

The Brandon Trust

7 Pizey Avenue

Inspection report

7 Pizey Avenue
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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 14 October 2018 and was unannounced. This was the first inspection of the service since it was registered in 2017. 7 Pizey Avenue is a 'care home' that provides respite, short stays and emergency placements. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to four people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were three people staying in the home. The home was a two-storey detached property with an open plan kitchen dining area and lounge with access to a secure garden. There was also a single self-contained annex and enclosed garden. The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk of seizures or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner.

Medicines were administered and managed safely by trained staff. Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who received an induction and on-going training that enabled them to carry out their role effectively.

People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred

method of communication and were actively supported to have control of their day to day lives.

People had their dignity, privacy and independence respected. People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

A complaints process was in place, people and families felt listened to and actions were taken if they raised concerns. The service had an open and positive culture. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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.

There were enough staff to meet people's needs and staff were recruited safely.

Medicines were managed safely and staff had received training in medicines administration.

Staff had received training in safeguarding vulnerable adults and were able to describe how they would identify and raise potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had the training they needed to provide effective care and support to people using the service.

Staff understood people's nutritional care needs and made sure they received varied and nutritious meals in the service.

People received support with their health care needs from their GP, other NHS services and specialist learning disability services.

The service provided a good standard of accommodation with sufficient private and communal space for people to spend time on their own or with others.

Staff sought consent from people when they provided care and support. People were not deprived of their liberty unlawfully.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. They understood the care needs of people they supported and treated them with respect and compassion.

People's care records showed that care staff involved them in

making decisions about their care and support.

Throughout the inspection we saw that care staff respected people's privacy and dignity and encouraged independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them.

People's diverse needs were recognised and care plans offered guidance to staff about how best to support people.

Systems were in place to listen and respond to concerns.

Is the service well-led?

Good ●

The service was well-led.

The service's quality monitoring processes provided an overview of the service and identified areas for improvement.

The service engaged positively with people and their relatives, providing information and listening to feedback.

Staff were positive about the culture at the service. Staff told us that they attended regular meetings with the manager and that they felt listened to.

7 Pizey Avenue

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 site visit took place on 14 October 2018 and was unannounced. The inspection was carried out by a single inspector. Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is how providers tell us important information that affects the running of the service and the care people receive.

We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service. 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 spoke with one person who used the service. We received feedback from two relatives and two health care professionals. We spoke with the registered manager. We met with three support staff. We reviewed six people's care files, six medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at eight staff files, the recruitment process, complaints, and training and supervision records. We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

People who lived at this service were not easily able to tell us their views. One person told us that they liked the staff and were always happy with how they treated them. We saw that people looked comfortable and relaxed in the home and with the staff who were supporting them. A relative told us, "I'm confident that [name] is safe and more than happy with how well they are being well cared for when they are at Pizey Avenue."

People were protected from the risk of potential abuse. Staff told us that they had received training that ensured they were able to protect vulnerable people from bullying, harassment and avoidable harm. They were able to explain how to identify and report different kinds of abuse. Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. One staff member told us, "I've never witnessed anything like that here, but I know I can challenge poor practice. I feel comfortable to do this. I have faith [name] (the manager) would follow up any problems. It's a very open culture here. No bad practice would go unchallenged." We discussed the homes procedures for reporting safeguarding to the local authority (LA) who are responsible for investigating with the registered manager and found that most staff were clear about the procedure. One social care professional explained "The staff and manager were responsive regarding a safeguarding adults concern. Making the process more inclusive of family, who were advocating on behalf of the service user."

We found that risk management had a high profile and was a central part of working with people. People were protected from identified risks they could be exposed to. Each person's assessment included their ability to access the community and environmental risks. A range of health and social care professionals such as psychologists and care coordinators were involved in assessing and reviewing the risks to people to ensure plans were safe. One social care professional told us, "The service has a positive risk approach. Staff knew triggers to people's behaviours which could place them at risk. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily. These risk assessments were up to date, regularly reviewed and gave clear steps for staff to follow. This enabled people to take part in activities both in the home and outside.

We saw that the provider had systems in place to ensure that staffing levels were safe and met people's needs. The provider information return (PIR) stated that the staffing budget had flexibility to meet the needs of people living in the home. We looked at the staff duty rotas for a four-week period which confirmed staffing levels were flexible to meet the individual needs of people using the service. Senior team members were available on call throughout the night and at weekends in case of an emergency.

People had their support delivered by staff suitable for their role. Recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references. We saw relevant checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

We saw that people's medicines were stored securely to prevent them being misused and procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medicines had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health. We observed staff giving people medicines and that another member of staff double checked quantities.

People were kept safe in their living environment through appropriate health and safety risk checks such as maintenance contracts, fire checks, gas and electrical checks and infection control audits. We walked around the building and found it safe and secure. Effective infection control measures were in place. We saw records related to the premises and to the equipment in the home. The environment was as safe as possible. The service had a contingency plan in place for any potential emergency. We saw that incidents and accidents had been reported and investigated by the registered manager. They told us that they looked for any patterns so these could be addressed. Staff we spoke with understood their responsibilities in reporting and dealing with serious incidents. The provider had suitable policies and procedures in place.

Is the service effective?

Our findings

Social care professionals commented, "I could not wish for a better provision" and "Staff are very professional." A staff member told us, "The training is good and covers everything we need." We saw that staff supported people in a gentle manner when needed and kept a distance to allow people to enjoy their own space freely. People's needs were assessed before they moved into the service. The registered manager told us that only when they were certain a person's needs could be met, and they would fit into the service, did a placement go ahead. We saw that assessments were thorough and included the religious and cultural needs of the individual concerned. The registered manager explained that they would not take on any care packages unless they had the staff available and could meet people's needs. One social care professional told us that "the team leader has been responsive to attend professionals' meetings when crises arise and regular educational meetings, including providing valuable contributions and supporting with crisis resolution."

Relatives told us that they had been fully involved in planning the care and support for their loved one. The provider ensured that the staff had the right skills, experience to work with the individuals, and considered people's cultural needs. People received care and support from staff who had the skills, knowledge and experience to undertake their given roles within the service. The registered manager told us they introduced new staff to people living at the service before they started to provide any support. Staff told us that they completed shadow shifts and then worked with a long-term member of staff until they felt they were ready and were assessed as being competent to work alone. There was an induction programme in place for all new staff and their skills and knowledge were tested, plus observations as to how they interacted with everyone. One member of staff told us "[Name] (the registered manager) was clear about how I should start work and I got to know people living here before fully being allowed to provide support."

The staff spoke positively about their training and felt they had all the relevant training they needed to support people. One staff member said, "We can always ask if we need extra training or if we want to know about anything new or a certain condition." The induction programme included questions and discussions to show staff had fully understood the training. All staff were monitored to make certain their training was kept up to date, ensuring practices and knowledge were current. Staff had regular supervision, observations conducted by the team leader and appraisals. These provided an opportunity to discuss any matters of concern or any additional training they were interested in as well as personal development.

People living at the service were involved in deciding what meals they had each day. We saw from the sample of care records we looked at that support plans included information about people's food and drink preferences and if there were any needs about nutrition and diet. Staff told us that they tried to encourage healthy choices or at least a maximum of sweet treats to support a healthy life. We saw detailed information in support plans

People's medical needs were assessed, and records showed they had ongoing healthcare support from a range of professionals when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were encouraged to make decisions about their care and their daily routines. Staff asked individuals for their choice and gave time for the person to consider the question and to respond. Records showed that assessments were carried out to determine a person's ability to make specific decisions and the DoLS team involved where necessary. One social care professional commented, "One young person on my caseload still attends Pizey and I have observed them appearing relaxed and comfortable within the environment. and noted that restrictions within the home are minimal which increases the young person's independence within the home and develops their skills."

The premises were suitable to meet the needs of the people living there. There was a range of shared areas for people to access and we saw that people were able to make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. There was an accessible garden area. We saw that there was easy read signs and information displayed around the home, so information was accessible.

Is the service caring?

Our findings

Staff were able to tell us how they promoted people's independence and people had plans in place to support their life skills in relation to day to day tasks. We saw that people were supported to become more independent with personal care tasks and plans and individual goals were in place for each person to support this development. Staff told us that people staying at Pizey Avenue were encouraged to do as much as they can for themselves with staff support only when needed.

We found that staff responded well to people. During this inspection we spent time in the communal area and saw that staff interacted with people in a friendly and caring manner and there was always staff around. There was a calm and relaxed atmosphere within the home. We saw staff sitting with people and providing comfort and support to people when appropriate and at other times we saw that staff observed and sat quietly with people. We saw that staff had worked with people to produce information in a creative and person centred way showing the personal goals that people were working towards achieving and this was kept in the bedroom whilst the person was staying at Pizey Avenue and then locked away in the office until they stayed again. We saw that there was a system in place for ensuring that care records and other confidential information was kept secured.

Throughout the inspection visit we saw people were supported to make decisions about their daily living. People were given focused choices, according to their individual diverse needs and staff involved them in making decisions such as where and how they wanted to spend their time. Staff also used some basic Makaton signs to help them support people more effectively. We saw that people were treated as individuals and offered individual activities, outings and meals, as well as being invited to take part in group activities.

We observed staff responded to people with compassion and we saw that people were relaxed and comfortable with staff. Staff we spoke with were able to tell us about people's care and support needs and any associated risks. Care plans contained details of people's likes and dislikes and their preferences for care. Conversations with staff confirmed that people were valued and supported to express themselves in ways that reflected their individual and diverse preferences. Staff were knowledgeable about people's needs and supported people to meet them including people's dietary needs and suitable activities.

Staff spoke with told us that the home was an open and welcoming environment and people would be protected from any form of discrimination. People's privacy and dignity was maintained. When staff talked with people about their support they did so away from others, so they were not overheard. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care. One person requested that they had a shower and washed their hair before going home and staff supported the person to do this. We saw that people who required support with choosing their clothing had been supported to dress in suitable clothing for the weather conditions and in a way that promoted their dignity.

The registered manager told us that if any person expressed a desire to express their sexuality, they would ensure the person was safe and encourage the person to have privacy. The registered manager was actively

seeking out specific support and training in order for staff to support people appropriately. This meant that the service is aware and would support people to understand their personal needs.

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's initial assessment and that guidance was provided to staff on how they should support the person to communicate their needs. For example, we saw that for one person short sentences should be used. The care records clearly stated how staff should communicate with people in a way that they would be comfortable with and referred to non-verbal cues that would indicate the person's wishes. For example, one person would point to their lips when they wanted a drink. The staff we spoke with displayed a good understanding of people's specific communication needs.

Is the service responsive?

Our findings

People were supported to make choices and make decisions about their daily life. Staff told us how they involved people in making choices and decisions about their care. We saw from people's support records that other people including family members and care professionals were involved in discussions about their care. We saw that people had been supported to visit the home prior to deciding about coming for respite. The registered manager told us, and records showed that initial assessments had taken place to identify people's individual support needs and their suitability to stay at Pizey Avenue. We saw staff knew people well and used different ways of communicating with people, so they could be involved in decisions about their care. Records we saw showed us staff had considered people's individual needs, preferences and goals when planning their care.

People were supported to take part in a range of activities within Pizey Avenue, local and wider communities. Staff explained that some people attended local schools and college courses. On the day of our inspection one person had gone out in the service's car with staff. Staff confirmed to us that this is what the person had chosen to do. We saw in support plans that each person had an activity plan and staff told us that they tried to keep to this but it all depended on what people chose to do. Staff told us that both individual and shared activities take place. A staff member told us, "We may travel somewhere together and then go around separately". Staff confirmed that the service had two cars for people to use.

None of the people or their relatives we spoke with had wanted to make a complaint about the care provided, as they were happy with the support given. Staff knew what action to take to support people, if they wanted to raise any complaints or concerns about the care provided. The registered manager confirmed no complaints had been received in the previous twelve months and the hoped that the open and honest dialogue they encouraged with people, relatives and professionals was the reason for the lack of formal complaints. We saw there were systems in place to manage and monitor complaints if these were made.

Pizey Avenue had had a number of cards from relatives with comments including "Thank you so much everyone for looking after [name], you are all amazing" and "I wanted to say how pleased I am that [name] is doing lots of activities, a great improvement."

No one who stayed at Pizey Avenue had any end of life plans in place as the service only caters for young people up to the age of 25.

Is the service well-led?

Our findings

Staff spoke positively about the way the service was run. They told us, "[I am] confident in the way things are run. I really like coming here" and "It's a lovely place to work. The [name] and [name] (registered manager and team leader) are really good." Families said the service was, "...very good" and "Very well managed." The service provided an open and inclusive culture where staff felt they could discuss any worries or concerns they had. They told us they were provided with constructive feedback during supervisions and that supervisions were an important part of ongoing improvements for them, both professionally and personally.

The registered manager understood the need to be consistent, to lead by example and be available to staff for advice and guidance. Records of staff meetings showed that staff were asked for their input in developing the service, we saw all the people who used the service were discussed so all staff were up to date with any changes. When required, systems were in place to enable the registered manager to investigate behaviours that may affect the performance of staff.

The service worked in partnership with other professionals. We saw regular ongoing contact from learning disability professionals to support staff and people using the service. We received positive comments from a social care professional "Manager and team leader are approachable, and the team have a partnership working approach."

The providers' mission statement was developed with staff, people who used the providers' services and their families. It was underpinned by a set of values which were supportive, accountable, fun and empowering. The mission statement formed part of staff induction to promote the values and ensure they were continually put into practice. Staff told us they felt able to question practice and report any concerns to the registered manager. They confirmed they were confident their concerns would be dealt with appropriately and investigated in accordance with the service's policies and procedures. Staff said they looked forward to coming to work and felt part of a team which provided support to people in an individualised way.

People and their families were involved in the service helping to drive improvements. The provider carried out yearly surveys of people, families and stakeholders, these were analysed, and the results published on the providers website along with an annual providers report and individual reports for each of their services. Feedback we received described the service as good.

There had also been a recent visit from the local authority contracts and compliance team and the outcome of this visit had been positive.

The service carried out a system of regular audits to drive continuous improvements and learn from current performance. These included medicines, health and safety, infection control and risk assessments. Records showed any actions required were completed and signed off by the responsible person. The provider understood their responsibilities in reporting significant events to us in line with the provider's registration.

