was required.

There was an open and inclusive atmosphere in the service. The new manager showed effective leadership and knew what was working well and what needed improving in the home. Staff felt supported by the manager and told us she was making positive changes.

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 improved to Good. We found that action had been taken to improve the environment and cleanliness of the home.

People lived in a home that was safely maintained. People were protected from the risk of infection because appropriate guidance had been followed.

Risks to people's safety were identified and planned for. Steps were taken to minimise these and keep people safe.

People were supported by sufficient numbers of staff and the provider followed the correct recruitment process.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good ●

The service improved to Good. We found that action had been taken to strengthen the arrangements for staff supervision and training.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and staff understood the requirements of this to protect people's rights.

People were encouraged and supported to make meal choices that met their preferences. Individuals received the assistance they needed with eating and drinking and staff were aware of people's dietary needs.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

There were positive relationships between people who lived at

the home and staff. Staff knew people well and what was important to them.

People were supported to maintain meaningful relationships with those close to them.

Staff treated people with dignity, respect and kindness.

Is the service responsive?

Good ●

The service was responsive. People's needs were regularly assessed, monitored and reviewed. Their care plans were personalised to reflect individual needs and preferences and staff responded to changes in people's needs or circumstances.

People took part in a variety of activities that reflected their interests and choices.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. The changes in management had resulted in some inconsistency although the new manager knew what was required to develop the service.

New systems and processes to check the quality of care had been introduced although these had not been effectively established to ensure consistent and sustainable governance at the home.

Records about people's care were fit for purpose and reflected their needs and preferences. The manager was taking action to personalise people's care plans further.

The new manager demonstrated effective leadership and values, which were person focused. There was open communication and staff felt supported in their roles.

Brigstock 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 4 April 2017 and was announced. The manager was given 48 hours' notice of the inspection because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in. The aim of the inspection was to carry out a full comprehensive review of the service and to follow-up on the compliance actions made at the previous inspection in December 2015.

Prior to the visit, we reviewed the action plan given to us by the provider following our previous inspection and the information we held about the home. This included any safeguarding or complaints and any notifications the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection was carried out by one inspector. We spoke with four people living at Brigstock House, the new manager and two members of staff. Some people were unable to communicate verbally with us so we spent time observing their care and interactions with staff. We checked care records for three people using the service.

We looked around the premises and at records for the management of the service. These included the provider's quality assurance systems and action plans, meeting minutes, health and safety records, staffing rotas and records relating to staff recruitment, training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection the manager sent us additional information we had requested about staff training and supervision, accident/incident reporting and safety checks.

Is the service safe?

Our findings

At our last inspection in December 2015 we found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises were not maintained to an appropriate standard and there were insufficient systems in place to ensure the home remained clean and hygienic. We found the provider had taken steps to address the breach and we have revised the rating to good.

People were provided with a safe, clean and well maintained environment. Appropriate repairs had been carried out in people's bedrooms where needed and areas of the home had been redecorated. The local authority completed an infection control audit in June 2016 and we saw the service had taken action to address their recommendations. For example, hand wash dispensers, disposable paper towels and clinical waste bins were available in all toilets and bathrooms. Records were available to evidence that the home was regularly cleaned. Staff completed charts which reflected tasks and duties that needed to be undertaken. We found all areas of the home were clean and smelt fresh aside from one of the bedrooms used by people staying for respite care. A staff member advised that it had been difficult to keep the carpet odour free and had highlighted this in the cleaning records. The manager had also taken prompt action and arranged for replacement flooring to be fitted. Following our inspection, we received written confirmation that this had been completed.

Staff completed health and safety checks to ensure the building and the equipment were safe for people to use. Fire alarms and other fire equipment were routinely tested to ensure they were in working order. People had a personal emergency evacuation plan (PEEP) and were regularly involved in fire drills.

People told us they felt safe in the service and with the staff who supported them. Staff received regular training around safeguarding people from abuse and told us they would have no hesitation in raising any concerns to the manager, and if necessary to social services. An open day on safeguarding awareness was recently held in the home and picture posters were displayed in the home to promote awareness and understanding of abuse prevention.

Risk assessments set out what to do to keep people safe in relation to day to day support and activities. These covered risks such as using public transport, managing money, taking prescribed medicines, eating and drinking and safety in the home. We noted the assessment information included a score rating and as a result, lacked personalisation. We discussed this with the manager who agreed to revise the format and include more details. Following our inspection the manager sent us a prepared risk assessment which was comprehensive and individual. Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence.

There were enough staff to meet people's needs at the time of our inspection. People told us there was always a member of staff to chat with and spoke positively about their keyworkers. We observed that people received the attention and support they required throughout our visit. Staffing arrangements included a

minimum of two care staff on duty throughout the day with one staff available at night on a sleep in. One person was funded for one to one staff support at particular times of the day and another person for staff support with a specific activity. People confirmed that their keyworkers spent time with them on a one to one basis with their chosen activities.

Information held confirmed that required pre-employment checks had been undertaken prior to staff working in the service. These included proof of identity, full employment history and details of training experience and qualifications. Written references were obtained and criminal record checks (DBS) carried out to make sure staff were of good character and suitable for the role. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record.

The arrangements for the management of people's medicines were safe. People received their medicines when they needed them and had regular medicine reviews with relevant professionals to promote good health. One person told us they no longer needed to take medicines and felt much better.

There were detailed individual support plans in relation to people's medicines, including any associated risks. Medicine administration records (MAR) we sampled were completed correctly with no gaps or errors. Where people were prescribed an 'as required' medicine, there were guidelines for when it should be given. Examples related to medicines used for anxiety, pain relief, managing epilepsy and behaviours. We noted the protocol information for one person's medicine had limited directions for its administration. We discussed this with the manager who agreed to add details about how staff should support the person with their behaviour before the medicine could be administered.

All medicines were stored securely. Staff had completed training in the safe handling of medicines and their competency in medicines administration was assessed every year by the manager.

Is the service effective?

Our findings

At our inspection in December 2015 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff that had not received appropriate levels of training and support to carry out their role and provide effective care. At this inspection we found the provider had met the breach and have revised the rating to good.

People received effective care and support. Since our last inspection, staff had attended training relevant to the needs of the people they supported. This included courses on person centred care, effective communication, epilepsy and autism. The new manager told us they had arranged these training sessions through the local authority and planned to access more learning. For example, staff were due to attend refresher training on behaviour that challenges later in the month. The manager used an electronic plan which identified when staff had completed training and when it was next due. Information provided after our inspection showed that records about staff training and had been updated to reflect the latest training.

New staff completed an induction which involved training that the provider considered mandatory. This included courses on infection control, fire safety, food hygiene, health and safety, first aid awareness and moving and handling. They also completed the Care Certificate which facilitates skill development for those beginning a career in care. Our discussions with staff showed they had knowledge and awareness about people's needs and how to support them.

Due to a change in management, the new manager advised that staff had not always received the expected level of formal supervision. We saw that they were working to improve this and had scheduled one to one meetings with all staff and annual work performance appraisals. There was a yearly planner to support this. Records of staff supervision that had taken place covered people's care, training and developments in the service. The new manager had also implemented observational checks to monitor that staff were putting their learning into practice. Staff told us they felt supported by the manager and confident to discuss any issues openly.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. People confirmed that staff always sought their consent before care and support was provided. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests. Staff completed yearly training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice. Policies and guidance were available to staff about the principles of the MCA.

The manager had assessed where people were being deprived of their liberty and made appropriate referrals to the supervisory body. For example, where people required staff supervision because it was unsafe for them to access the community unaccompanied. Records confirmed that one DoLS application had been authorised and others were in the process of being assessed by the local authority.

People said they made choices about their meals and discussed menus at weekly meetings. One person commented, "Food is very good" and another person said, "Yes we choose our dinners, I like a Sunday roast." Staff were aware of people's individual preferences and dietary needs. Care plans recorded when people had specific needs and how staff should support them at meal times. For example, there was information to prepare meals to the right texture where people were at risk of choking.

People were supported to access the healthcare services they needed. People had health action plans which included personalised details about their past and current health needs. Records of all health care appointments were maintained. These detailed the reason for the visit or contact and details of any treatment required and advice given. Examples included reviews of the medicines individuals were prescribed, GP, dental and optician appointments. We saw how additional support helped people maintain good health. For example, people saw other professionals such as the community mental health team and hospital consultants. Where people had specific health conditions there was information which explained more about the condition and how to support someone with it. People had up to date health passports which they could take with them if they were admitted to hospital. This document included important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

Is the service caring?

Our findings

The atmosphere in Brigstock House was friendly and welcoming and interactions between staff and people living there were positive. We saw from how people approached the staff, that they were happy and confident in their company. One person described the staff as "Nice people, polite" and another person said, "It's very good here."

Staff we spoke with knew people well, and described their preferences in detail, and how they wished to be supported. Care records corresponded with what they told us and gave staff direction on how to support individuals' needs. People's communication needs were fully documented. There was detail about how to communicate with people. One example included, "Encourage me not to repeat myself, remind me to slow down if talking too fast." Staff could describe the different ways people expressed their needs and how to support them. This included using pictures, objects of reference and discussion using clear spoken language and simple sentences.

Care plans provided information about whom and what was important or meaningful to the person. One person spoke at length with us about their interests, their family and favourite activities. Their care plan reflected what they told us and gave a good overview of the support they wanted and required. People's relatives and/or representatives were encouraged to be involved in their care and support. Family members regularly visited the home and people told us they were supported by staff to visit relatives.

People's care and support plans promoted their dignity and independence and included guidance to assist staff to involve the person and help them with everyday decisions. Our observations and review of records showed that staff spent time with people, involving them in discussions about their goals, activities, care and support.

Staff respected and upheld people's privacy, dignity and independence. One person told us they liked to keep their room locked when they went out and staff respected their choice. During our inspection, people chose where they wished to spend their time. Throughout our inspection, staff respected people's own personal space by knocking on doors and allowing them time alone if they requested it. There were posters in the dining room that recognised the importance of core values around dignity, and treating people with respect.

People were supported to make decisions about their preferences for end of life care. The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Training for staff was facilitated by the local hospice team to give them the skills and knowledge they needed to care for people appropriately. Advanced care plans were being developed with people to ensure that their end of life wishes would be respected.

Is the service responsive?

Our findings

People told us they received the care and support they needed and staff supported their choices and decisions. One person talked about their forthcoming plans to buy a new television and visit their girlfriend. Another person told us they were planning to attend a football event with their keyworker.

People's needs were assessed before moving in to the service, with relatives and health and social care professionals supporting the process wherever possible. People's care records explained the support people required for their physical, emotional and social well-being. Care plans were developed with the person and were a reflection of their personalities, likes, dislikes and choices. We found they were individual and enabled staff to deliver person centred care.

People's religious, cultural and personal diversity was recognised and reflected in the care plans. Staff knew how to respond to individual needs and gave examples of meeting these such as providing preferred cultural meals and respecting people's faith or beliefs. This was confirmed by one person who told us staff supported them to attend church every Sunday.

People needed support with their communication and some, for managing their emotions. Detailed guidance was in place to enable staff to support people consistently. Each person had up to date information about this in their care plan. Triggers or events which may cause people anxiety and ways to help people overcome this were clearly recorded. For example, we saw there was information regarding the importance for a person to access the community if they felt anxious and guidelines on how staff could support them effectively. Staff were attentive and recognised when people needed reassurance. We observed one person talked repetitively about an issue that was upsetting them. A member of staff promptly engaged with the person and redirected the topic of conversation which enabled them to relax.

Records confirmed that there were ongoing reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. All aspects of the person's health and social care needs were discussed at yearly meetings involving the individual, their relatives and other professionals. Additional six monthly reviews were arranged and keyworker staff met with people every month to discuss their care and support. Staff used this opportunity to discuss with people what they had achieved and was working well for them and also to find out if the person wanted anything to change. Some people used the service for short stay breaks and we found their needs were also reviewed appropriately.

Care plans recorded what was important to people and how staff should support them with their activities in the home and local community. People said they could choose from a range of activities provided through the organisation's day centre and individual activities of their choice. One person shared examples of their interests and recent trips they had enjoyed. These had included visits to Brighton, London and the theatre. The person told us they were looking forward to going on holiday in June and commented, "I don't get bored, there is enough to do". Another person told us they liked going to the day centre and for one to one outings to the cinema or shopping with their keyworker. Staff had recorded what people did each day. These records corresponded with what people had told us about their activities.

Meetings were held each month for people to share their views and experiences of the service. People were asked about the food and things they would like to do such as social trips and activities. We saw that people had requested a farm trip and staff had organised this the following month. At a recent meeting staff had talked with people about keeping safe and shared information about how to report any concerns.

The complaints procedure was displayed within the service and available in picture format to help people understand the information. There were details about other relevant organisations if someone wished to raise a concern outside of the home. People told us they felt confident to tell their keyworker or the manager if they were unhappy with the service. At the time of this inspection there had been no complaints about the service.

Is the service well-led?

Our findings

At our last inspection we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have appropriate systems in place to regularly assess and monitor the quality of service that people received. In addition, people's care and monitoring records were not consistently maintained to accurately reflect the care and support provided. We found that the provider had taken action to meet the breaches although the service required sustained leadership to maintain good governance and provide stability to staff.

At this inspection we found improvements, but the impact of this was yet to be embedded in practice due to changes in leadership. As part of the provider's conditions of registration, the service is required to have a registered manager in post. There had been two changes of manager in the last twelve months. The new manager had been in post since October 2016 and had recently registered as manager for a second location owned by the provider. They had submitted a further application to register as manager for Brigstock House and planned to divide their time between the two homes accordingly. Since joining, the manager told us they had needed to spend more time at the provider's other home for the first four months due to the needs of the two services. For the last two months we saw that the manager had been reviewing how the service performed and assessing what improvements were needed in Brigstock House.

Further to our last inspection, we found further quality assurance systems had been put in place to monitor the quality of care provided. For example, new checks that looked at cleanliness and areas of health and safety. Staff carried out monthly audits which looked at the care provided, medicines management, incidents/ accidents and the environment. Some of these checks had been newly introduced so it was not possible to fully evaluate their effectiveness.

There was a written service development plan which identified where improvements were needed, the actions to be undertaken and timescales for completion. These included records and administration, staff training and development, the environment and quality assurance audits. We noted that the majority of actions were completed or underway. Due to the management changes there were a few outstanding actions with revised timescales to address these. These included the completion of staff training and looking at further ways to personalise people's care plans.

Every year, the provider sent questionnaires to people and their relatives to ascertain their views and comment on aspects of the service. The most recent survey was undertaken in January 2017 and responses were positive about the care and support people received. One person had commented, "I am very happy and very well looked after." The manager acted on suggestions or ideas for improvement and told us there were plans to install a ramp at the front of the building following feedback from a relative.

At our previous inspection, an external consultant completed monthly audits of the service. These visits were to monitor, check and review the service in line with the fundamental standards and regulations. The manager explained that the consultant had since left and the provider had appointed a replacement auditor in January 2017. Since then, the auditor had completed one visit although a report of their findings was not

available at the time of this inspection. The manager told us they had added the recommendations to the home's service improvement plan.

The new manager had taken steps to improve record keeping. People's files had been reviewed and were clearly ordered. Historical or outdated information had been removed. Support plans and risk assessments had been updated six monthly or more often where needs had changed. Guidelines that linked to people's particular needs were recorded. Examples of these included managing behaviour and epilepsy. The manager told us that all care plans were in the process of being reviewed and re-written in a more personalised format. We saw evidence of this in people's care records. The provider had also started to review their policies and procedures in line with changing legislation and best practice.

We previously found that records of incidents and accidents involving people using the service had not been consistently completed. We reviewed accident and incident reports for people and noted improvements. Staff had recorded full details about the circumstances of the event and the manager or senior had reviewed the information. Reports explained what action had been taken in response, who was informed and whether the incident was reportable to the Care Quality Commission. For one person, we were not able to see where an investigation had taken place or where a review of their care had occurred as a result. The manager took immediate action to address this and agreed to review all accident and incident reports to check appropriate action had been taken and to check for any trends. We also discussed the use of body map charts to record any injuries people sustained and the manager put these records in place at the time of our inspection.

The provider was previously in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they had not notified CQC of important events which affect people's health, safety and welfare. Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records held by CQC and the service confirmed that notifications had been submitted consistently aside from one person's DoLS authorisation. The manager acknowledged that this had been overlooked and promptly submitted a relevant notification form the day after our inspection.

Staff meetings took place every month and the minutes of these meetings were shared with staff for discussion and learning. On joining the service, the manager introduced herself and reminded staff to speak openly about any concerns and respect each other to promote good teamwork. Staff were encouraged to share ideas for improvement which included the introduction of picture menus for people. Staff we spoke with felt well supported by the new manager and each other. One member of staff told us that the manager had "lots of good ideas" and listened to the staff team.

Throughout our visit, the manager was supportive, friendly and led by example. People often approached her for advice or assistance, she knew people well and how best to communicate with them.