Meadowbank Care Limited

Bourne Bridge House

Inspection report

Meshaw
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Ratings

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

Overall summary

The inspection took place on 28 July and 12 August 2015 and was unannounced. The service had been previously inspected in November 2013 and found compliant.

Bourne Bridge House provides accommodation with personal care for up to eight people over the age of 18 who have a diagnosis of a learning disability and/or autistic spectrum disorder. The home is located in a rural setting with four self-contained accommodation buildings, called Hazel, Beech, Bramble and Bourne Bridge set around a large grassed courtyard. Another building contained administration offices and a staff room. At the time of the inspection, six people lived at the home and one other person had respite care which was provided by the home on a regular basis.

The home had a manager who had been registered in the role with the Care Quality Commission since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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.

Summary of findings

Prior to the inspection we had received information of concern about the care provided to one person. We found no evidence to substantiate the concern. However, we had not received a statutory notification about an incident which had occurred some months previously where the police had been involved. Subsequent to a discussion with the registered manager about this, we did receive a statutory notification.

People's needs and risks were assessed and care plans were developed to support them to be as independent as possible. Daily notes reflected the care described in the care plan. Staff signed to say they had read the care plans. However, not all risk assessments and care plans were up to date, although the manager agreed to ensure that actions were taken to address this.

The service provided to people living at Bourne Bridge was delivered by a team of staff, who had been trained to support people with learning disabilities and who had in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to help them in their role and received regular supervision.

Staff were recruited safely with disclosure barring service (DBS) checks and references taken up before a new member of staff started working at the home. Staff undertook an induction, including training and work shadowing, until they were assessed as able and confident enough to work with people on their own.

People said they liked living at Bourne Bridge House and found the staff kind. Relatives were very complimentary about the home and the staff who worked there. People were offered a wide choice of activities both in the home and in the community and chose what they wanted to do each day. These activities included swimming, creative arts, visits to places of interest as well as helping staff to prepare meals. Where needed, two staff would support people when they went out on trips. Staff communicated with people using a range of methods including the use of simple sign language and pictures to aid understanding.

Staff were aware of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguard (DoLS) requirements and took them into account when working with people. Applications for DoLS authorisations for each person living at the home had been submitted to the relevant local authority.

Medicines were stored, administered and recorded safely by staff who had received training in medicine administration. Audits of medicines were undertaken internally and also by the dispensing pharmacy who had not found any significant issues.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were involved in how the home was run, including what activities were offered and what meals were prepared. People were supported to have a healthy balanced diet.

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

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?

Requires improvement

The service was not completely safe as not all care plans and risk assessments were up to date. However, staff were able to describe the current risks and the care that was being delivered. Senior staff said they planned to ensure that risk assessments and care plans were updated.

There were sufficient staff, who had been recruited safely, to support people at the home.

People's medicines were stored, administered, recorded and managed safely.

Staff were able to describe types of abuse and knew what they should do if they identified any concerns.

Is the service effective?

Good

The service was effective.

People and their families said they thought staff were knowledgeable, skilled and delivered care in a safe and supportive way.

People were supported by staff who were able to communicate with them using various forms of non-verbal communication. The staff addressed people's other health needs by working with other health and social care staff in other organisations.

New staff completed induction training prior to working with people. Staff undertook relevant training, including nationally recognised qualifications, to ensure they had the relevant knowledge and skills to deliver care.

The registered manager and staff understood the requirements of the Mental Capacity Act (2005) and had applied for Deprivation of Liberties Safeguard authorisations where people did not have capacity.

Staff were supported through supervision and appraisals to reflect on their work and had opportunities to feedback about how this was going.

Is the service caring?

Good

The service was caring.

Staff showed compassion and respect when working with people. Throughout the inspection, people and staff talked in a happy and friendly way with each other using a range of verbal and non-verbal communication methods.

People's privacy was respected by staff who worked with them to ensure they were aware of the choices they could make.

People were consulted about their care and their views were taken into consideration.

Summary of findings

Families said staff were really kind to their relative and made sure they knew what was important to them.

Is the service responsive?

Good

The service was responsive.

People received personalised care which met their needs. Staff took into consideration information about how the person had been over the preceding months to help inform decisions about how their future care should be delivered.

People were able to contribute to decisions about their care in a number of different ways. These included house meetings where they could decide on activities and menus.

There were systems in place for people and families to make complaints if they needed to. Relatives said they felt confident that if they had a concern or complaint these would be addressed fully.

Is the service well-led?

Good

The service was well-led by a registered manager who had appropriate qualifications.

Regular checks and audits were carried out to monitor the quality of the service. There was evidence that where improvements were required, these had been actioned.

Staff said they felt supported by the management and were encouraged to work as a team.

There were systems in place to ensure that incidents, accidents and complaints were investigated and acted on.

Senior staff worked with other agencies to ensure that high quality care was delivered.

Bourne Bridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 28 July and 12 August 2015 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included previous inspection reports and the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in March 2015.

During the two days of inspection, we met six of the seven people using the service. We talked with the nominated individual (NI), the registered manager, their deputy and seven care staff.

After the inspection we contacted two relatives and four health and social care professionals who worked with people at Bourne Bridge House.

We looked at two people's care records including their person centred plan and reviewed two people's medicine records.

We looked at three staff records, one of whom had started working at the home in the last twelve months.

We reviewed records which related to the running of the home, including staff rotas, supervision and training records and quality monitoring audits.

Requires improvement

Is the service safe?

Our findings

Although people's risks and needs had been assessed when they first started living at the home, risk assessments had not always been updated when a change in a person's risks had taken place. Some of the risk assessments were generic and did not reflect the actual risks to the individual person or describe how staff should work in order to reduce the risk. For example, one person's care record contained a risk assessment about bathing. This person was at risk of harm due to their complex needs. However, although the risk assessment stated staff should remain in the person's bedroom whilst they took a bath, it was not clear from the risk assessment why this was so or what actions staff needed to take to support the person. This meant that new staff who read the care record may not know what they should do to support a person safely.

Another person who had physical health problems did not have an up to date care plan relating to the latest information about a particular health issue. However staff we spoke with were aware of the most recent concerns and were able to describe how to support the person following the latest information from the hospital. We discussed these issues with the registered manager and other senior staff who agreed that the care plans and risk assessments required additional work on them, which they agreed to do.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulations 2014).

Some people at Bourne Bridge House were unable to communicate verbally, however we observed people appearing relaxed and comfortable in the home, moving freely between different rooms to undertake activities. People, who were able to talk to us, said they liked living in the home and felt safe. Relatives said they were happy that their family member was safe and looked after well. They described staff as "knowing [my relative] by heart."

Relatives described the staff as "fantastic" and "all staff are wonderful". Another relative said the home gave them "peace of mind" as their family member was safe there.

Staff were recruited safely at Bourne Bridge House. Staff records showed new staff had completed an application form and been interviewed prior to joining the organisation. References and Disclosure Barring Service checks (DBS) were obtained before the person started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were able to describe the types of abuse and how to safeguard people from them. Staff had received training in safeguarding vulnerable adults and were able to explain how they would put this into practice to support people, if necessary. There was evidence that where a safeguarding concern had been identified, appropriate actions had taken place to address the concern.

There were sufficient staff on duty to enable people to undertake individual and group activities of their choice. During the two days of inspection, some people, who required two staff to support them when in the community, had chosen to go out. Staff rotas showed one person had been accompanied by two members of staff whilst other staff supported people both in the home and at other activities in the community. We observed staff taking time to work with people individually in a relaxed and unhurried manner. Staff said they did not feel they had "to rush" people.

People's medicines were stored, administered and recorded safely. There were systems in place to monitor stocks of medicines and the remaining balance was recorded after medicines were given. Creams and liquid medicines were labelled showing when they were first opened and when they would expire after being opened, to ensure they were used in a safe way. All medicines were stored in a locked cupboard, the key to which was only accessed by senior staff who undertook the medicine administration. Medicines which required stricter control were stored in a locked unit within the locked medicines cabinet. We saw staff returned from a trip out with one person. They had taken medicines out in case they needed to give them to the person in an emergency. On return, staff checked the medicines back into the medicines cabinet appropriately.

Staff had received medicine administration training and were able to describe the process they followed when giving medicines to people. A senior member of staff undertook regular medicine and administration record audits. An audit by the dispensing pharmacist earlier in 2015 had not identified any significant issues. A relative said they were very confident that staff were very careful

Requires improvement

Is the service safe?

when administering medicines. They described how their relative required a number of medicines and staff had spent time with them to ensure that they fully understood how each needed to be administered.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff received an induction when they first started working at the home which included training in fire safety, first aid, health and safety, infection control, food safety, care plans, policies and procedures. Staff records showed that new staff had completed their induction. The registered manager said the induction standards were under review and it was planned the induction would be aligned to the national Care Certificate which was introduced in 2015.

Staff undertook training courses to support their understanding, for example in June 2015 staff had attended a skills update course and an epilepsy and mental health course. A health professional who provided safe handling training on an annual basis said they had trained staff for a number of years and had "no concerns".

Staff were supported to complete other relevant training including safeguarding vulnerable adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) awareness. Staff also completed annual training in safe handling, assertiveness and managing conflict. Staff were supported to undertake nationally recognised qualifications in relevant subjects at a local college.

Staff received regular supervision which included group supervision as well as one to one supervision. The registered manager said that they were not up to date with all staff appraisals but were working to address the situation. Staff said they felt supported by the registered manager and senior staff and felt able to "ask for support and advice" when they needed it.

At the end of shifts, shift leaders undertook a handover with staff who were about to finish work. The handover followed a format which ensured staff had the opportunity to feedback about each person in turn. Staff were also asked about how the shift had gone overall, what had gone well, what had not gone so well and what could be improved. Staff also completed the daily notes section for each person as part of the handover, which ensured that all staff were able to contribute to each person's notes.

Staff communicated with people used a range of methods including simple sign language with a person who had limited verbal communication. A relative said that staff were "very good at interpreting x's signing which did not always follow standard signing".

Staff described how they used pictures to show people choices they might wish to make, for example around activities they wanted to do. There was evidence in people's bedrooms of how pictures and symbols were used to support people knowing where clothing and other personal items were stored.

People's physical and mental health needs were addressed by staff working with health professionals including their GP, dentist, a psychiatrist, the learning disability team, the local hospital and a chiropodist. There was evidence of staff arranging appointments with a person's GP when they had concerns about a particular aspect of their physical health. There was also evidence of liaison with the local hospital for one person who had an on-going health issue and appropriate follow up appointments being made to ensure the concerns were fully addressed. Care records contained details of regular optician and dental check-ups being arranged for people.

Health and social care professionals said staff were very good at communicating with them about any concerns. One described how the home was a "learning organisation" adding that when there were issues, the registered manager had communicated with them and had implemented changes to reduce the risks of the issue recurring.

Care files also contained records of people's weight each month. As some people were likely to self-harm, a body map form was completed on a regular basis so that any new cuts or bruises were recorded. There was evidence that action was taken where there was a concern about any injuries.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

People were free to move around their accommodation and also to spend time on their own in their bedrooms. However people were not free to go in and out of the unit

Good

Is the service effective?

without staff unlocking the door. Some people also had locks on their bathrooms which prevented them accessing the bathroom without a member of staff present. We also found that some people had locks on wardrobes and drawers in their bedroom. However these restrictions were not evident in other people's bedrooms and bathrooms. We discussed this with a senior member of staff who explained that decisions about restrictions were undertaken on an individual basis as part of a risk assessment. Where people had restrictions, their capacity to understand had been assessed as part of a best interest assessment.

When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. Applications had been made under the Mental Capacity Act (MCA) 2005 for a Deprivation of Liberty Safeguards authorisation for each of the people living at Bourne Bridge House, which had not yet been assessed. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people require some restrictions to be in place to keep them safe, applications to the local authority to deprive them of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) should be submitted. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff had undertaken training in MCA and understood the need to support people taking this into account.

Meals included fresh ingredients and a choice of fruit, salad and vegetables were offered. People were encouraged to eat healthily and have drinks throughout the day. Some people were able to help with food preparation, although most food was prepared by staff. During the two days of inspection we observed people accessing the kitchen with staff support and being helped to their choice of food in the refrigerator. On the second day of inspection, people who were undertaking activities in the garden were able to access cold drinks and were encouraged to stay hydrated whilst in the sun.

Good

Is the service caring?

Our findings

Throughout the inspection we observed people cheerfully interacting with staff who were knowledgeable about their preferences. For example one person was keen to watch a video they had just bought. Staff helped the person with the equipment and sat down to watch it with them when the person indicated they would like them to. Another person who lived by themselves in one of the accommodation units laughed and joked with the staff supporting them. Staff said that on occasions, the person would find they were "bored and frustrated" if they had the same member of staff for several hours. Staff described how they would then 'swap' with another member of staff to help address this issue. . This showed that staff were aware of the need to respond dynamically to people's needs and used a flexible approach to supporting people.

People were offered activities which they were interested in, both on an individual basis and as a group. During the second day of inspection, two people were out on separate activities of their choice. One had gone shopping and the other had chosen to visit a zoo. On return from the zoo, the person was keen to tell other staff about their day and what they had done. They were enthusiastic and described the visit as "great", having particularly enjoyed seeing the penguins.

It had been agreed with other people in the home that rather than going to a local centre for a session which included outdoor activities and swimming, this would be postponed until the following day. Instead the staff erected a bouncy castle in the garden which they kept stored on site and people spent the afternoon playing on that and doing other garden activities. Staff said this was something people really enjoyed and they wanted to take advantage of the equipment whilst the weather was good. People clearly enjoyed the activities and having time in the garden. Staff said the bouncy castle was erected in an area away from one person's accommodation as they did not want to be in the garden but found the noise of the motor irritating. Staff also described a swing that one person who used a wheelchair was able to use, which they enjoyed.

During a staff hand-over, some people came into the room where staff were meeting. Staff talked to them in a gentle and kind way, and waited for them to be ready to leave before continuing the meeting.

One person enjoyed using particular equipment of small linked chains. Staff described how they would do checks to ensure the chains remained safe, but would only do this once the person was in bed as they otherwise got upset about the chains being touched. This demonstrated that staff were respectful of people's rights.

A relative described the staff as "lovely" and said they really liked that each person was "treated as an individual". They added staff not only knew the person but also knew their family really well. They said that the person had been supported to make a birthday card for another relative whose birthday was coming up. They said they really liked that staff were aware of all the person's family and significant dates for them. Another relative said the home was "marvellous – I would give it nine or nine and a half out of ten and I don't often score things that highly."

People living at Bourne Bridge house had a personal care plan which they had developed with the help of staff. Staff discussed with the person and their family how they liked to be supported. For example one person liked to have more space in their bedroom, so the bed was raised off the ground so that they could use the space underneath. Another person had chosen to have a table-top football game set up in the room.

People were encouraged to choose how to decorate and furnish their bedrooms. One person said they had helped to select the furniture in their accommodation unit. Throughout the living areas there were personalised items giving the home a comfortable and homely feel. For example, in one unit, there were photo canvases on the wall displaying portraits of the people living in the home.

Some staff had known the people for a number of years and were able to quickly react if something was worrying or troubling them. Staff talked to people about their activities and things they liked to do. Where one person was signing to say they wanted to go home, staff were able to sign back that it was not yet time, but then supported the person to do an activity to distract them from worrying.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives by phones and computers to video link with them. One relative described how they had concerns when their family member had first moved to the home as they had found transitions difficult. However the relative said the home was "a godsend" and their

Good

Is the service caring?

relative always was happy to return to the home after they had been away. Care records showed that people were supported to visit families on a regular basis even though they lived in other parts of the country.

People were treated with respect and dignity and staff were aware of the need to provide privacy. For example, two people had stated a preference to only have female staff support, which the rota showed was taken into account.

One person's care record contained information about a person having a bath. It provided instructions to staff saying that they should remain in the bedroom whilst the person took a bath to give them privacy.

Staff were aware of the needs of different cultures and supported people to explore ways to maintain their religion and cultural diversity. For example one person had chosen to visit a religious establishment and was also supported to have particular foods related to their ethnic origins when they wanted.

Good

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained details including a personal profile, which described what they liked and disliked and their personal routines. The care records also included detailed risk assessments. However care records and risk assessments had been not been reviewed regularly and were not fully up-to-date. For example, one care record did not describe changes that had taken place in respect to the person's nutritional needs although there was evidence elsewhere in the care record that these had changed. This meant that if a member of staff referred to the care plan, they may not see the latest information on how to support the person.

We discussed this with senior staff who said they said they would review the risk assessments and care plans to ensure that they reflected the person's current needs, wants and aspirations.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. As well as daily notes, a bi-monthly summary for each person was written which was shared with family and others. The summary provided an overview of what activities the person had been involved in, contacts with family and friends, their general health and other information relating to the person. The registered manager said this summary provided a useful document to allow staff to reflect on the recent past and help support the person for the coming months. In addition, for particular issues, a specific report was also prepared. For example staff had written a report covering the previous twelve months for one person who had epileptic seizures. The report contained detailed analysis, including graphs of the types of seizure experienced by the person. This report was used to support dialogue with the person's doctors to ensure their medication and health needs were being addressed. This showed that the service responded to individual needs and undertook work to ensure they were able to support those needs through a clear understanding of what had been happening.

People were encouraged to choose what they wanted to do each day either in the home or in the community. One person said they liked going on a regular shopping trip which staff took them on.

A relative said that their family member did not like swimming but did enjoy a Jacuzzi so staff would take them to have one.

The registered manager said they worked with other health and social care professionals to ensure that as changes in people's needs occurred, these needs were reassessed and care was then revised to reflect this. We spoke with health and social care professionals who confirmed that the staff were very responsive and would always involve them if a change to a person's care was being considered. They described the staff as going "above and beyond" in terms of delivering personalised care to meet people's needs. They also added that the staff were very good at trying to engage with families, even when this "had proved difficult."

The home had a complaints policy and procedure. Where complaints or concerns were raised by a person or their family, there was evidence that these were investigated and resolved. Families were kept informed and seen as important contributors to people's care and welfare. Relatives said they had not had a cause for complaint but felt that if they had any concerns these would be addressed and sorted by the registered manager or their deputy.

Prior to the inspection, we received information of concern which related to the care of one person at the home. The information related to a lack of staffing and there not always being female staff on duty. There was also information relating to the person's medicines and the safety of the person when away from the home. We reviewed information relating to the person's care and spoke with the person. We also spoke with staff and managers about the concerns. We did not find any evidence to substantiate the concern.

The home did not have any established advocacy service for people, but the registered manager said if they felt a person needed to have one, they would help them arrange it.

People were encouraged to be involved in decisions about the home. Regular meetings were held with people to discuss issues. Minutes showed people had the opportunity to discuss menus, activities, household jobs and celebrations. People were also given the opportunity to raise other issues they wished to discuss.

Good

Is the service well-led?

Our findings

There was a manager in post who had managed the home and been registered with the Care Quality Commission for the previous 6 years. The registered manager was a qualified learning disability nurse who had experience in working in a number of organisations. Health and social care professionals as well as family of people living at Bourne Bridge House said that they found the registered manager "extremely good and open to ideas."

There were systems in place to monitor the quality of services, however, these had not identified some issues. The audits had not identified that care plans and risk assessments were not up to date. The registered manager said they were aware that some information in care records needed reviewing and had plans to ensure that reviews would take place.

There were regular audits and checks to monitor and improve the quality of care and service. For example, on the first day of inspection, the nominated individual was visiting the home to undertake their routine monthly audit of the service. They said this was carried out to both provide assurance and to give feedback to the registered manager and staff about the care they were delivering. As part of the audit, the nominated individual talked to people using the service and staff on duty. The audit also covered maintenance issues, menus, training that had been completed in the past month, staffing levels and vacancies.

Other audits included checks of the administration and stocks of medicines, training supervision and appraisal of staff and care records.

There was evidence that where an issue had been identified, actions had been put in place to address them.

The nominated individual who was also a director of the provider organisation provided regular supervision and support including monthly audits of the home.

There were systems in place to ensure staff were kept informed about the service and could express their opinions, views and ideas. Staff said they felt involved in decisions about the service provided and were able to feedback ideas. Staff were very positive about working at Bourne Bridge House and said they felt very supported by the registered manager and senior staff. They said they felt encouraged to work as "a team". As part of each hand-over session, staff were encouraged to reflect on their work and look at what had gone well and how the service could improve. We observed one hand-over session where one member of staff made a suggestion which the senior care worker made a note of to improve external visits in the future.

There was a log of incidents which was reviewed regularly. An analysis of accidents and incidents was undertaken to establish whether there were any patterns or trends, which might help support a reduction in recurrences.

The registered manager and senior staff worked closely with other agencies. Records showed evidence of meetings that were planned to discuss one person's care with other health and social care professionals to determine the best way forward for the person.

Although we had received some statutory notifications from the home, we discussed one incident which had involved the police with the registered manager. We had not received a statutory notification about this incident. We advised the registered manager that they should have submitted a statutory notification about the incident as there had been police involvement. Subsequent to the first day of inspection we received a statutory notification about the incident.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments and care plans were not kept up to date. Risk assessments and care plans were not reviewed and updated when a person's risks and needs changed. Regulation 12 (2)(a)