The Brandon Trust

4 Piggy Lane

Inspection report

4 Piggy Lane
Bicester
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Date of inspection visit:
03 March 2017

Date of publication:
11 April 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected 4 Piggy Lane on 3 March 2017. 4 Piggy Lane is a service providing a home for people with profound learning and or physical disabilities. The service is located in two bungalows. Each can provide accommodation, care and support for five people. At the time of the inspection there were five people living at the service.

There was a registered manager in post at the time of our inspection. 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.

There were sufficient staff to meet the needs and preferences of the people who lived in the service. Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Staff understood their duty to report any concerns should they suspect abuse
Risks to people had been identified and clear plans and guidelines were in place to manage these risks without restricting people's freedom.

People's medicines were managed safely and people received them as prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for when people needed to live in the home and to be cared for safely but did not have the mental capacity to consent to this.

People were provided with food and drink that suited their preferences and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely, these were in place.

People had access to healthcare when they needed it and recommendations from healthcare professionals were followed.

People were offered choices regarding their day-to-day lives and were supported to participate in different activities. Staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

People were supported to access meaningful activities to meet their differing needs and interests. People's support plans provided information about the activities people enjoyed.

People and their relatives were encouraged to provide feedback on the quality of the service provided and staff acted on those comments. People and their relatives were provided with information on how they could make a complaint and how their complaint would be managed by staff.

The registered manager informed the Care Quality Commission of notifiable incidents, which occurred at the service. The provider had systems in place that monitored, and reviewed the service to improve the quality of care to people. Improvement plans were developed, and staff implemented any changes to the service to ensure people received effective quality of care.

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.

People were safeguarded from the risk of abuse and staff knew about their responsibility to protect people.

Risks to people's health and wellbeing had been assessed and appropriate measures were taken to ensure staff supported people safely.

People received medicines safely.

Is the service effective?

Good

The service was effective.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff promoted and respected people's choices and decisions.

People were assisted to eat and drink. Staff were aware of people's specific nutritional needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

Staff were compassionate towards people and attentive to their needs.

People received the care and support they needed and were treated with dignity and respect.

People were given information about the service in ways they could understand.

Is the service responsive?

Good

The service was responsive.

Support plans reflected people's individual needs and preferences.

People had access to a range of activities and were also encouraged to try new experiences.

The complaints procedure was explained in detail and available to people and their relatives.

Is the service well-led?

Good

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager was praised by staff. Staff told us they were able to approach the manager to raise their concerns and felt they were provided with good leadership.

Systems were in place to ensure that the quality of the service was continually assessed and monitored.

4 Piggy Lane

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 took place on 3 March 2017 and was unannounced. The inspection team consisted of three inspectors and an expert-by-experience. An expert-by-experience is somebody who has experience of using this type of service. The expert's area of expertise was adult social care.

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 records held by us about the service including notifications. 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 potential areas of concern at the inspection.

Some of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views on their experiences. We relied mainly on our observations of care and our discussions with people's relatives and staff to form our judgements. During the inspection, we spoke with two people living at the service and three care workers. We also spoke with two team leaders, one member of staff, one agency staff member and the registered manager. We completed general observations of the service, reviewed four people's care records and medicine administration records (MARs).We also looked at records relating to the maintenance of the building and the management of the service.

Good

Is the service safe?

Our findings

Observing the interaction between people and staff throughout the day, we noted that people felt very comfortable and relaxed in staff's presence. People smiled at staff and willingly initiated interaction with them during our inspection. We also found that the home had clear policies and procedures in regard to safeguarding. One person's relative said, "I know [person] is safe living there".

Staff were clear about their responsibilities towards people and demonstrated a clear understanding of what constituted a safeguarding matter and how to report this. One member of staff told us, "You can recognise signs of abuse. For example, change in the behaviour, fingermarks, change in the mood or you can observe people's body language". Another member of staff told us, "I would report this to my manager. This would be dealt up to the letter according to our safeguarding policy".

Risk assessments clearly identified peoples' risks and provided staff with clear guidance on how to manage them. Examples included health-related issues, behavioural challenges, participation in household tasks, mobility and safety awareness. The assessments enabled staff to support people in a safe way whilst assisting them in activities or interests of their choice. The risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

People lived in a safe environment. Records showed that safety checks of fire, electrical and gas systems were carried out to ensure these systems were safe. The equipment used in the service was also safety checked. For example, portable appliances tests (PAT) checked the safety of electrical equipment. This meant that the equipment was safe for people to use.

Staff told us and rotas confirmed that people were supported by a sufficient number of staff who the appropriate skills, experience and knowledge to meet people's needs. The registered provider had robust recruitment processes in place to ensure staff were able to provide people with safe and efficient care and assistance. Staff had completed an application process and the registered provider had completed pre-employment checks to ensure the suitability of staff. The registered provider had undertaken criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff recruitment records included the documents used in the application process, including personal identification and employment references.

We noted agency staff were employed to cover shifts at times. This was recorded clearly in the rota. We were told that as long as it was possible, the same agency staff worked at the home to ensure consistency of care. The service had received confirmation from the agency that the staff
provided were fit and safe to work in the home. The registered manager checked this using information obtained from the agency, for example DBS reference number.

There were effective Infection control procedures in place. These included Food Hygiene procedures (e.g. checking food temperatures, labelling food kept in the refrigerator and colour coded chopping boards).

There were in-house Control of Substances Hazardous to Health (COSHH) and environmental risk assessments. All accident and incidents were appropriately recorded.

A fire evacuation plan was in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency plans (PEEP's). Each document was individualised to the person concerned. For example, one person's PEEP detailed their mobility needs and the additional support they required in the event of a fire.

People's medicines were managed safely. We saw medicines were stored safely and regular stock checks were carried out. Staff we spoke told us and the training records confirmed they had received medicine management training and their competency to administer medicines had been checked. People's medicine administration records (MARs) were completed accurately to confirm they had received their medicines as prescribed. For example, there was a record of people's medicines and any allergies to particular medicines they had.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People who used the service said that staff were well-trained and knew their needs. One person's relative told us, "The carers are knowledgeable about my brother's condition".

The provider followed the Care Certificate induction programme for new staff. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. This meant the provider was following good practice as part of staff's induction into social care. Staff told us they were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. All new staff were completed a six month probationary period and had comprehensive induction training to prepare them for their roles.

People were supported by staff who had supervisions (one-to-one meetings) with their line manager. Staff told us and records confirmed that supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I can request my supervision any time. I find our supervision meetings really useful. We can discuss any problems or issues as well as positives like what went well".

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and had been recorded as required. External healthcare representatives and family members had been involved in the assessments to help ensure the person's views were represented. For example, we saw evidence of a best interest meeting for a person who needed to use bed sides. Staff recognised their responsibility in ensuring people's human rights were protected. A member of staff told us, "We have to assume that people have capacity unless proven otherwise. If people are lacking capacity, then things like best interest meeting, use of advocacy or lasting power of attorney are organised to make a decision in peoples' best interest".

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). At the time of our inspection, there were five DoLS applications in place. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

People were involved in planning their menus for each week. People were supported to make choices using their preferred method of communication. For example, there were pictures available for people to choose what they wanted to eat if they were not able to verbalise their choices. People could change their minds

and choose meals not on the menu if they wished to. We saw there were fresh vegetables and fruit available to people. The wide range of dietary options helped people to maintain a healthy diet and therefore prevented deterioration in their health. People's dietary needs were met. For example, a pureed diet which reduced the risk of choking. One person's relative told us, "He was moved to Piggy Lane in December. Since then I have seen a rapid improvement in his appearance and weight. He is well presented and looks healthy".

People's care records showed relevant health and social care professionals were involved in people's care, such as their GP, a speech and language therapists (SALT) and members of the local Community Learning Disability Team. We saw people's changing needs were monitored, and any changes in their health needs were responded to promptly. One relative told us, "I'm really impressed with the primary medical care he has received since he came to Piggy Lane. He had issues with his teeth that has recently been addressed".

Good

Is the service caring?

Our findings

People we spoke and interacted with demonstrated they felt staff were caring and had earned their trust. Some people said "Yes" and smiled when asked if they liked the home and the staff. One person's relative told us, "I feel the staff are very caring and compassionate to my brother's needs". Another relative told us, "I can honestly say that if I die tomorrow, I know she is in safe hands".

Staff showed kindness and compassion whilst providing people with care and support. We saw that staff took time to talk to people to make them feel supported and comfortable at the service. For example, we observed care staff talking to one person and then give them assistance with a drink and a snack. They talked to the person about their day and about what they had planned for the weekend. The person appeared to be happy to have a friendly chat with the staff member. There was friendly banter between people who use the service and staff.

People and their relatives were involved in the planning their care. For example, assessments were person-centred and people's individual care and support needs were taken into account. The care assessments specified the support people required, for example support with personal care. The assessments also contained information on the activities people enjoyed doing. People's needs were regularly assessed which provided people with an additional opportunity to make decisions about how they wanted to receive care and support.

People were supported and enabled to make choices regarding various aspects of their lives and the care provided reflected this. People were encouraged to choose their food and drinks, the activities they wished to join, and day-to-day decisions. For example, people could make choices about the times when they got up and when they went out. People's independence was promoted and staff described how they only provided people with help and assistance when clearly needed it and encouraged people to take on responsibilities such as washing up the dishes.

Staff ensured people's privacy and dignity were maintained while people were being provided with care and support. For example, we observed staff knocking on people's bedroom doors and waiting for a response from people before entering their rooms. Staff respected people's privacy.

People had regular contact with the individuals who mattered to them. People maintained relationships with people outside of the home and arrangements were made to support people to visit friends and relatives if they chose to do so. Relatives and friends were encouraged to visit people at the service. People had developed relationships with people from outside their service and were encouraged to invite them for a visit as they wished. One of the relatives told us, "I have really good access to visits with my sister. They are actually going to take her out for lunch with me sometime next week. This is very good as I find it hard to travel about myself".

An advocacy service as well as an Independent Mental Capacity Advocate (IMCA) were available to support people and enable them to express their views and promote their rights. IMCAs are safeguards for people

who lack capacity to make some important decisions. IMCAs ensure the right to receive independent support and representation for people who have an impairment, injury or a disability making them unable to make a specific decision for themselves. Visits of IMCAs were recorded in people's support plans.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave detailed descriptions of the people supported. People were provided with activities, food and lifestyles that respected their choices and preferences. Care plans included 'essential life plan" which noted people's religion, what they preferred and enjoyed and how they expressed themselves. One person had their religious needs met by the service with many religious items displayed in their room.

People were encouraged by the provider to personalise their room. People's bedrooms were decorated to reflect people's interests and hobbies.

People's records included their decisions about their end of life care. The end of life care plans recorded people's wishes and choices as to what was to be done after their demise. For example, the plans contained details of people's wishes regarding funeral arrangements. This showed that the service had a caring approach and respected people's end of life wishes.

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People received the care they needed in ways that suited them. Staff reviewed and discussed people's current care needs with people and, where appropriate, with their relatives. This ensured continuity and consistency of care. Staff knew people well and were able to describe recent changes in their support needs with confidence.

Relatives we spoke with were positive about how responsive the service was to people's changing needs. One relative told us, "We are really happy with the responsiveness of staff. We are in regular contact with staff via telephone so we are always updated about his health".

The assessments and care plans were reviewed and updated each month. People and their relatives were involved in reviews of their care with their keyworker or an appropriate health or social care professional. People received person-centred care and the care plans showed that people and their relatives had been consulted and involved in preparing the support plans. One person's relative told us, "At [person's] last review meeting we were skyped into the meeting. This was great as we live in Scotland. This was an exceptional example of care and involvement".

The plans contained details of what people wanted to achieve and the support they needed in order to reach their goals. For example, as we saw in the activities section of one person's plan, the person had wanted to see a burlesque show. This had been arranged by the provider and we saw photographs of the person enjoying the show.

Care plans contained personal histories and details of relationships that were important to each person. People's care plans also contained information about life skills and the level of support people required. Staff used this information to prompt their interactions and conversations with people.

People's care plans contained person centred-information about people's individual health and support needs. A separate support plan was in place for each identified area of need. People's support plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Our review of the support plans confirmed that this review had taken place.

People's social care needs were met by the service. Staff encouraged people to attend activities outside of the service and we saw evidence of trips to the seaside, wildlife parks and a space station. Staff supported people with the activities they enjoyed in the home. For example, staff knew a person was fond of games and puzzles. A part of the communal area had been arranged for the person so they could keep their favourite puzzles and play with other people and staff.

The registered manager arranged regular residents' meetings. People were encouraged to participate and their views were listened to and action taken. For example, people were involved in planning their holidays. A record of each meeting was available in an easy-to-read format so people were able to review it and they had a copy for their records.

The provider had a complaints policy and procedure. Copies of the complaints policy and procedure were available in the communal areas in an easy-to-read format so people were able to understand it This meant that people and their relatives knew how to make a complaint. No complaints had been raised since the service had been registered.

Good

Is the service well-led?

Our findings

There was a positive culture within the home. The registered manager had a good knowledge of all the people living at the home. They were familiar with each person's individual needs. They were also knowledgeable about the staff team they supported and had a clear understanding of their roles. Staff told us the manager had clearly defined roles and responsibilities and worked as part of the team. A member of staff told us, "The service is really well-managed. We work well as a team and we know our roles".

Staff told us that they felt supported and listened to. A member of staff told us, "They registered manager is very good, very approachable. I feel supported by her. If you have any problems this is sorted out straight away". Another member of staff said, "This is the best job I ever had. They have been really accommodating to my needs".

Staff were passionate about their job and sharing the values of the provider. A member of staff said, "Our values are effectiveness, caring, equality and diversity. We are here only to support people, their lives belong to them and they are to make decisions about their care".

We reviewed the service's policy and procedure file which was available to staff in the office. The file contained a wide range of policies and procedures covering all areas of service provision, with both people and staff taken into account. We saw the policies and procedures were up-to-date and regularly reviewed.

There were regular staff meetings which were used to keep staff up-to-date and to reinforce the values of the organisation. The meetings were an opportunity to explain to staff how they were expected to work. Staff told us they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. For example, staff told us they had talked to the manager about the difficulties they had experienced in communicating with one person. The person had only been able to speak their mother tongue which had been a foreign language. A solution to the problem had been found and staff had shared information about key words from the foreign language. As a result, the communication with the person had improved.

The service also organised regular team leaders' meetings. One of the team leaders told us, "I find the team leaders' meetings really useful. There are three of us and we catch up to check how we are working, how we sort out problems if they arise and we try to adapt this same approach to provide consistent continuity of care".

People and their relatives were encouraged to share their views and suggestions with staff, the registered manager, and the provider through a quality assurance survey. The provider analysed the survey responses people and their relatives made. People and their relatives provided positive feedback that demonstrated people were happy with the service and the care provided.

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits

were used to develop action plans to address any shortfalls and plan
Improvements to the service. The audits followed the key lines of enquiry used by the Care Quality Commission and assessed how well the service was performing. We looked at the findings of one quality assurance audit. This audit found no issues to be addressed by the provider.

The constant drive for improvement was visible in the service. The service had been awarded a grant from Dream Found to improve their patio. The improvement had been discussed with people and their relatives. The service was also planning to purchase new sensory equipment so it could be used in the sensory room or in people's bedrooms. This means that people who were not able to access the sensory room would receive the stimulation in the comfort of their own environment.

The provider organised an annual award ceremony where a board of individuals representing all the people supported by the service awarded people for their achievements, independence, community participation, improving their health and fitness and embracing a challenge. One of the people nominated by the service had been a runner-up in the 'Overcoming a Challenge Award'. This had given the person a boost and motivation to recover from a stroke.

The service had strong links with the local community, which were maintained through fundraising and social events. For example, youth workers had raised money for the service by organizing and participating in a Santa Fun Run. They visited the service and said they were going to keep in touch and include the service in their fundraising efforts in the future.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform the CQC of events occurring at the service. The CQC had received appropriate notifications from the service.