

Bridgewood Trust Limited

Grandsmere Place

Inspection report

1-1a Grandsmere Place
Manor Heath
Halifax
West Yorkshire
HX3 0DP

Tel: 01422381775

Date of inspection visit:
28 April 2016
11 May 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

On the 28 April & 11 May 2016 we inspected Grandsmere Place. At the time of our inspection, there were four people living there. This was an unannounced inspection.

The service was last inspected in November 2013 and was fully compliant with the outcome areas that were inspected against.

Grandsmere Place provides accommodation and support to people who have a learning disability. It is part of the Bridgewood Trust organisation; a voluntary organisation providing a range of services for people with learning disabilities in the Kirklees and Calderdale area of West Yorkshire.

The service had a registered manager in place 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 and associated Regulations about how the service is run.

People were encouraged to make independent decisions. However the service did not always work in line with the Mental Capacity Act 2005. We recommend the provider consults relevant guidance on the Mental Capacity Act to ensure it acts within the legal framework and principles of the Act.

We had concerns around the management of people's epilepsy. We found people did not always have related risk assessments and staff had not always been trained in how to support people in case of a seizure.

Other risks had been fully assessed and documented which meant staff were directed how to support people and minimise risk where possible.

Staff had completed all their mandatory training and were observed to check their level of competency. Staff demonstrated their skills acquired on training courses.

Staffing was maintained at appropriate levels to provide people with effective support. Staff received professional development through supervision and spot checks to maintain their competency.

People were protected from the risk of abuse as staff had received training in safeguarding people and had good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager also shared information with the local authority when appropriate.

People received their medicines as prescribed and the management of medicines promoted people's safety.

People were protected from the risks of inadequate nutrition. Specialist diets were provided and followed when needed. Referrals were made to health care professionals when needed.

People's care records were holistic and person-centred to ensure people received support in a planned and responsive way. People who used the service or their relative were encouraged to contribute to the planning of care packages.

People had regular and unrestricted access to their family and their friends. They also had opportunities to participate in a variety of social and leisure activities to help them lead a fulfilling life.

People benefited from a service which was well led and systems were in place to monitor the quality of service provision.

People living at the service felt they could report any concerns to the management team and would be taken seriously.

We found one breach of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments had not been completed and staff were not trained to support people safely with their epilepsy.

Action had not been taken to ensure agency staff had received appropriate recruitment checks before they started work.

Medicines were managed safely and medicine audits we're sufficiently robust.

There were safeguarding adult's policies and procedures in place to protect people from possible harm. Incidents and accidents were recorded and acted on appropriately.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However the service did not always act in line with the principles of the MCA.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health needs were effectively monitored.

People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a caring and considerate manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People residing at the service, and relatives, were involved in the planning of care and staff had the necessary information to promote people's health.

People were supported to pursue a varied range of social activities within the home and the broader community.

People received care and treatment in accordance with their identified needs and wishes.

People told us they knew who to speak with if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

People benefited from a registered manager who was approachable and maintained a significant presence at the service. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service to ensure it met people's individual needs.

The culture in the service was positive, person centred and open.

Grandsmere Place

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.

The inspection took place on the 28 April & 11 May 2016 and the first visit was unannounced.

The inspection team consisted of one inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. On this occasion, we did not ask the provider to complete 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 spent time observing care and spoke with two people who used the service, the registered manager and two support workers. We looked at three people's care records, three staff files as well as documentation relating to the management of the service such as training records and policies and procedures. We also reviewed information we had received about the service such as statutory notifications.

Is the service safe?

Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I feel very safe here now;" and, "Yes, I have no problems living here." Staff told us they always promoted people's safety and offered encouragement where they could. For example, one person came home and then left again immediately. Staff verbally reminded each other they needed to encourage the person who used the service to ensure they let staff know when they left the building. This would mean that staff would know the person was safe and well at this time.

At this inspection we found that all staff had received training in safeguarding adults. Staff were fully aware of their roles and responsibilities in reporting any issues of concern relating to people's safety to their line managers. They were also aware of the procedures to contact the local authority safeguarding team to share any information of concern. Posters about safeguarding and action to be taken were available on notice boards around the home. These posters were produced by the local authority and included all necessary information that staff were required to take in the event of them witnessing a potential safeguarding.

Throughout our visit we observed staff promoting people's safety. We saw people moving freely about the service without restriction. We saw people could participate in a wide range of social activities within the home environment and the broader community and these activities had been risk assessed. One person told us they particularly enjoyed their employment which they did independently. The same person had been given the opportunity to self-medicate but decided this option did not suit them. This showed that positive risk taking was encouraged and people's freedom and safety was promoted.

We found comprehensive risks assessments had been undertaken and preventative strategies implemented to promote people's safety and wellbeing within the home and the broader community. These included such things as how to ensure people were safe when accessing voluntary work opportunities or when undertaking hobbies such as bell ringing. We also found that effective systems were in place to ensure the risk assessments were reviewed on a regular basis and people residing at the home, or their representatives were involved in this process. However we found one person who had epilepsy, but did not have a risk assessment or protocol in place describing how staff were to support the person to manage their epilepsy. This meant new or agency staff may not have known what action to take in the event the person had a seizure. Staff were able to tell us they knew how to support someone with their epilepsy, but were unable to evidence this. We looked to see if staff had received specific training around supporting people with their epilepsy. There was no current record to evidence staff had received epilepsy training. We asked the registered manager about this who confirmed staff had not had training in supporting people with epilepsy for a number of years. This showed us people were potentially at risk as they may not be supported in the correct way, when they had a seizure.

This was a breach of Regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to individualised behavioural care plans which provided them with comprehensive details on how to manage people's behaviours that challenged in the least restrictive way.

One person told us they felt there were sufficient staff to meet their needs. They said, "There is always staff around." One member of staff told us, "As it's only a small home, we have enough staff when lone working. If people want to go out, events can be planned in to bring more staff on shift when required." On the day of our inspection we saw sufficient numbers of staff to maintain a constant presence throughout the communal areas. We noted that staff were able to respond in a timely manner to support people when needed.

People could be assured that staff employed at the service were suitable to work with vulnerable adults. People were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening procedure, including Disclosure and Barring Service (DBS), as part of the recruitment process. Staff told us they thought the recruitment process was effective in ensuring that only a good calibre of staff was employed. The service made use of one regular agency member of staff. This member of staff had received a brief introduction to the home, and been observed for their competence. However we asked to see the checks completed on the agency member of staff before they started work. The registered manager told us the agency confirmed their suitability to work so the service had not checked the person's criminal background. On the day of inspection, the registered manager gained this information.

People could be assured they would receive their medicines as prescribed. We found that all staff including agency staff had received training and supervisions in the safe administration of medicines. This ensured they remained competent in this area of service provision. We asked a staff member to describe how they managed the ordering, storage and administration of medicines and found they were clearly knowledgeable in this area. On the day of our visit we observed medicines were administered safely and the registered manager followed appropriate procedures. Medicines were stored securely and temperatures were monitored to help ensure they remained effective.

Each person had a section within the medication file. This contained the persons photograph with a list of their current medicines. We matched these medicines with those identified on the Medication Administration Record (MAR). MARs were filled with signatures or codes signifying what happened with the medicine, for example if a person took the medicine to day centre with them. There were no gaps in the MAR which showed us an effective recording method was used. Those people who had 'as and when required' (PRN) medication had a protocol in place explaining to staff when to administer these medicines. One person who used the service self-medicated and staff supported them with ordering their medicines.

Is the service effective?

Our findings

On commencing employment staff were required to undertake an induction process to understand what was expected of them, and to provide an opportunity to familiarise themselves with the organisations policies and procedures. The induction process incorporated a four week training and shadowing period. This gave staff an introduction into the job and an opportunity to learn the skills required to keep people safe. The first six months of a new staff member's employment was their probation period, after which a review of their competence was completed.

We found that systems were in place to ensure that bank staff were selected to work with individuals based on their skill sets and their familiarity with the people who used the service. These staff were trained, supported and supervised alongside permanent staff members to ensure their practice was more person specific which benefitted people as the continuity of care was improved.

There was an on-going training programme in place to ensure staff received training in a wide range of subjects pertinent to their roles and responsibilities. All of the staff we spoke with felt the provision of training opportunities met their developmental needs. The registered manager told us the staff had access to the care certificate which is a training program backed by the government. Most of the training was completed through modules or face to face training sessions. We saw all staff had completed their mandatory training and had attended refresher sessions to keep their skills up to date.

One person told us they felt they were supported to make decisions about their care and support. They felt staff were respectful of their individual decisions in relation to how they spent their time at the service. They also told us they could plan their days to suit themselves. One person said, "Staff always ask what I want to do before anything happens." Throughout our visit we observed that staff asked people for their consent before providing any care and support.

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. We found the service had referred one person for DoLS assessment and this had been granted. The areas of restriction had been identified and recorded appropriately and staff were aware of the restrictions in place. However we found the service was not always acting in line with the principles of the MCA. One of the principles is that all adults should be

assumed to have capacity to make their own decisions unless proven otherwise. The registered manager told us the provider had requested that capacity assessments for all people who used the service were to be completed in three areas. As this was a blanket command for everyone, the assumption of their capacity had not been made. We spoke with the registered manager about this and they agreed assuming capacity was a principle of the MCA. This information was passed by the registered manager to the area manager to look into on behalf of the provider.

We recommend the provider consults relevant guidance on the Mental Capacity Act to ensure it acts within the legal framework and principles of the Act.

One person told us they enjoyed the meals provided and felt the food was varied and of good quality. They said, "The food here is good, staff are good cooks" and, "Food is no problem." Members of staff felt the provision of meals was good and comments included, "We ask people what they like and support them with their shopping. We encourage a variety of food and balanced menus where we can." Menus were on the notice board in the kitchen area. This indicated a variety of dishes and incorporated a reminder for staff to encourage people to have five portions of fruit and veg a day. This showed that the service was appreciative of the importance of providing a balanced and healthy diet.

We observed people during their evening meal and saw people were enjoying their meals, the portions were of a good size and food was appetising and nutritious. We also noted that fluids were readily available at meal times and throughout the day to ensure people remained hydrated. People told us they were free to get a drink or food whenever they were hungry.

People had access to health care professionals and staff had sought advice from external health care professionals to support them with their health care needs. One person told us, "I have had help in the past." They also told us staff supported them to attend their regular appointments with dentist and opticians. People were allocated individual keyworkers who supported people to attend health appointments. This was to ensure people felt comfortable in attending health care appointments and reduced people's anxieties when doing so. We saw care records evidenced past visits to health care professionals. Documentation demonstrated advice from health professionals was followed. For example, we saw it was documented following a dentist appointment that one person should get an electric toothbrush. This person now had an electric toothbrush.

We found staff were knowledgeable about people's individual health care needs. A staff member told us most staff had worked with people for a few years and so they knew people very well. They explained if someone was acting in a way that was not normal for them; it could indicate they were unwell. It would be reported and they would take appropriate course of action, such as contacting their GP.

Is the service caring?

Our findings

One person told us they were happy living at the service and felt the staff were caring. They also told us, "Staff are fine," and, "Staff are friendly and know what they are doing."

We observed staff helping people to carry out daily activities in a caring manner. We noted that staff spoke with people in a calm and relaxed manner and we saw they acknowledged people when they came into the staff's vicinity. All observed interactions were empowering as staff actively involved people in making decisions about what activities they would prefer to take part in, and where people preferred to spend their time throughout the day. We also noted that staff respected people's decisions if they decided not to participate in the planned activities which further demonstrated the staff's commitment to provide a service which was caring.

We found the communal areas to be calm and relaxed and when people were receiving their support this was provided with respect for people's individual needs. We saw that staff responded to people's requests for assistance in a timely way to ensure they did not feel ignored or devalued. For example we saw one person asked what time they were supposed to get ready for the pub later and staff responded instantly despite being involved with another task. People were actively involved in conversations and asked for their opinion. For example we observed two staff discussing politics, when a person entered the room, the staff asked them what their opinion on the subject was.

People could be assured their privacy and dignity would be respected. One person told us, "Yes, I would say they respect my privacy and dignity." Staff told us they were proactive in promoting privacy and dignity. One staff member said, "We all know we are working in someone else's home, and we respect that."

We found the home environment was conducive to providing people with private space including their bedrooms which they could access when they wished. Throughout our visit we saw staff assisted people with their needs in a caring and patient manner. The interventions promoted people's privacy as bedroom doors and curtains were closed. The service had a statement of purpose in place which documented that people living in the service would have their privacy and dignity respected and we concluded this was the case in practice.

Care records contained information in promoting people's privacy and dignity. For example in one person's care record it identified for staff to knock on their door and wait for a response. If they did not get the response they were to go away and then try again a short time later. This was to support the right for people who were entitled to have their private time without being disturbed.

The registered manager told us that people's relations and friends were encouraged to visit the service at any time as they realised the importance of people having open access to their relations and friends. One person told us they were close with their family and they were welcome to visit them at their home if they wished. The statement of purpose documented that visitors were welcomed at any time. This showed us relationships were encouraged and not restricted.

Is the service responsive?

Our findings

People were assured their care and support was planned and delivered in a responsive way. We found people's care records to be holistic and person-centred. They identified people's individual support needs and how these were to be provided. The care records contained comprehensive information about the person's background, communication needs and abilities. They also provided information about people's preferred routines.

Staff told us people's care records were an essential tool in them providing a good quality service which was receptive to people's individual preferences. Staff told us they could access people's support records at any time for reference and guidance. We observed practices within the service and staff gave us examples of how they supported people in line with their planned care. This showed us staff's knowledge of people's needs was reflective of the information within the care records.

Staff told us that good communication systems in the service helped people receive a more personalised service that was responsive to their needs. They explained this was because even though different staff were working different shifts, all staff knew what was happening each day because of the positive communication. They told us this benefitted the team because on most of the shifts, staff were lone working and so these systems were critical to support people in a responsive way.

Staff were responsive to people's needs. For example where people exhibiting behaviours that challenged and required support, we found documentation had been produced which provided staff with very detailed information on how to provide this support. We also found staff were aware of the actions recorded in the documentation and said they were effective in managing this element of care. Staff were able to tell us information about how to support people appropriately during challenging times and this information matched that documented in people's care records.

We found that people's care records were easy to find and access. They were suitable to assist people with learning disabilities by providing staff and other professionals with important personalised information about them. Care records contained specific information that included people's preferences, likes and dislikes. They were also clear about what tasks people could complete themselves and what areas staff could support them with, and how they should offer that support. Some documents were recorded in a simplified way so health professionals were supplied with important information about a person and their health. For example one document was easy to access by staff in the event of a medical emergency if someone had to be admitted to hospital. The person in hospital could then receive care and treatment in a way that suited them. This showed that measures had been taken to ensure health care professionals, outside of the service, would have the necessary information to provide individualised responsive interventions.

People had the opportunity to pursue their interests and hobbies. One person told us they enjoyed participating in activities such visiting garden centres, going to the pub or a photography course and these activities were supported by staff. They also told us they were looking forward to going on an annual

holiday. Another person pursued their hobby of bell ringing or attended college courses. One person told us they were employed and went to work each day which they really enjoyed, and they were currently looking for a second job but they weren't sure what to do. Staff were supporting this person in making their own decisions about further employment. People had person centred planning meetings. These are meetings with a person at the centre of all the discussions. The person can invite who they wish and discuss what they want to discuss. As part of these meetings, we saw evidenced goals had been set out for people that they wanted to achieve. Steps to be taken in order to achieve these goals were in place, making the goals achievable.

People were assured that any issues of concern or complaints would be listened to and taken seriously. The organisation's complaints procedure was on display in the kitchen on the notice board to aid people residing at the home, or those acting on their behalf to highlight any concerns. The contact details of agency's outside of the service was detailed and directed people towards other agencies who may be able to help them with their complaint.

One person told us, "I have told staff before if I was unhappy. Everything is fine now." Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. One member of staff told us, the complaints procedure is displayed on the notice board. The service had not received any complaints for a number of years. The registered manager was able to tell us the process followed for any complaints that could be received. Information around how to complain was also located in the statement of purpose.

Is the service well-led?

Our findings

We asked people if they felt the registered manager was effective in their managerial role. Comments included, "Yes I like him," and, "We can speak with him any time and he sorts it out." On the day of our inspection the registered manager was visible around the home. We observed them interacting with people and staff and it was evident that a good rapport had been established.

Staff told us they had confidence in the management team and spoke of feeling happy and proud to work there. They told us the registered manager was approachable and in their opinion the quality of service provision had improved under their leadership. Comments included, "It's only a small service but its managed well."

On the first day of inspection, there had been a team meeting, so although staff were often lone working, we saw staff supporting each other and working well as a team. The observation was supported by comments made by the staff which included, "I have worked here for quite a while," and "I enjoy coming to work."

We found staff were aware of the organisation's whistleblowing and complaints procedures and they were clear about their roles and responsibilities in this area. One member of staff told us, "Nothing happens here but we all know what to do if we did see something."

People benefited from being cared for by staff that were effectively supervised by the registered manager. Staff told us the supervision process had improved as it provided them with a forum to reflect on, and learn from practice. They also told us it provided them with the opportunity to discuss personal support and professional development needs to ensure they were knowledgeable and clear about their roles and responsibilities. Supervision documentation supported the information told to us by staff members. These were pre planned meetings so staff could prepare for the meetings in order for the discussions of the meeting to be of high quality.

Consultation processes were in place to allow the registered manager to obtain and analyse feedback from people who used the service and their relatives. This included meetings with people every three months. Where people had made suggestions through the consultation process these had been actioned. For example, some people had discussed holiday options and if they wanted to share a holiday with another person who used the service. We saw these discussions were in the process of being agreed. The registered manager told us families attended the service regularly and were involved in any planning of care and reviews. The service sent out surveys on an annual basis. Although no responses had been received the Registered Manager told us they thought this was due to heavy family involvement throughout the year.

Systems were in place to record and analyse adverse incidents, such as altercations between service users, with the aim of identifying strategies for minimising the risks. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

Extensive internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care records and medicines management. The registered manager completed monthly assessment and monitoring reports that focused on one of their identified areas for quality control. This meant over the course of a year, the provider would have comprehensively audited and reviewed its systems and processes. The registered manager also completed quarterly self-assessment forms for the local authority. This report fed information into an action plan. We looked at a previous action plan and saw changes had been made to support the delivery of high quality care. This showed that the organisation was proactive in developing the quality of the service for people whilst recognising where improvements could be made. The location was subject to six monthly quality audits from area managers within the organisation to further determine the quality of service provision. As part of this audit, action plans were monitored for any outstanding actions.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care and treatment was provided in a safe way for service users with epilepsy as they had not assessed risks and done all that was practically reasonable to mitigate identified risks.</p>