

Bridgewood Trust Limited

# Newsome Road - St Paul's House

## Inspection report

Armitage Bridge  
Huddersfield  
West Yorkshire  
HD4 7NR

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Newsome Road - St Paul's House provides a supported living service. It provides care and support to four people with learning disabilities living in two terraced houses next door to each other.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service: The service was exceptional at placing people at the heart of the service. The managers and staff of the service had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as possible.

There was a very positive culture in the service. Staff attributed this to the strong guidance in the service and believed the high levels of positivity in the service stemmed from outstanding leadership.

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Promoting people's independence was a significant strength of the staff team.

Managers constantly looked for ways to improve the service. They had engaged people in how they would prefer the provider's governance arrangements to be carried out to avoid any impact on people living in their own home.

Relatives and other professionals we spoke with during our inspection highly praised the service and the impact it was having on people. People were in control of their own lives and were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality.

Staff understood people's personal risks and had worked with them to develop their skills and minimise risks. People had been enabled to access the community and public transport with confidence.

People, relatives and other professionals told us how people were highly valued, shown great respect and their dignity preserved. Managers engaged representatives from across their services to listen to their views. People were supported to have the optimum 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.

Staff were exceptionally caring. They all shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People's voices were of paramount importance in the service.

There was clear and consistent working with other professionals who supported people. Staff had promoted people working with other professionals and sought their advice when needed.

Recruitment practices for the service were safe. Staff were supported through an induction, training and supervision. This included the safe management of medicines and safeguarding. Additional training had been sourced for staff when people's needs had changed.

People were actively engaged in managing their own records. Care plans were accurate, up to date and based on robust assessments of need.

The provider welcomed comments about the service. They had an accessible complaint's process available to people. The service had not received any complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Date last report published November 2016).

Why we inspected: This was a scheduled inspection based on our previous rating of the service

Follow up: We will continue to monitor the service and re-inspect the service in line with the current rating

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

# Newsome Road - St Paul's House

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection site visit activity started and ended on 23 April 2019. We visited the office location on 23 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Following our site visit we spoke with relatives and professionals by telephone.

**What we did:** Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had sent us this information which we reviewed. We also contacted professionals involved in caring for people including local authority commissioners and the local authority safeguarding team.

We spoke with the registered manager and five staff members. We also spoke with one person who used the service and two family members. A third family member gave us permission to use in our report their feedback they had sent to the service in an email. We reviewed three people's care documents and gathered information from other records held by the provider. These included records about staff training, complaints, audits and accidents and incidents.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff confirmed they had training in how to safeguard people and were confident their managers would respond to any of their concerns.

Assessing risk, safety monitoring and management.

- People's risks were assessed and documented. These were routinely reviewed and updated when people's needs changed.
- Staff were aware of the risks and appropriately managed positive risk taking.

Staffing and recruitment.

- Staff recruitment was safe.
- Staffing levels were appropriate to people's needs. Staff described making changes to their shift patterns to accommodate people's needs. At night time people in one house had access to staff sleeping in another house via an intercom system.

Using medicines safely.

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection.

- People lived in their own homes and when required staff assisted them to maintain standards of cleanliness and hygiene.

Learning lessons when things go wrong.

- Accidents and incidents were reviewed through the provider's governance arrangements to see if any lessons could be learned.
- Staff had a positive attitude to working with people and were motivated to prevent things going wrong and learn from what worked.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People were involved in assessing with staff, their needs and choices. Assessments were detailed.
- Regular review meetings were held with family members. This ensured the service held accurate and up to date assessments.
- The care delivered was in keeping with national guidance and regulatory requirements.

Staff support: induction, training, skills and experience.

- Staff were supported with an induction, training and supervision to help them acquire the skills and experience necessary to support people. They confirmed that they had been trained in the topics which enabled them to work effectively with people. One staff member said, "We get loads of training."

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to do their own shopping and plan their meals.
- Staff had worked with people to teach them how to look after their food and be aware of use by dates.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to access healthcare services when appropriate and as agreed with the person concerned. Records showed when people had contact with other professionals including doctors and nurses. The records described the outcomes and if there had been any changes in people's needs.
- Staff had contacted other services when people needed help and had taken advice from other professionals to provide consistent care.
- People were supported in activities to encourage physical fitness.
- Staff supported people to have good mental health.

Adapting service, design, decoration to meet people's needs.

- People had been supported by staff to make their accommodation homely.
- There were photographs of people on the wall and items to show their achievements were on display.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal

authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection no one was subject to any restriction under the MCA.
- Staff had taken extra care in the transition from a care home type service to a supported living service and carried out mental capacity assessments. These showed people had the capacity to consent to living in a supported living type setting.
- Mental Capacity assessments had been used if a person was seen to experience difficulties in a particular area. This led to agreements with the person on additional staff support they required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity.

- There was a very strong ethos of caring about each individual person shaped by the senior management team. Staff told us they felt personally cared about and this in turn had led to very positive team working.
- Every person who used the service was actively encouraged and supported by enthusiastic staff who were committed to empowering them to develop new skills.
- Staff were exceptionally caring. All staff members spoke passionately about the importance of supporting people in ways to enhance their emotional and physical well-being. For example, staff had sought advice to provide excellent emotional care to a person who was experiencing personal changes.
- People benefitted from their dedicated small team of staff who continuously adapted their high standards of care and support to meet people's needs. The team members gave high praise to each other for the positivity they brought into people's home.
- Staff provided excellent support to people who were grieving. Everyone we spoke with commended the staff for their outstanding delivery of emotional care to people. Words such as 'brilliant' and 'fantastic' were used to describe the staff.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. We spoke with all the staff team. They told us were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live. As a result, a person told us staff supported them to live their chosen lifestyle and they were very happy living in their home.
- The extremely positive approach of the service had a very positive impact on people. Staff described having been encouraged to look for new activities and opportunities with people using the internet. People led very busy lives. They had developed confidence to try new activities and had achieved their goals. Staff were genuinely pleased and proud of people's achievements.
- Staff were also extremely proud to tell us they had received feedback from members of the public on a coach holiday about the high standards of support they provided to people. Staff had bought new outfits so everyone could be well-dressed for a special meal.
- One relative wrote, "If all organisations provided the standard of service I have witnessed from all the staff and the management I have encountered over the last year, then the world would be a better place."

Supporting people to express their views and be involved in making decisions about their care.

- Staff encouraged people to think for themselves and be their own advocates so they could design their own care. Staff were extremely flexible and changed their shifts to meet people's wishes.
- People's personal decision making was of paramount importance to the staff. Staff empowered people to write their own daily notes and reflect on their day. One staff member told us they were constantly learning

about what people had got out of their day and could understand people's personal motivation to do something again. Another staff member told us if people made decisions about their care, it was the role of the staff to, "make it happen".

- The provider showed they cared intensely about and highly valued people's views. They held a forum to listen to representatives from their services. Staff supported their local representative by holding a meeting before they attended the forum for people to pass on their views. The minutes of the forum were in an easy read format with pictures of people alongside what they said. The minutes showed the provider listened to every person who was representing their service.
- Staff went the extra mile. When a person's family member had received a diagnosis of a long-term condition, they sought specific advice from professionals on how to talk to the person about what was happening, so they could listen to their views.

Respecting and promoting people's privacy, dignity and independence.

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities. People were able to travel more widely on their own and they invited their family to their home for a meal.
- Staff strongly encouraged people's independence. They had received training to help people use the initiative 'Stay safe'. People had been shown how to look for a sign in shop doors and local venues where they could seek help when they were out alone.
- People's right to privacy was highly respected by staff and their dignity maintained. Three people slept in their own home and managed their household's night time routine themselves. They had access to staff via an intercom system if required.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received exceptionally well-planned and co-ordinated person-centred support that was unique to and inclusive for them. Detailed individualised care plans were based on comprehensive assessments of people's needs. Plans were reviewed with people regularly.
  - Relatives commented on how highly committed the staff were to meeting people's diverse personal needs. One relative commented that if a person wanted to do something the staff made it happen. They said their family member was "Happy, he's always very happy."
  - People's support focused on them having as many opportunities as possible to gain new skills and become more independent. People had access to the internet in their home. People and staff searched independently and together for places to go and things to do.
  - Staff placed great importance on giving people choice and control. They had introduced an electronic device known as a pebble to alert people to possible seizures. This was used to enable a person to independently access the community. To enhance people's independence and control over their own lives arrangements had been put in place for people to receive text reminders about their GP appointments.
  - People had identified their own specific goals and reviewed their achievements with staff. Goals included going on holiday. People had chosen to go on holiday together and picked their destination. For one person this was a big step to have made this choice.
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- The service was continually being developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. To this end people, at their request people had been offered similar learning to staff on topics to assist their understanding. For example, learning had taken place around their medicines and why staff followed certain procedures.
  - Staff were exceptionally committed to working with people and helping them maintain relationships that were important to them. This included independently using public transport for people to access their family members. People also used their newly acquired skills and invited their family members for a meal which was prepared by themselves.
  - People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff understood the Accessible Information Standard. We saw evidence that the identified information and communication needs were met for individuals. Easy read documents were suitable to meet people's needs. Staff had developed easy read versions of documents throughout people's records to enable people to express their preference and give them choice.

Improving care quality in response to complaints or concerns.

- There was an open culture where complaints and concerns were welcomed and learned from. An accessible and comprehensive complaints procedure was in place. This had been shared with people and their relatives. One relative had written to the service and stated whilst they would keep the complaints procedure they did not anticipate needing to use it. No one we spoke with had any complaints or concerns. Relatives told us they had complete trust and confidence in the service and described it as "Brilliant".

End of life care and support.

- People had been engaged to think about their end of life wishes using picture formats to describe their funeral wishes. Staff had respected people's views if they did not want to discuss this issue.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider's vision and values were imaginative and person-centred to make sure people were at the heart of the service. They had considered all the small details of people's daily lives for example, paying for services or booking appointments and transformed them to making a significant difference to give people power and control.
- The shared vision of a highly successful and inclusive service was driven by exceptional leadership. Records showed staff had listened to people and their relatives, taken actions and very significant outcomes were achieved. These outcomes had improved people's quality of life and developed their aspirations. People were treated by everyone as unique with their own interests and pursuits.
- The managers of the service spoke passionately about their commitment to truly understand the nature of supported living so people were fully empowered to manage their own lives. The registered manager and the service coordinator had an intuitive understanding of supported living services. They had taken a whole systems approach to the service to embed an exceptional standard of supported living.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. People expectations about choice and freedom had risen. Staff revelled in people's successes no matter how small, which in turn led to people having increased confidence. Relatives confirmed the increased confidence, self-esteem and people taking increased responsibility for themselves
- Staff praised their managers for positive high-quality leadership and support. One staff member said, "It comes from the top." They felt they had been given permission by managers to creatively work with people and enable people to develop their own lifestyle. Relatives praised the managers for their "Excellent service".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider and the registered manager constantly reviewed the service to optimise people's potential. A professional attributed their success to the willingness to work alongside people. Staff told us working in the service was like working with your own family and added, "You would want the best for them."
- Managers were determined to create the best service. Since our last inspection they had visited a service rated as outstanding and described to us how they had reflected on how to demonstrate their progress. They had embedded a system to capture their development and learning which demonstrated significant progress.
- Senior managers had adapted their approach to monitoring quality when measuring supported living services. The service had engaged people in discussing how they wished quality monitoring to be carried

out. This had resulted in tailor-made governance systems driven by the people who used the service. Staff carried out safety checks according to people's wishes every three months.

- People's rights were protected when service risks were identified and addressed.

Continuous learning and improving care; Working in partnership with others.

- There was a well-developed culture of questioning practice, reflexion, learning and improving care services supported by leadership development. Every staff member we spoke with told us about learning from their experiences. The chief executive had written to a staff member to feedback that another organisation had described their work as "Amazing". The registered manager felt the service had gone from strength to strength since their last inspection.
- The staff team was high performing with shared goals and values. Staff collaborated and challenged each other to achieve outstanding results. This resulted in people leading their own fuller lives.
- The lives of people were greatly enhanced by staff who were determined to be led by the people and be their partners in care. This value was aptly demonstrated when the provider embraced people's request for information on safeguarding, hygiene, and first aid. By working in partnership with professionals, people developed a level of understanding of care akin to the staff. People had enjoyed their learning.
- Strong partnerships had been developed with other professionals to develop people's mental and physical well-being. This had promoted and developed the way people could independently access services. Staff had looked to external resources and had sought to change existing partnerships to assist people's development. For example, one visiting professional noted people individually paid them directly for their services.
- Family members felt the staff treated them as true partners. They were invited to contribute to people's regular reviews.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Managers were highly committed to working collaboratively with people. Feedback from surveys included high praise for staff for always being professional, friendly caring and understanding.
- Staff persistently promoted people's well-being through addressing equality and diversity. For example, they had successfully challenged a bank on discrimination against a person.