Meadowbank Care Limited

Bourne Bridge House

Inspection report

Bourne Bridge House
Meshaw
South Molton
Devon
EX36 4NL

Tel: 01884860909

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bourne Bridge House is a residential home which provides care for people living with profound learning disabilities and/or autism. Some of the people cared for at the home also have physical disabilities. The home is situated in a rural setting about four miles from the village of Witheridge in mid Devon. The home is a converted three-sided farmhouse which surrounds a fully enclosed courtyard garden. The original property has been split into four accommodation units, three of which are two storeys. Office accommodation is provided within the main building.

At the last inspection, carried out in August and September 2015, the service was rated good overall, although we found that the home needed to make some improvement to ensure people were kept safe. We found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some risk assessments and care plans were not fully up to date.

At this inspection we found the service remained good. The service had made improvements to their care records and these now reflected people's risks, needs and preferences. Care plans described how staff should support people to meet their needs. There were detailed personal descriptions of people and the care they required. Staff were very knowledgeable about people and were able to communicate with them in a number of different ways. This included using sign language as well as recognising each person's body language. Daily notes in care records showed that staff followed the care plans, which were reviewed regularly.

People were relaxed and happy with staff, laughing and chatting with them. Staff knew people's histories and families well. Staff showed real care and compassion to support people maintain relationships with their relatives. This included accompanying them to other parts of the country to go to family events as well as supporting people at times of bereavement.

People experienced effective care that promoted their health and wellbeing. Medicines were administered safely. Staff worked with health professionals to ensure people received the care and treatment they needed in a timely manner. People were kept safe by staff who understood their responsibilities to safeguard vulnerable adults.

The home had been adapted to ensure people with different support needs were provided with private spaces and independence. Food was freshly prepared and people were encouraged to have meals of their choice. People were also supported to have sufficient drinks to keep them hydrated. People were involved in activities both in the home and in the community. People's preferences and abilities were taken into account when supporting them to enjoy their daily lives.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act

2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager. Both of them worked closely with staff and people in the service. There were sufficient staff who had been recruited safely. Staff were supported with training, as well as supervision whilst working at Bourne Bridge House.

There were policies and procedures in place which ensured the smooth running of the service. The service worked within the requirements of the Mental Capacity Act 2005.

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.

Care records contained detailed risk assessments and care plans to ensure staff knew how to support people safely.

People were protected whilst staff respected their right to as much freedom and privacy as possible.

There were sufficient staff to meet people's needs.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 25 and 29 August 2017 and was unannounced on the first day. The inspection was carried out by an Adult Social Care inspector who was supported on the first day by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had areas of expertise in dementia, learning disability and mental health.

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 January 2017.

During the two days of inspection, we met the eight people using the service. Some people were unable to communicate verbally. We therefore spent time observing them and how staff interacted with them. We talked with the registered manager, their deputy and five care staff. We also met and talked to one relative. After the inspection we contacted four health and social care professionals who worked with people at Bourne Bridge House. We received three responses.

We looked at three people's care records, including their risk assessments and person-centred care plan. We also reviewed three people's medicine administration records.

We looked at three staff records, two 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.

Good

Is the service safe?

Our findings

At the last inspection in August and September 2015, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments and care plans were not all up-to-date. This meant that staff did not have all the information they needed to ensure that people were supported safely. At this inspection, risk assessments and care plans had been reviewed and were updated regularly as well as when a person's risks or needs changed. There were systems to ensure that care records contained current information about each person. Other information was archived. This meant that staff could still access historical information if needed, but allowed care records to be maintained in a tidy and orderly manner. Staff had a good working knowledge of people's care needs and were able to describe how they supported them to ensure they remained safe. For example one person had a condition which meant staff had to monitor what they were eating. Staff described the actions that they undertook if the person attempted to eat something unsuitable. Staff were seen taking appropriate action when this occurred.

Risks to people had been assessed to ensure restrictions to their freedom were kept to a minimum. For example, although there were some risks associated with a person accessing the garden, plans had been put in place to allow them this freedom whilst staff supervised what they did. A social care professional commented "I am satisfied that the team there risk assess and provide a personalised support plan for [person]."

Staff had received training in how to safeguard vulnerable adults. They understood their responsibilities and were able to describe what they would do if they had a concern that someone was at risk of abuse or harm. This included reporting their concern to the senior staff and the local authority. The registered manager had reported safeguarding concerns to the local authority as well as the Care Quality Commission when necessary. They had worked with the relevant authorities to reduce the risks to the person concerned.

There were sufficient staff to support people safely both when in the home and the community. The registered manager had assessed people's needs and identified how many staff were required at different times of the week. They described how this altered depending on what people wanted to do. For example, one person required two staff to accompany them when in the community. On one of the inspection days, two staff supported a person to go out. Because of the complex needs of people, the registered manager said they did not use agency staff. They were able to managing staffing levels using a bank of temporary staff who knew people well, at times of holiday and sickness.

Staff were recruited safely. All staff underwent an interview process and checks were carried out on their suitability to work at the home, before they started working there.

Medicines were managed and administered safely. One person said "Staff help me with medication." Staff underwent medicines administration training before they were allowed to give people their medicine. People were supported to take medicines by two staff working together; one member of staff read the medicine administration record and the second member of staff confirmed the correct medicine before

administering. Both staff signed to say the medicine was administered. Medicines were stored in a locked medicine cupboard in a secure area accessed only by staff. The cupboard was tidy and clearly labelled. Where people required medicines to be taken with them when outside the home, there were safe systems. These included a requirement that these were signed for by staff accompanying the person at the start and end of the trip. Medicine administration records were complete and well maintained. Staff ensured that where a person was going on a home visit, their relative was given all the medicines needed. A relative commented "When we take him home, all his medicine is checked out to us." A social care professional commented "I have been contacted if any concerns around medication management at risks have been identified."

Where medicine administration errors had occurred, these had been investigated and systems put in place to reduce the risk of recurrence. There were weekly audits of medicine stocks to ensure stock levels, expiry dates and records were accurate.

The home was well maintained, clean and hygienic throughout. There was a large lounge and dining room in the largest unit where three people lived. There was comfortable seating and photo canvases of people on the walls in the lounge. Risk assessments on the environment had been carried out.] There were cleaning rotas and systems which staff followed to reduce the risks of infection.

Good

Is the service effective?

Our findings

People were supported by staff who were knowledgeable about their needs and how they should be supported. Staff completed an induction programme when they first joined the service. The induction programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. The induction included completion of training, both face-to-face and e-learning. Training included health and safety, fire safety, safeguarding vulnerable adults, moving and handling, food safety, infection control, medicines administration, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
New staff also spent time reading people's care plans and the organisation's policies and procedures. During their probationary period, new staff work-shadowed more experienced staff working with only some people in the home. This meant they were gradually introduced to working with people who had more complex needs as they gained experience. A health professional commented "The staff seem to have a good understanding of mental health problems and generally knew the residents prior to moving to Bourne Bridge."

Staff were also required to do refresher training regularly. Records showed that staff were up-to-date with refresher training. This was monitored as part of the supervision staff received from a named supervisor every eight weeks. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have.

Staff were supported to undertake relevant national qualifications and additional training from time to time to support their knowledge and understanding. Six staff had recently started a qualification in working with people with mental health needs, autism and challenging behaviour. Staff had also completed specific training to support people, for example staff were developing skills in sign language. Staff had also undertaken training in supporting people living with epilepsy. A social care professional commented "I understand the team are receiving in house training on positive behaviour support strategies which should ensure consistency of approach within the less experienced members."

We checked to see whether the home was working within the requirements of the MCA. Where there were concerns about a person's ability to make a particular decision, staff followed the correct procedures. Records showed, and a health professional confirmed, that this included having best interest meetings with family as well as health professionals. Minutes of one meeting showed the process had been followed and a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications for all the people living at Bourne Bridge had been made to the appropriate local authorities. At the time of inspection, three DoLS authorisations had been granted. The home worked

within the authorisations, by fulfilling conditions which had been imposed. They also understood their responsibility to reapply for DoLS authorisations in a timely manner.

People were supported to have a balanced diet, and were provided food and drink of their choice. People were encouraged to choose what they wanted to eat and drink. Comments included "The food, I like some of it"; "We can sometimes help choose the menu" and "We get an alternative choice."

Where one person was at risk of choking, advice had been sought, and was followed, to ensure the person's food was suitable. People were offered drinks throughout the day to ensure they remained hydrated. A relative commented "I know he has good food and diet."

People were supported to maintain good health. Each person had an annual health check with their GP and were also supported to attend other appointments, for example with their dentist and optician. Where one person required regular attendance at a local hospital, these were carried out to ensure the person maintained their health. Where a concern was identified, staff liaised with the GP and the hospital to arrange an additional visit. A health professional commented "[People are encouraged to exercise and follow a healthy diet which we review at the yearly update. They are also registered with dentists/opticians as needed."

Where there were restrictions on access to parts of the home, this had been assessed for each person. For example, in the largest unit, the kitchen was kept locked due to the risks to the people in that unit of accessing the kitchen on their own. One person had to have their bathroom locked if they were unsupervised in the bedroom. A risk assessment had been carried out which identified this was in the person's best interest and the least restrictive. A person commented ""I like living here sometimes", "I don't like being on my own."

The home had been designed and adapted to support each person to live in the individual units. Building work had been carried out since the last inspection to alter one of the units, dividing it into two. This meant three people had individual semi-independent living areas, including an en-suite bedroom and separate living/kitchen area which provided them with private space. One of these units had been adapted to support a person with mobility issues. Further work was being planned to support changes to another person's current living space. This was because it was anticipated that they would need additional support due to changes in their health and mobility.

People were encouraged to make choices about their rooms and private spaces including the décor and furnishings. One family had raised some concerns about a person's bedroom. The registered manager said that they were aware of the concerns and the room was going to be refurbished to ensure it addressed them.

Good

Is the service caring?

Our findings

Staff were very caring and showed compassion and kindness to people. One person commented "I like the carers specially [care worker] she is always helpful." A health professional commented "Staff have always behaved in a caring way towards [people] and I feel this is something that is part of their culture. They do their best to involve [people] in decision making where possible."

Staff would go the 'extra mile' to support people in a caring way which encouraged their independence and choice. Staff recognised how important it was for people to be in contact with their loved ones even if they did not live locally. Staff supported people to visit friends and family by accompanying them on trips to other parts of the country. For example one person was supported by two staff to attend a relative's wedding, which involved a long trip and overnight stay. Staff discussed with the family, prior to the trip, the best way to ensure that the person enjoyed the event without being overwhelmed. This was because the person did not like crowds. Staff drove the person to the event, helping them to change into their wedding outfit on arrival. Staff also ensured the person was able to maximise their time with family by attending the wedding ceremony and reception with them. Because the person was enjoying themselves so much, they all stayed longer than originally planned. After an overnight stay in a hotel, on the return journey, staff stopped at a supermarket and developed photographs of the event so the person had a immediate visual memory which they were able to share with others when they arrived back at the home. The photos of the person at the wedding clearly show them very happy and enjoying themselves. These were now framed and hung in the person's bedroom.

Another person had had difficulties with some family members. Staff had supported the person throughout the time this was happening. They helped the person understand the issues and how they could deal with them. This included developing caring relationships with other relatives. They did this this by supporting the person to call and visit other relatives in other parts of the country; the person had benefitted from this as it had reduced their stress and anxiety.

Staff had also supported people through family bereavements, helping them to understand and deal with their grief. One bereavement had meant that the person had not been able to visit their family as regularly as they had done. Staff had given lots of reassurance and also found ways to make the person less anxious about not going home. For example staff had arranged day trips out, including a trip to Cornwall. This helped the person to fill the gap they felt as they had missed visits home.

Friends and relatives were encouraged to visit at any time. For example, one relative said "I visit whenever I want. There is always somewhere private or his bedroom I can spend time with [person]." Where relatives lived a long distance away, staff helped people to stay in touch, between visits, by telephone and internet communications. The weekend after the first day of inspection, several family members came and celebrated a person's birthday at the home.

Staff recognised how each person was at the centre of what they did. Staff recognised that where they achieved success, people were very much a part of that achievement. For example, the staff team had been

put forward for a national award for Great British Caring by senior staff in the provider organisation. This was because of the way the team had supported one person at a particularly difficult time. The team had got through to the regional finals, which meant they were invited to attend an award ceremony. The award ceremony included a dinner at which the awards were to be presented to winning teams. The registered manager asked the awarding body whether the person, as well as staff could attend. As the award was for staff, this was not usual. However the awarding body agreed to it. Staff and the person attended the gala event. The person described how much they had enjoyed the event, although the team had not won. They said they "want to win another one and go again." This showed how staff cared about helping the person be a part of the celebration. Staff described how it had been a joint venture with the person and therefore the person should be involved as well. Photos of the person at the event showed them clearly enjoying themselves.

Some people living at the home did not have verbal communication skills. Care plans provided information about people's communication methods. This included using sign language, the use of pictures and signs as well as being aware of people's body language. Staff were able to describe how they communicated with each person, and demonstrated this during the inspection. For example, where one person, who did not communicate verbally, was in some discomfort, staff picked up the signs through their body language and general manner. Staff took action to ensure that the person was supported to receive treatment to resolve the problem

Staff knew people very well and described how they liked to spend their days. Staff were very patient with people, making sure they understood what they wanted by the means of a variety of communication methods. For example, where someone picked up something that was not theirs, staff encouraged them by kind words and gestures to give it back. People had access to advocacy services when they needed them.

Some people used electronic equipment including computers and staff supported them with this. This helped people to have access to films, music and games they enjoyed as well as contact with family and friends. Staff had supported one person to maintain links with their religion by attending faith services and through preparing particular meals which reflected their cultural heritage and background.

People were clearly comfortable and relaxed with staff. People were laughing and bantering with staff as well as discussing what they were going to do. A relative commented that staff "do a cracking job. We know he's active we know he's happy. He's always happy to come back; we will sometimes find he's pushing us away as if to say 'you can go now.'" A staff member said "I love the job."

A health professional commented "[People] at the home seem to have good access to outside facilities and seem to do a range of activities depending on their preference. They have holidays, go shopping and visit their families. Staff have been happy to support this."

People were supported to express their views about their care and be involved in decision making. Although, given people's disabilities, the registered manager said it was not possible to have resident meetings. However, each person was supported to express their views about the home and how it functioned, wherever possible. Each person had a key worker who would support them to express their views and opinions.

One person liked to remove their curtains from the track each morning. Staff recognised that this was the person's choice and so would support them with this. Each evening the staff then rehung the curtains, which the person was happy for them to do. Each room was ensuite and allowed people to have privacy when they wanted. Staff discreetly encouraged people to use the toilet, respecting their right to dignity.

Good

Is the service responsive?

Our findings

Each person had a care plan which was individualised and described the support they needed to keep them safe and maximise their independence and choice. Each care record contained details about the person, their history, family, friends and background. There was information about personal preferences including religious beliefs, methods of communication and preferences. Care plans were written in a sensitive language focussing on people's strengths and things people liked and admired about them. A one page profile for each person summarised the information in the care plan; it also included what was important to the person and how best to support them. One person commented "I like music, making cake, shopping."

Staff were knowledgeable about each person and were able to describe how they met their different needs. For example, one person enjoyed being active and would use the trampoline in the garden as well as going for walks and swimming. Records showed that they regularly undertook these activities. A relative commented "[Person] likes walking, he often goes out, and does swimming and trampolining; we see him bouncing around."

Another person was described as loving water. Staff described how this person had a bath or shower each day and also sometimes enjoyed a sensory bath which they found relaxing. Staff had also recognised that a person had found it increasingly difficult to choose what they wore each day even if the choice was limited to two items. Therefore staff had stopped offering a choice although they said they would offer an alternative if the person communicated they did not want to wear a particular item. A social care professional commented "There appears to be flexibility within the allocated staffing to ensure people can have community access to a variety of activities throughout the week. To my knowledge this has included some evening off site activities such as theatre trips."

There was information in each person's care records about how they reacted if they were upset or having a bad day and how staff should support them with this. For example, each person had a risk assessment and care plan detailing what staff should do to ensure the person was kept safe when taken out in the car. One person's plan described how they needed two staff to accompany them; the person should be sat in the back seat but not behind the driver. Also that the person may choose to take socks and shoes off but that these should be placed in the front as they may otherwise throw them. A social care professional said "If I have asked for clarification regarding any records relating to my client they have been readily available and I am satisfied that the systems in place are effective and well managed."

Care plans focussed on how to support people to be as independent as possible. For example, one person's plan described how they were able to do some household tasks such as taking their plate to the kitchen and spreading butter on toast. During the inspection, two people had helped to make a cake which they then had a slice of. Staff described how they had gone blackberry picking with one person to make the filling for the cake. Whilst eating the cake, one person was encouraged by staff to choose a squash and pour it themselves from the jug.

A social care professional commented "My client has personalised plans including goals which include

improving her abilities in the kitchen where she is encouraged to learn new skills, whilst taking account of complex risk issues including the potential for challenging behaviours. Staff also work with my client to ensure her inclusion in decision making but in a managed way to minimise anxiety / emotion which can impact negatively on her wellbeing."

Staff monitored people's health closely and responded quickly when they recognised a change. For example one person needed a routine medical procedure every two weeks. During the inspection, staff identified that the previous procedure had not been completely successful. They followed this up with the hospital and the person's GP. They arranged that the person had the procedure carried out again the following day. Another person had been encouraged to become continent during the day. Staff had worked with them to develop strategies so that the person was now able to use the toilet during the day.

The home had a complaints policy and procedure. They had not received any formal complaints since the last inspection, but had received six written compliments. A person commented
"If I was worried about anything I would talk to [care worker]." While another said "Concerns, I would talk to [care worker]"

Relatives said they knew how to complain but had never had to do so formally. One relative commented "No complaints. If I did, I would speak to [registered manager] or [deputy manager] and they would deal with it. For example, [person] lost his walking boots. We phoned and it was all sorted."

People were supported when moving between different services. The moves took into account their needs and wishes. A health professional commented "I was especially impressed with the individual care and long term planning given to [person] who moved to Bourne Bridge House… the team went above and beyond to manage his transition plan. What could have been a very difficult and emotional move became empowering for [person] and his family."

Good

Is the service well-led?

Our findings

A manager was in post and they had registered with the Care Quality Commission in 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted a positive, person-centred culture, which involved people and their families, as well as staff, in the care provided. For example, they had instigated the inclusion of a person at a regional awards ceremony for staff, as they saw the person as part of the success. They described how they believed the people were at the "centre" of home.

The registered manager was supported by a deputy manager as well as team leaders who had delegated responsibility for particular aspects of running the home. For example monitoring and auditing the stock of and control of medicines. Staff, relatives and visiting health and social care professionals were all very positive about the registered manager and her deputy.

A social care professional commented "I have been impressed by the manager and deputy on each occasion when I have had contact, whether by phone, email or in person and they have been proven knowledgeable and transparent in their dealings with me regarding my client including regarding matters of capacity and DOLS." A health professional described the management saying "The home seems well led and I liaise generally with the team leader or deputy manager. We have a good working relationship and they have contacted me appropriately when needed."

The service had a clear vision and values which the registered manager promoted with staff. They set high expectations the way care was delivered to ensure people were helped to be as independent as possible. They also emphasised the importance of staff working together. Staff were encouraged to raise ideas, issues and concerns, which were responded to. Staff were able to influence decisions about people's care and the running of the home through team and individual meetings.

Systems including audits of care records, health and safety and medicines management were used to ensure that the quality and safety of the service was monitored. Audit action plans showed the service made continuous improvements in response to their findings. Senior staff from the provider organisation visited the service each month and worked closely with the registered manager to monitor and improve the service.

Where accidents or mistakes had occurred, staff at the home were open and honest with people and relatives and outlined steps being taken to improve.