

Positive Living Limited

Brickbridge House

Inspection report

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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 

Overall summary

The inspection took place 26 November 2014 and was announced. 24 hours' notice of the inspection was given because the service is small and we needed to be sure that people were at home.

Brickbridge House is a home for six people with a learning disability. At the time of this inspection six people lived at the home.

The home had a registered manager in post. 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.

People who lived at the home told us they were comfortable and happy with the care and support that was provided.

Staff were aware of their responsibilities for supporting people with their safety and to reduce the risk of them coming to harm.

Summary of findings

Staffing levels were adequate to support people with their daily choices and options.

Recruitment procedures were in place to ensure suitable people were employed.

Medication was stored securely and people were supported to have their medication at the prescribed times.

People were fully involved with developing, agreeing and reviewing their care and support requirements.

Staff had received training to ensure they were effective in their roles.

The provider recognised the requirement to work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLs). Referrals were in the process of being made for people who may have their liberty restricted.

People told us they were able to choose what they wanted to eat and drink each day.

Staff were kind and considerate and respected the privacy and dignity of people who lived at the home.

People's independence was respected and they were encouraged to continue to pursue their hobbies and interests.

The quality and safety of the home was regularly checked and improvements made when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had received training in safeguarding and protecting people and knew how to respond if they suspected abuse.

There were sufficient staff to safely meet the needs of people.

The home managed people's medication safely.

Good



Is the service effective?

The service was effective. Staff were well trained and competent in their role.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLs).

People were able to choose what they wanted to eat and drink each day.

Good



Is the service caring?

The service was caring. People were fully involved with making decisions about their care and support requirements.

People were supported to be as independent as they were able. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People received care that was relevant to their individual needs and preferences.

People were encouraged to pursue their hobbies and interests.

There was a complaints procedure and people were regularly asked their views on the service.

Good



Is the service well-led?

The service was well led. The home had a registered manager who was open and transparent in the management of the home.

Staff felt supported to fulfil their role competently.

There were effective monitoring systems in place to check the quality and safety of the home.

Good



Brickbridge House

Detailed findings

Background to this inspection

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

This inspection took place on 26 November 2014 and was announced.

The inspection was conducted by one inspector.

We looked at the information we held about the service. This included notifications the service had sent us. A

notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who lived at the home. We spoke with the manager and two members of staff. We looked at two care records, medication and staff training records, recruitment procedures and the provider's quality monitoring audits.

Following the inspection we spoke with a healthcare professional to gain their views.

Is the service safe?

Our findings

We asked people living at the home if they felt safe and secure. One person said: “I like living here, I feel safe in the home and the staff help with my safety when I go out”. They went on to tell us that they liked to go out and did so often. Risk assessments were in place to support this person with their safety both within the home and when out in the community. This ensured the person was as safe as they could be without compromising their independence and individuality.

Staff told us that on occasions some people became anxious and concerned about aspects of their lives and needed support to help them through these episodes. Staff told us that some people were unable to verbalise their feelings and showed how they were feeling by verbal gestures and body language. Staff were aware of the triggers of behaviour and were able to support people safely and reduce the risk of harm. We saw staff quickly supported people when support was needed. Information was recorded in the personal development and support plans that corresponded with what staff had told us.

Staff told us they were aware of the safeguarding procedures: “I have never seen anything that causes me concern in regard to the safety of people. If I did I would report it straight away to the most senior person at the time”. The manager told us they had referred concerns to the local authority when they had safeguarding concerns. The safeguarding procedures are formal processes to ensure adults at risk are not being abused, neglected or exploited. The training planner showed that 88% of staff at the home had received training in safeguarding adults. The manager told us the training for the remaining 12% was due to expire shortly and that a refresher and further training would be arranged. This meant that staff were aware of how to protect people from abuse and how to report any concerns.

People told us that staff were available to support them in the local community when they wished to go out of the home. We saw that staff were readily available to offer help, support and encouragement to people. Staff supported two people with a visit to the local supermarket to buy groceries for their evening meal when people made this request. The manager told us that the current levels of staff provided at the home were sufficient to meet the needs of people. Additional staff were rostered to work when people required individual support to pursue their hobbies and interests.

The manager told us that recruitment for support staff was on-going. We looked at the staff files and saw that the necessary security checks had been completed to ensure suitable people were employed to work at the home. Staff confirmed these checks were completed before they were formally offered a position at the home. This meant that the provider followed safe recruitment procedures.

People told us that their medication was kept in a locked cabinet within their bedrooms and staff helped them with their medication when it was needed. One person told us: “I have tablets three times a day and staff make sure that I have them”. We saw two members of staff administered medication; they told us this was to reduce the risk of errors. Some people required support and encouragement with their medication; staff were patient and encouraging throughout the process. Each person had a medication care plan in written and pictorial form to support them with understanding what the medication was for and when it should be taken. An accurate record of the types and frequency of medicines administered were maintained. This showed that systems were in place to ensure people received their medication safely.

Is the service effective?

Our findings

Staff told us people who lived at the home were fully involved with planning their care and support needs. One person told us: “I was offered a copy of my care plan but asked the staff to keep it in the office. I can see it at any time and it can be changed when I want it changing”. We saw that the manager took action to support a person with an additional support need when a request was made. Each person had a care file which included information of their individual care and support needs. Records were signed by the person to indicate they had discussions with their keyworker and were in agreement with the plan of care.

Staff told us the training provided was sufficient to support people to achieve their aims and to meet their individual needs. One staff told us that the learning disability training gave them a greater understanding of the needs of people living at the home. We saw staff were competent and knowledgeable when interacting and supporting people throughout the day. The training planner identified the training staff had completed and what was due. Topics included fire safety awareness, infection control, introduction to learning disabilities and crisis management. This meant staff were supported to gain the knowledge and skills they required to provide the care and support to people.

The manager told us they were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLs). The MCA provides a statutory framework for people who lack capacity to make decisions for themselves. Records showed that capacity assessments had been completed for all people who lived at the home. Where required meetings had been arranged and a best interest decision made when people were unable to make important specific decisions.

This meant the provider followed the principles of the MCA, when required decisions were made in people’s best interests.

The DoLs protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. DoLs referrals had been sent to the local authority for authorisation because of concerns with people’s personal safety when they were out of the home. People were not restricted from accessing the community whenever they wished to do so; they chose staff to go with them and understood this was for their personal safety. We saw and people told us they were escorted by staff whenever they wished to access the local community.

One person told us they enjoyed takeaways, burgers and fried chicken but they realised this was not ‘good for them’. They went on to say that staff encouraged them to eat a healthy diet with the occasional takeaway treat. Staff told us that each day people were asked what they would like to eat. People were supported to shop and prepare the daily meals. We saw a weekly menu was completed but the manager told us this was not often followed as people chose what they wanted each day. Daily records were maintained of the food and drink that was provided.

Some people needed additional food supplements, because of their specific healthcare needs, for them to remain well and healthy. We observed a person received their supplement at the time it had been prescribed. Staff remained with the person to ensure that it was taken safely. Records were completed following this intervention. This ensured action was taken to reduce the risk of this person becoming unwell.

People told us that staff supported them with visits to the doctor, dentist and hospital appointments. One person told us they had an appointment with their dentist and that staff would go with them for support. They told us they were always a little nervous with going to the dentist but they had a problem that needed sorting. People had a health action plan which recorded the additional support they needed for them to remain as well as possible.

Is the service caring?

Our findings

We spent time with people who lived at the home to observe their interactions with each other. We saw that good relationships had been developed and maintained between people. There was much laughter and conversation. Three people told us that staff were 'very good, kind and helpful'. Some people were unable to speak with us but we observed that staff were thoughtful and considerate. Staff were aware of the individual needs of people and supported them with dignity and at a level to promote their independence.

We asked people about contact with their friends and families. Some people told us they went to see their parents each week and enjoyed the time they spent with them. Another person told us they didn't very often go to the family home but their family visited them. They said: "I like to see my family and look forward to their visits". The manager told us people were supported to maintain links with families and friends. Records were maintained of the visits and the additional support people needed to ensure the visits were enjoyable and successful.

The manager told us that some people did not have relatives. Where this was the case people were supported to have an independent advocate if they wished to have one. One person had the support of an advocate when they

had an important decision to make. An advocate is a person who can help people express their needs and wishes, and weigh up and take decisions about the options available to them.

At the monthly 'Your Voice' meetings details of advocacy and what this meant was a regular agenda item. This meant that people were supported in making decisions when they required support to do so. 'Your Voice' meetings were arranged each month for all people who lived at the home to get together on a formal basis. There were regular agenda items such as how to complain as well as issues of concern or any suggestions for improvement. This meant that arrangements were in place to support people to express their views about life at the home.

All people had their own bedroom and toilet facilities. Two people offered to show us their rooms. We saw they were highly personalised and decorated to individual tastes. One person told us: "I have everything here I need, the facilities are good. I have my own room with toilet and shower. I like living here". Everyone had a key to their room. One person told us that they didn't very often lock their bedroom door as they felt comfortable and safe with leaving their door open. Another person told us that would like to have more privacy, with their permission we spoke with the manager about this. The manager discussed this with the person and a solution was arranged. People's private information contained in their care records was kept secure. This showed that people's right to privacy was respected.

Is the service responsive?

Our findings

Everyone who lived at the home had a detailed plan of their care and support needs. We saw that people had signed to indicate they had been involved with the discussions. One person told us they spoke with their key worker about their support needs and discussed any changes they felt were needed. Another person told us they would like to be more involved with the management of their medication. We saw that the manager took action to support them with this request.

We asked people what they liked to do each day. One person told us: "I like to go shopping in town, staff go with me. It's great. I am going Christmas shopping soon". People told us they had been to football matches, the seaside, theatres and other places of interest. Some people liked to play games over the internet, broadband connections had been provided to support them with this interest. The manager told us that people were supported to find voluntary employment if they so wished but currently no one at the home wished to go out to work. One person attended college each week, they told us they enjoyed this and looked forward to meet with the friends they had made. Each person had a written plan to support them with their chosen leisure activities. This meant that the provider supported people to have as much control and choice over their lives as possible and for them to be as independent as they can be.

People's independence was promoted. We saw people with complex mobility needs had been assessed as requiring specialist equipment to support them with maintaining their independence. They had their own mobility aids so that they could access areas independently. Specialised equipment, such as electric wheelchairs and specialist beds, were available to support people with mobility problems and health care needs.

We asked people who lived at the home what they would do if they had any complaints or concerns. They told us they would speak with the manager. One person was a little unsure but said: "I like it here and have no worries. I could perhaps talk with staff, the manager or my social worker. But I am alright". People were reminded of how they could complain or raise concerns at the monthly 'Your Voice' meetings that were held. We saw minutes of the meetings which recorded discussions about how people could make a complaint if they needed to do so. Staff told us that as part of the key worker meetings this was also discussed with people. Key workers are staff members who work closely with individual people to offer additional help and support. The manager told us they had not received any complaints but demonstrated a good understanding and knowledge of the complaints process.

Is the service well-led?

Our findings

We asked people what it was like to live at the home. All people told us that they were satisfied with the accommodation and the staff. One person told us: “We have meetings with staff where we talk about what we have done and what we would like to do. It’s good here”. At the last meeting people were asked their views on the food, menus, Christmas activities and future holidays. There was a suggestion that a greenhouse would be useful for the cultivation of plants. The manager confirmed action had been taken to facilitate this request.

The manager told us people were involved with all aspects of the home, this included meeting with potential new employees, attendance at the provider’s area conference and quarterly safety, quality and compliance meetings. One person told us they enjoyed being included in these meetings. Records were completed with any suggestions for improvement or changes that may be required to improve the quality of life for people who lived at the home.

A registered manager was in post. People who lived at the home and staff all commented positively about how the service was managed and led. One person said: “I have never met such a caring person. We can go to them [the manager] with anything and know that it will remain confidential”. Another said: “The manager is great”. We observed good relationships had been developed with people and they felt able and were confident to contact the manager when they needed to do so.

Staff told us they felt well supported by the manager and had sufficient training for them to work effectively. Regular support and supervision was offered to all staff. One person told us the manager knew exactly what was going on as they were very visible at the home. We saw that good working relationships had been developed between the manager, staff and people who lived at the home.

Each provider has a legal responsibility to submit notifications to us. The provider had notified us of all significant events which had occurred at the home according to their legal responsibilities. We had recently been notified of an accident which resulted in an injury to a person. The action taken to support the person and to reduce the risk of recurrence was recorded on the notification. This showed that they were open and transparent in the management of the home.

Systems were in place to regularly monitor the quality and safety of the home. Audits and checks were completed by the manager and an external representative of the provider. These included care records, health and safety, medication and equipment. All records we asked to see were readily available, up to date and in good order. Where any concerns were identified, an action plan was completed with the anticipated timescales for the improvements to be made. This demonstrated the provider had structures in place to identify areas of potential risk, to make the required improvements and further develop the quality of the service they provided.