

## Bridgewood Trust Limited

# The Gables

### Inspection report

Apartments 1-9  
Elmwood Avenue, Highfields  
Huddersfield  
West Yorkshire  
HD1 5DA

Tel: 01484429172

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10 May 2019  
23 May 2019

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Gables is registered to provide accommodation and personal care for up to 13 people with a learning disability or autistic spectrum disorder. People living at The Gables have their own flat which consists of a living room, kitchen, bedroom and bathroom. There are nine flats, some single, some double. There is a small communal kitchen/dining area and living room. At the time of our inspection nine people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People received exceptional care from the registered manager and their team of support workers.

Outstanding practice had been developed to provide people with care that was truly compassionate, caring and inclusive. Exceptional caring values were evident as well as a desire to provide person centred care focused around each individuals' needs and wishes.

People were empowered to be in control of their daily living. Support workers made opportunities accessible to people to fulfil their daily living as well as aspirational needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of staff who had been safely recruited. They received a regular programme of support through training, supervision and appraisal.

People's health needs were met through a range of healthcare professionals who were involved in their care. Extremely positive outcomes were seen for people.

People were supported to maintain relationships with family, friends and other loved ones. Staff provided training and guidance for people on sexual relationships.

People were able to purchase and prepare food in their own flats, although they could access meals prepared by support workers.

Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and had their competency checked.

Care plans were sufficiently detailed and staff demonstrated their knowledge of people's care needs and how risks to people were to be mitigated.

The service was well-led by a registered manager who was noted as an effective communicator who genuinely cared for the staff team. Relevant audits and other systems of governance were effective. Complaints were found to be suitably managed.

We have made a recommendation about the registered provider's guidance relating to handling allegations of abuse.

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

The last rating for this service was Good when we inspected (published in November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Gables

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector on both days of the inspection.

#### Service and service type

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one visitor about their experience of the care provided. We also spoke with five members of staff, which included the registered manager.

We reviewed a range of records. This included two people's care records and five people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe living at this service. People had received training and support from 'Kirklees Safe Spaces' which teaches vulnerable people about personal safety in the community and what to do if they feel anxious or afraid.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff told us they would immediately report suspected abuse to the registered manager.
- Personal safety was discussed at meetings in the home.

Assessing risk, safety monitoring and management

- We saw an excellent example of managing risk when one person wanted to use scissors. A support worker gently persuaded the person to let them carry the scissors whilst going up the stairs. This showed an understanding of risk and appropriate action taken.
- Systems to manage the risk of fire were up-to-date and staff demonstrated relevant knowledge. People and staff knew what to do in the event of a fire.
- Key building safety and maintenance checks were found to be up-to-date.
- Risk assessments included those in place for supporting people whilst in the community.
- Risks relating to people's mental health had been assessed, monitored and reviewed. Relevant health professionals were also involved.

Staffing and recruitment

- People and staff told us there were enough staff to be able to provide safe and effective care. Staffing levels were flexible as extra staff were added where needed to cope with situations such as trips and emergencies. During our inspection, we saw sufficient numbers of staff to provide people with safe and effective support.
- We looked at the recruitment files for two staff members and saw the necessary background checks had been followed. Interviews were carried out over two stages. On the second interview, people were able to meet the candidate and they were asked for their views on the suitability of the person being interviewed which demonstrated an inclusive approach.

Using medicines safely

- People confirmed they received their medicines when they needed them. One person told us, "If I had a headache, I can go to the office and ask for a paracetamol."
- Medicines systems were organised and people were receiving their medicines when they should. The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- As part of their personal development, some people living in the home were managing their medication

independently on a week to week basis.

- The registered manager and her team reviewed the medication people were prescribed to look at whether all medicines were needed. Working with appropriate health professionals, they were able to take steps to stop medicines which were agreed (with GPs) as no longer needed.
- Support workers had received medication training and had their competency regularly checked to ensure they were safe to administer medicines.
- Weekly medication checks to confirm stock levels were taking place.

Preventing and controlling infection

- When the registered manager gave one person their eye drops they were seen wearing gloves which showed infection control was well managed.
- The premises were clean and tidy and people were encouraged to participate in cleaning duties.
- Good infection control was promoted, for example, through an exercise whereby an instrument was able to show where germs may still be present on hands using an ultra-violet ray. This helped demonstrate the importance of thorough hand washing.

Learning lessons when things go wrong

- The registered manager was committed to learning lessons when things went wrong. We tracked a complaint and saw how this had been used to learn lessons which were shared with staff in supervision records we saw.
- The senior support worker confirmed, "If you made a mistake, (the registered manager) says 'let's review and take corrective actions'."



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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's needs were assessed before they moved into The Gables. This ensured the registered provider was able to meet their needs.
- The registered manager used nationally recognised sources for information and guidance. For example, they had referred to the National Institute for Health and Care Excellence (NICE) for guidance on self-harm and suicide and had adopted documentation relating to this.

Staff support: induction, training, skills and experience

- The induction staff received provided opportunities to undertake training, become familiar with the premises, look through care plans and have two weeks of shadowing experienced workers.
- Support workers received a regular programme of supervision and appraisal. Detailed records showed these sessions looked at, for example, performance as well as training and development. One support worker told us, "We have training and support supervisions. I feel confident working here."
- Support workers received mandatory training as well as specific training in subjects such as Dementia, epilepsy, equality and diversity, autism, positive behavioural support, suicide and self-harm. Support workers were able to enrol on NVQ level 3 courses.

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

- People were able to independently purchase ingredients and prepare their own meals. Support workers prepared meals each day which people could choose to eat from. Feedback about the quality of food was positive.
- Support workers were creative where one person's food allergy meant they were unable to enjoy a pizza night. They used chicken to form the base and put different toppings on it.
- Where one person was receiving a drinks supplement which they didn't enjoy, support workers provided them with different flavours to try.
- One person was referred through to the dietician and support workers were assisting based on the guidance they were given.
- Fresh fruit was available in the home and there was clear evidence to show people were helped to receive a healthy and balanced diet.

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

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible. People had their own flat complete with living room, kitchenette, a bedroom and bathroom.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they received access to healthcare services when they were needed. When asked about services such as opticians and dentistry, one person said, "The staff organise it."
- Support workers supported people to access healthcare professionals such as GPs, learning disability nurses, psychiatrists and audiologist.
- The registered manager told us some people were reluctant to engage with breast screening. Further support was arranged for these people and others living at 'sister' homes. A nurse visited the home to talk about the benefits and as a result, people were successfully checked.
- We saw weights were recorded and appropriate action had been taken where people were at risk of losing weight, although there was no overview of weight gain or loss. The registered manager said they would create a weights tracker to monitor people's weights over an extended period.
- People had VIP hospital passports which are used to communicate key information when people are admitted to hospital. These included people's religious needs and ethnic background.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Staff knew three people had an authorised DoLS and who they related to.

- People's care plans contained information about voting rights, but people had not received voting cards or had information relating to the recent European election. The registered manager said they would immediately follow this up.
- People confirmed they were given choices including how they wanted their living spaces to be decorated as well as day-to-day decisions. Where people were going on holiday, we checked with people about who was supporting them and where they were going. They confirmed they had control over these decisions.
- People had a variety of decision specific mental capacity assessments in their care records. Where people were unable to make decisions themselves, we saw good practice had been followed with best interest's decisions made on their behalf.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant 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

- People's feedback was extremely positive about the care they received. Comments included, "I thoroughly enjoy living here", "They (staff) are very good. I couldn't do without them." and "I wouldn't change it for the world. My friend here (support worker) looks after me. I'll miss him when he goes (on annual leave)."
- The staff team demonstrated exceptional caring values and a desire to provide person centred care focused around each individuals' needs and wishes. The service had a statement which the registered manager and support workers applied in their daily working, 'Nothing about me, without me.' This demonstrated the importance of people leading on their care and making decisions. One support worker said, "They're adults, they've got their own choices. They're entitled to do as they wish. We ask a lot of questions and give them time to answer." Another support worker said, "We act upon what people want and get on with it."
- People who were not lawfully deprived of their liberty had keys to access their own living areas as well as fobs to be able to leave and return to the building when they wished.
- The staff team knew people exceptionally well and did not hesitate to respond to people's needs and preferences. Staff identified one person was uncomfortable when sleeping at night due to their bedding. Staff discussed this with the person and we saw new bedding made from a different material was promptly purchased.
- People were put at the centre of care and support and involved in decisions relating to their daily activities. A support worker said, "[Person] asked to go to a charity shop and we're going after lunch."
- The staff team took steps which exceeded expectations to help people pursue their individual hobbies and interests. One person who had a particular enjoyment for heavy goods vehicles was able to sit in the cabin of a specific lorry and live this experience which meant a great deal to them.
- A person who enjoyed a series of movies was assisted by support workers who turned an empty living space in the home into a set from the films. People dressed up as characters and people from 'sister' homes were invited to enjoy this experience along with food and drink.
- A person had asked for gin and tonic nights. Whilst this was being organised, support workers purchased a pre-mixed can for this person to enjoy.
- People were assisted through the use of technology to form relationships by accessing online dating websites. Sexual awareness training was given to people to help keep them safe. The senior support worker told us, "We have created an environment for people to enjoy the benefits of sexual relationships." These relationships significantly benefitted people's mental health.
- One person was supported to access bereavement services. The registered manager identified the potential impact on the person's mental health without this support and contacted Kirklees Bereavement

Services to assist the staff team in helping this person deal with their loss.

- The staff team made visiting relatives feel welcome and key updates were shared between them. Other visitors to the home were treated with equal respect.

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

- People lived in individual flats which were found to be very personalised and based on their interests and needs.
- Staff consistently showed a detailed understanding of people's mental health needs, their preferences and wishes. For example, one person's living environment had to be set in a particular way. When the person invited us to visit their living space, this was presented just as the person wished.
- Staff knew people's individual methods of communication and listened patiently before assisting people in line with their choices. Staff had learned Makaton (a form of sign language) to support one person who had sensory difficulties. This training was also offered to people living in the home which aided communication. This person had become more confident and engaged in activities which would not previously have been possible.

Respecting and promoting people's privacy, dignity and independence

- A support worker explained, "It's about having patience and giving people time. Monitoring, but not taking over. We keep an eye out and empower people. We're certainly not about de-skilling people."
- There was a strong focus within the service of promoting people's independence. Staff were highly motivated and empowered people to take control of their lives. One person who had been admitted to the home in a period of crisis had been assisted by staff to regain confidence and daily living skills in order to live with maximum independence. They wanted to go on holiday and had already succeeded in a short break which they wanted to build on to be able to enjoy a longer break. They told us, "I think (this service) has made me a lot more confident and independent."
- One person who had mobility problems and needed aids to help them had been supported by staff to make healthier decisions about their food and to join a gym. They had lost a significant amount of weight which transformed their life. This person no longer routinely needed mobility aids and was helped to purchase new clothes by support workers. The registered manager noted the person would receive an achievement award.
- One person who needed a type of equipment on their person found this was often in the way. Support workers contacted the relevant professionals about different options which the person was able to try. This worked extremely well and the staff member said, "I'm proud of what I've done. It's really discreet which is the main thing." The person using this confirmed they were much happier and now found it more comfortable.
- One person approached the registered manager to explain a concern about their physical health. The registered manager used discretion and directed this person to a private area to help the person which showed how people's privacy was respected.
- People confirmed support workers always respected their living space.
- People had jointly agreed to take on tasks of daily living which helped them take responsibility and develop skills which would be needed for more independent living.
- People confirmed their involvement in care planning and six-monthly reviews. One person showed us their care plan and was able to freely access this when support workers were in the office.
- Assistive technology had been offered where one person was at risk of falls. A 'pebble' which looks like a key ring and uses height and weight information, is able to detect when a person had fallen. This was offered to one person who decided they were not ready for this, but showed staff using innovative technology to support people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support which met their needs, preferences and interests.
- People had clear care plans in place which provided staff with detailed information on people's needs. Staff were clear on the plans of care for each individual, giving us assurance they were followed. Care plans were reviewed every six months with people and/or relatives involved.
- Care plans looked at people's sexual orientation and considered any support they needed.
- Person-centred diaries were used to record events that people enjoyed. Every month the home's camera was taken to get these images printed. People were able to add their own comments and record what they enjoyed about these activities.
- The registered manager had improved the recording on 'people you know' to show who was important to people and added more detail where these sections were previously brief.
- People confirmed they were supported to maintain contact with their family and we saw relatives who visited the home were made to feel welcome.
- People were able to access day opportunities, such as gardening projects as well as social gatherings. One member of staff took a lead on activities which were individualised. They carried out research based on people's interests and offered them options.
- The registered provider had a minibus people were able to use. People were going to ride specially adapted bikes the weekend after our inspection.
- One person told us they had booked to go on holiday in July 2019. They told us it was their decision where they wanted to go and who travelled with them. Other people were going on holidays arranged by the registered provider.
- Two people held season tickets for the local rugby league team.
- One person who had sponsored a donkey had visited the sanctuary where the donkey lived.
- We saw one person being assisted to pot plants within the grounds of the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw care records and information on how to complain was presented in an 'easy read' version which made these accessible to people.
- People and staff had received training in one person's specific communication needs which showed how adaptations had been made to make the living environment more inclusive.

#### End of life care and support

- Support workers had held discussions with people about their end of life wishes. They noted some people preferred not to discuss this. The registered manager was going to contact relatives for those people to develop these discussions.
- End of life care plans were in place, although further detail regarding people's wishes leading up to their death should be expanded on.

#### Complaints

- People knew how to complain and told us they would speak to a support worker or the registered manager. Information about making a complaint was available to people.
- We looked at the record of complaints and saw appropriate action had been taken. The registered manager looked to promote learning from complaints and we saw this in risk assessments, supervision and team meeting records.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw examples of three low-level incidents between people living in the home. These had not been reported to the Care Quality Commission (CQC). The registered provider had given guidance to the registered manager around incidents which they suggested may not be safeguarding matters. This was confusing for the registered manager and meant the legal responsibility to report all allegations was confused. We recommend the registered provider reviews their safeguarding guidance to registered managers.
- All other incidents which required the registered provider to notify us had been reported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were highly motivated to provide individualised care. A support worker told us, "The reason for that approach is [registered manager]. She's on the ball and proactive. It's just a positive attitude in general."
- People's comments about the registered manager included, "I find [registered manager] very good. I'm very pleased with her" and "She's nice, I wouldn't change her."
- The registered manager promoted a shared vision of teamwork. They said, "We're quite a close team. We talk to each other." The senior support worker told us, "I can safely say we've got one of the best staff teams. Communication is one of [registered manager's] biggest strengths."
- Staff consistently spoke of the enjoyment they took from working at The Gables. Comments included, "I love working here. They're lovely to work with and they appreciate you. I've wanted to work here for a while" and "We've got a fantastic team here."
- The chief executive for the registered provider had sent support workers individual letters recognising their achievements.

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

- The registered manager started carrying out a monthly report in April 2019 which was based on CQC's five key questions.
- Audits covering infection control, care plans, beds and mattresses were being routinely carried out. The registered manager told us they would allocate the responsibility of care plan audits to the senior support worker to avoid the registered manager auditing their own work.
- The registered provider visited the home at least monthly to carry out operational checks.

- The registered provider carried out a mock inspection in March 2019 and rated the home as Good.

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

- Quarterly house and monthly staff meetings were taking place. People and staff confirmed they were able to freely contribute to these meetings. We saw requests coming from these meetings were actioned. For example, people had asked for a table football game for a themed night. We saw this during our inspection.
- We saw people had completed a satisfaction survey in July 2018. These contained positive feedback, although follow up action was needed where people answered questions as 'unsure'. Three professionals gave good feedback about this home.
- The meeting minutes were produced in an easy read format which meant these were accessible to people living in the home.

Continuous learning and improving care

- The registered manager was mentoring a member of staff to prepare them for management duties which they expressed they were interested in. The person being mentored said, "[Registered manager] created an environment where I became more confident. She has motivated me to do a level five diploma to help me move into management."
- Families were asked to complete Healthwatch surveys to share their views about the home. We saw the feedback was very positive.
- The registered provider was providing information and courses about achieving the rating of Outstanding with the CQC. The registered manager and senior support worker were looking at inspection reports for other services and gathering ideas.

Working in partnership with others

- The registered manager and provider had formed links with Kirklees Safe Spaces which included people acting as 'mystery shoppers' to check places in the community which are signed up to this scheme know what to do if someone needs help.
- We saw evidence of events which were held in partnership with other homes the registered provider operates which enabled social inclusion.
- Two people living at The Gables had started attending a forum for people who live at homes run by the registered provider.
- The registered manager was reaching out to partners who run the programme for stopping the over medication of people with a learning disability (STOMP). They were planning to feedback information and ideas about this at their registered manager's meeting.