Mr R & Mrs C Fagbadegun

The Brandles

Inspection report

23-25 Birks Drive, Bury, Lancashire. BL8 1JA
Tel: 0161 797 6367
Website:

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection, carried out over one day. We inspected the service on 22 May 2015.

The Brandles is located in Bury, Greater Manchester. The service provides accommodation without nursing for up to seven people with mental health needs.

During this inspection we only looked at the care and support provided to people who used the service.

There was a lack of understanding within the service and from the staff as to the implications of the Mental Capacity Act 2005. We did see throughout the day that staff took peoples capacity informally into account but needed to develop their understanding formal legal processes that they need to meet.

There was 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.

Staff demonstrated a clear understanding of the individual needs of the people and support was provided with kindness and compassion. People told us they were happy with the support they received and were complimentary about the staff and the manager.

Summary of findings

Staff were appropriately recruited, trained and skilled in providing support in a safe environment that met people's individual needs and promoted their independence.

All staff received a thorough induction when they started work and fully understood their roles, responsibilities, the values and philosophy of the service.

Throughout our inspection we saw examples of support that helped make the service a place where people felt included and consulted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had effective systems in place to manage risks to people who used the service without restricting their activities.

People received their medication as prescribed by a doctor.

Staff were appropriately recruited and checked that they were suitable before they started working in the service.

Good

Is the service effective?
The service was not always effective.

We saw that people and their families had limited involvement in the written planning of their support. We saw that people were asked about their preferences and choices and this was taken into account.

The service had some arrangements in place to support people to give valid consent for support and care. However this was not a consistent practice and we saw that some decisions had been made without regard to the Mental Capacity Act 2005 and its associated Code of Practice.

The environment had been designed to meet the meet the needs of the people. It was presented in keeping with a domestic environment.

Requires improvement

Is the service caring?
The service was caring.

We saw that staff had a good rapport with people who lived in the service.

Staff supported people in a manner that was respectful, maintained their privacy and dignity and promoted their independence.

Activities were supported that promoted social, practical and life skills.

These activities were integrated within people's care and support.

Good

Is the service responsive?
The service was responsive.

Staff communicated effectively with people who used the service which enabled them to express their views about their care, wishes and outcomes of their support.

Care planning was available that looked at individual needs and was kept up to date. This informed staff of people's individual needs and how to meet them.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led

There was a positive culture at the service where people were included and consulted.

Staff felt well supported and were aware of their rights and their responsibilities to share any concerns about the support provided.

We saw support in place that was led by the needs and wishes of people who used the service.

The Brandles

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 was carried out by one inspector and took place on 22 May 2015. Before the inspection we reviewed the information we already held on the service and contacted the local authority who funded the care for people living in the service. We also contacted the Local Healthwatch. Healthwatch is the new independent consumer champion created to gather and represent the views of the public.

During our inspection we observed how the staff interacted with people and the support t they provided.

We reviewed four people's care and support records, three staff files, staff training records and records relating to the management of the service such as audits and policies and procedures. During the inspection we spoke with all of the people who lived in the service, the registered manager and the registered provider.

A tour of the service was undertaken to review the facilities available.

Good

Is the service safe?

Our findings

People told us "I feel safe at all times, the staff are really good. I got lost once and they came looking for me straight away." and "I like to go out on my own, I've a mobile with the number for the staff so if I need them I can find them".

We saw that the provider had taken account of peoples individual needs in order to determine staffing levels. The majority of the people living in the service were physically and socially independent. They undertook the majority of their daily living tasks such as cooking, shopping, ironing etc. with supervision from staff. There was always one member of staff on duty and other members of staff available to attend if needed. If a person wanted staff in attendance for hospital appointments, as an example, a staff member would be made available in addition to the staff member who was supporting people in the service that day.

All staff were recruited appropriately. We saw that references were validated and Disclosure and Barring Service, (DBS) checks were undertaken. Although the service did not always explore any gaps in the persons working history no member of staff was allowed to start work until all their references and a DBS was completed. New staff members shadowed a colleague before they were allowed to work on their own.

We looked at how the provider managed medicines for people. We found the process was not always followed with regards to clearly recording the instructions needed for medicines on the medication administration record (MAR). On checking the medicines it was evident that people did receive their medicines as required. It is recommended that the service makes sure that practices regarding the administration of medication meet the NICE guidelines for the management of medication

All of the staff we spoke with explained how they would recognise and report any allegations of abuse. Staff told us, and training records confirmed that staff do not receive regular training to make sure they were up to date with the process for reporting these potential concerns. We spoke with the manager who was aware of how to report safeguarding concerns. A recent safeguarding had been reported to the local authority by the service and appropriate action had been taken.

Each of the care records we saw had an up-to-date risk assessment. People had management plans for any risk that had been identified. We spoke with people living in the service they informed us that they were fully involved in how any risks were managed and arrangements to maintain their safety was discussed with them. Staff demonstrated that they knew the details of these plans to manage any potential risks. All the risk management actions recorded took into account the individual needs of the person and endeavoured to support them in a manner that did not restrict their choices.

People participated in their preferred activities and staff managed any risks in a positive way. For example we saw that people were supported to access the community if they wished and were encouraged to be as independent as possible.

Records showed that staff recorded incidents and accidents that happened in the service. The registered manager used this information to monitor and review any incidents and take the appropriate action to reduce the risk of them happening again. Staff were then informed about any changes that had been implemented in consultation with the person.

We saw from the policies and procedures that in an emergency staff could contact external medical support. Staff explained the actions that they would take and this included obtaining advice from the medical professionals or an ambulance to hospital if needed.

Requires improvement

Is the service effective?

Our findings

In discussion with people who lived in the service they told us that they were able to influence what they did each day. The majority of the activities that they undertook where accessed independently. We observed that people left and returned to the service without restriction and that staff were aware at all times of where the people were.

All the staff we spoke with had completed a variety of training specific to the needs of people who use the service such as health and safety, moving and handling and first aid as examples. We were made aware by the staff and the manager that additional training was needed with regards to the (Mental Capacity Act 2005), person centred care and safeguarding adults. Our observations throughout the days showed that whilst the service and the staff were not fully aware of their legal obligations under the Mental capacity Act 2005 and its associated codes of practice, staff were obtaining and acting appropriately on people's wishes and consent. It is recommended that all staff receive appropriate training to meet the legal obligations of the Mental Capacity Act 2005.

The registered manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 18 or over. They were also well-informed about the wider legal context of people's competence to consent to treatment and care.

We viewed care records and observed how staff supported people to make decisions and obtain their consent. The practice within the environment was to take account of each person's needs and make sure that they had been supported appropriately to give their consent for all practices. For example the people who used the service were supported to choose and cook their own food. This included assisting them to form menus of their choice, buying food and cooking the food of their choice. Information was used to assist the people to choose healthier options to assist them to make informed decisions.

The environment was in keeping with a domestic environment with comfortable soft furnishings, kitchen facilities and dining areas suitable to meeting individual needs. There was a smoking area set up outside of the service that was widely used during our inspection by people who lived in the service.

Good

Is the service caring?

Our findings

The people told us they were happy with the care and support they received at the service. Several people told us that this was their home, they felt cared for and well supported. One person told us “I can’t fault it, I’ve had problems but I’m happy and secure here”, another told us, “It really is my home. The staff are fabulous any problems and they are there to help. I couldn’t really ask for anything better”.

We observed that staff interacted with people in a manner that met each of their individual needs. This included calming one person and playing games with another. We saw staff prompted a response from a person and encouraged them to say what they were thinking.

We discussed with the manager the use of independent advocates to help promote individuals rights. The manager explained that whilst this was not currently available they had recently started to do some work on making sure that an advocacy service was available for people as needed. .

We observed staff treating people with dignity and respect. The staff promoted privacy and dignity by making sure that people were supported to maintain their independence and enabling them to take control of their lives. People’s bedrooms were personalised to their preferences.

The service kept any private and confidential information relating to the care and support of people secure. People had access to private spaces in the service. People we spoke with confirmed that staff respected their privacy and need for time alone.

At the time of our inspection no people were receiving end of life care. The service has been operating for a number of years and the majority of people had aged within the service. The manager told us that they were aware that they needed to consider end of life care in line with peoples changing needs. As a result they were looking at what training staff needed for this area.

Good

Is the service responsive?

Our findings

People told us that staff spent time with them when they first moved into the service in order to make sure that they identify their care preferences and future wishes. Care records contained information about the people's future wishes.

A review of the care records showed that they were very large documents and were in need of reorganising in order to be easily accessible. The people living in the service were able to vocalise their needs and what they wished clearly to staff. We saw examples during the inspection were staff anticipated the needs of people and supported them appropriately. We discussed with the manager how people who used the service accessed their care records and were involved in their individual care. The manager explained that at least every six months the service went through the care plans with the individuals and discussed the plan with the person. The manager stated that she had inherited some paperwork but was reviewing ways to simplify the care records with people who lived in the service.

During the inspection we saw staff responded to the people's physical and emotional needs promptly. They also made every effort to meet the individual requests of the people. Staff had identified the need for some of the people living in the service to undertake activities in the community. This included supporting people to undertake voluntary work such as walking the dogs in a local animal rescue centre.

The provider had received no complaints since our last inspection and we had not received any concerns. We saw there was an appropriate system to monitor and investigate any complaints. The complaints procedure was included in the information given to people when they moved into the service.

Good

Is the service well-led?

Our findings

One person told us, “Its absolutely excellent all the staff and manager know what’s happening and make sure that there is nothing more that can be done. They keep me informed and remind of what I need to do, when I need to do it”

The service has a registered manager who has been in post less than 12months. At one point the manager stated that she thought that the service although very caring had “mothered” people who lived in the service. She explained that care records did not contain aims and objectives that were structured to meet people’s individual needs. The manager also explained that she intends to review the records to include clear information that maintains and promotes the independence of people. Our review of the records confirmed that care records did not highlight what skills or support people were to need in order to further promote their independence.

We looked at how the service checked on the quality of the service. Although there was some checks such as medicine counts and the manager read care plans and undertook supervision with staff as to their competency. These were not all fully formalised. We also saw that policies and procedures whilst available were in need of updating in line with changes in legislation over recent years. Following our inspection we received information from the provider that showed they had looked at the system, they had update the information know as statement of purpose to reflect some of their quality changes and had arranged for all the policies and procedures to be updated.

All the staff we spoke with confirmed that they understood their right to share any concerns about the support in the service. Policies and procedures for this were not clear it is recommended that the service reviews its policies in line with current legislation and best practice guidelines. We saw records that showed that staff meetings took place and the development of the service was discussed at these. The provider sought feedback from the staff through a staff meeting and used this feedback to make changes to the service.

Surveys were not sent to the people who used the service This was because the service consulted with them on a daily basis and adjusted the service to meet their expressed needs. Observations of practice and care were used to adjust and improve the service. The service has a maximum of seven people at any one time. During the inspection we observed discussions were people’s views were freely sought and used to develop the meals and activities undertaken that day.

There was a clear management structure within the service. The staff we spoke with were aware of the roles of the manager and provider they told us that both were approachable and had a regular presence in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.