

Bridgewood Trust Limited

Bridgewood House

Inspection report

165 Barnsley Road
Denby Dale
Huddersfield
West Yorkshire
HD8 8PS

Tel: 01484861103

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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

About the service

Bridgewood House is a residential care home providing personal care to 18 people with learning disabilities and physical disabilities. People living at the home had varying abilities with some people living more independently in four bungalows on the site.

The service had 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.

The service was in a rural location with limited access to public transport and the service was 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 other domestic homes of a similar size. There was a separate building with bungalows that allowed people to develop their independence. 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

Individualised risk assessments had improved. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

Medicines were stored safely and staff were trained to administer them correctly. We found records relating to 'as and when required' medicines needed to be put in place, the registered manager actioned this immediately.

There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's 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.

Care plans were person centred and people were involved in their reviews where they were able. The registered manager confirmed additional work would be taken place to ensure people's care plans were easier to navigate.

People were supported to engage in activities they enjoyed, and we saw the service promoted people

accessing local community facilities and supporting them to go on trips and holidays.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was requires improvement (published 12 March 2019).

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?

Good ●

The service was 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.

Bridgewood 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. 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

The inspection was carried out by one inspector.

Service and service type

Bridgewood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 used information we had received through our ongoing monitoring of the service and feedback we received from the local authority. 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.

During the inspection

We spoke with seven people living at Bridgewood House to ask them about their experience of the care provided. We spoke with four members of staff including, the registered manager, the senior care worker

and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the care people were receiving and the management of a care home. This included, the medicine systems, two care plans, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection in 31 January and 4 February 2019 people's risks were not always assessed and managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 12.

- When assessing people's needs, we found improvements had been made. People had personalised risk assessments in their care plans.
- Risk assessments identified risks related to physical and mental health, including epilepsy and seizures, and choking.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Utilities, equipment and fire systems were checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- People received their prescribed medicines safely by staff who had been appropriately trained.
- People had medicines administration records (MAR's) in place where staff documented when people had taken their medicines. We saw the MAR's were completed accurately and there were no gaps in signatures.
- We found the 'when required' protocols did not detail sufficient information to establish how the person communicated their medicines. During the inspection the registered manager started to work on all 'when required' protocols to ensure they provided sufficient detail.
- The provider had included information about any allergies a person may have on the medicine records to alert staff to any potential risks.

Staffing and recruitment

- Sufficient numbers of staff to were available to meet people's needs.
- Staffing levels during our visit matched the rota and enabled people to pursue their activities safely and receive the right level of care. One person said, "The staff here are brilliant people, I can count on them."

- There had been difficulties with recruitment and retention due to the service being in a rural area. The service used regular agency staff to cover a small number of shifts, the regular agency staff helped ensure people received consistency in their care.
- The provider continued to recruit staff safely and encouraged people to be involved in the interview process. Prior to staff starting work at the service all necessary pre-employment checks had been undertaken. This helped ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and care staff were aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.
- There was information displayed around the service so that people and their relatives would know who to contact to raise any concerns. One member of staff told us, "Safeguarding is a topic we discuss as a team often. If I suspected abuse, I would report it immediately."

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection. Staff received infection control training to support them in their role.
- Staff used personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- The service improved their systems to ensure accidents and incidents recorded any trends or patterns in an attempted to prevent re-occurrences. The service discussed accidents and incidents at regular staff meetings, as a learning opportunity.

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 requires improvement. At this inspection this key question has now improved to good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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).

At the last inspection in 31 January and 4 February 2019 we found the provider failed to meet the requirements of the MCA, which meant people's rights were not always protected. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 17.

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.

- People had mental capacity assessments in place if they may lack capacity to make decisions. Where people lacked capacity, decisions involving their family and professionals, were made in their best interests. People had DoLS in place where this was appropriate.
- Staff received training in the MCA and had a good understanding of how this impacted on the support they gave to people.

Staff support: induction, training, skills and experience

- Staff received an induction and training that enabled them to support people in a way that met their needs effectively.
- New staff were able to shadow more experienced staff as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The training record clearly highlighted when training needed updating. There was specialist training

specific to the home and people's individual needs, with detailed guidance and plans. This included epilepsy, catheter care and end of life care called 'doing it my way'. Doing it my way training was set up locally to produce a package of materials to support people with learning disabilities, their families and support staff to recognise and manage health issues and enable them to plan for changing health needs.

- Staff received supervisions and competency assessments to ensure that they were effective in their job roles.

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

- The service ensured people received the correct level of support to have a balanced diet. People's weights were monitored and when required appropriate referrals were made if people lost weight. This meant different support could be offered when needed, to help people stay healthy.
- People had access to a choice of different meal and drink options. The menu options were in place and shown in a pictorial format, to help people make visual choices.
- Some people living at Bridgewood House had specific dietary needs. We found these people meals were safely prepared in line with their speech and language therapist guidance.

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

- The service completed initial assessments for people prior to moving into the home.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who used the service can live as full a life as possible and achieve the best possible outcomes, including maximising control, choice and independence in their lives. Four people lived in bungalows close to the home. There were no outward signs that the property was a care home.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- The service welcomed the input and advice from a wide range of professionals. Care plans ensured relevant guidance from community learning disability nurses, speech and language therapists was in place.
- The service promoted effective team working within the home. Staff reported feeling part of a consistent and supportive team. Consistent care had significantly improved the quality of life for people.
- The registered manager had developed detailed person-centred plans which supported people to tolerate health appointments.

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

- The home had been adapted to meet the specific sensory and physical needs of the people living there. We saw people spending time in different areas of the home and people appeared comfortable in the home. The service also benefited with large outdoor landscaped gardens with new decking installed.
- The home was well maintained but showing some minor signs of wear and tear. The registered manager was hopeful aspects of the home would be refurbished in the near future.
- There were photos and pictures to show which room people were about to enter or to give people choices of activities. This meant that people who did not communicate verbally could easily find their way around the service and make choices about how to spend their time.

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: This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained the same.

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

- People continued to be treated with respect, patience and kindness. We observed and overheard kind and well received interactions between people and staff.
- People and their relatives were complimentary about the service. One compliment card we viewed said, "The feeling of love, warmth and caring hits you as soon as you step in the door. Every staff member is truly genuine and their roles matter to them."
- During the inspection we found one person phoned the registered manager at least every 30 minutes. This was part of the person's routine and we found the service fully respected and embraced this. The registered manager responded in a caring and sensitive manner, it was clear the culture and ethos at the service was to ensure people always came first.
- Staff spoke with passion and pride about their jobs. They knew each person well, knew the things they liked and disliked, and wanted to make sure people were always happy.
- Staff knew how to respect people's equality and diversity and had a good understanding of how to support people in areas such as religion or specific dietary needs.

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

- Six monthly care reviews took place to ensure people and their relatives were fully involved in their care.
- Staff understood how people communicated. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.
- The service ensured access to advocates was in place when needed. Advocates are independent and can help people to make complex decisions.

Respecting and promoting people's privacy, dignity and independence

- During our observations we found staff were respectful of people's privacy and dignity.
- We saw staff closed doors and curtains to maintain people's privacy. We also observed staff speaking with people in a quiet, calm manner which promoted their privacy.
- Staff encouraged people to mobilise around the home using mobility aids to prompt their well-being and independence.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans described people's abilities with aspects of their care and the support needed from staff to meet their needs. The staff said the care plans reflected people's current needs.
- Although we found people's care plans were person centred, the plans were not always easy to navigate. The registered manager was already aware of this and confirmed work was taking place to review the care planning format, so essential information could better accessed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a range of activities both at home and out in the community. This included support to spend time with their families and engage in what was important to them. Each person had their own social activities calendar that included activities such as attending the cinema, shopping, attending a night out at the theatre or simply for a meal.
- People took part in community activities in line with their interests and identified goals. This included going to watch wrestling and visiting a vintage car show.
- People were supported to maintain relationships with those that were important to them. Families were welcome at the home and arrangements were in place to ensure this contact could be maintained.

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.

- Where necessary the service photographs, pictures and objects depending when communicating with people to meet their needs.
- The registered manager ensured key documents and policies were available in an easy-read format to support people to understand them.
- Staff explained to us what people's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.
- The service had made great progress in this area since our last inspection. New training was introduced training called 'Doing It My Way' This has ensured information about people's last wishes or funeral plans was in place.
- The registered manager provided a caring example of how the service sensitively engaged with one person who feared end of life. The service spent a considerable amount of time breaking down the barriers of end of life care with this person, so they did not feel alone. This had a positive impact as the person agreed to discuss their future end of life plans and will regularly ask the staff team about end of life as this is no longer a subject they feared.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy which people received in an accessible 'easy read' format. Concerns had been managed in line with this process.
- The service responded to complaints and acted to address issues when they arose. The registered manager kept a record of complaints which showed what action had been taken to resolve issues that had occurred.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection in 31 January and 4 February 2019 we found the provider did not operate effective systems and process to make sure they assessed and monitored the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 17.

- Since the last inspection there had been significant changes to the quality assurance systems. The provider and management team completed regular audits. The findings fed into a comprehensive monthly service report, documenting the progress made.
- There were processes in place to ensure effective monitoring and accountability. There was a clear staffing structure with clarity around roles and responsibilities. This included 'lead roles' with responsibility for areas such as infection control and end of life care. The registered also worked alongside staff, which gave them an opportunity to observe practice and identify good practice and any areas for improvement.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding events and serious incidents as required by law.
- The provider was committed to improving knowledge and learning about best practice and sharing this with staff. They provided regular support and supervision to the registered manager. There were regular managers' meetings, where managers could network and share ideas, and keep up to date with developments.
- The provider encouraged the staff team to take relevant national vocational qualifications and complete specialist training to build on their knowledge and skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour responsibility

- We received positive feedback about the registered manager and their leadership of the service. It was clear that they were dedicated to improving and developing people's care. One person told us, "[Registered managers name] is lovely and will always help me when I need it."
- The service had a person-centred culture. People knew who the registered manager was and who they could go to with concerns. Staff created a friendly and relaxing atmosphere for people and were positive

about their role in supporting people.

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding events and serious incidents as required by law. A notification is information about important events which the service is required to send us by law.
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was proactive in ensuring people were engaged and involved. This was achieved in a variety of ways including supporting people with communication, the provision of key information in an accessible format, quality assurance questionnaires and house meetings.
- Staff were encouraged to play an active role in the running of the service, participating in regular staff meetings and discussions in supervision. One staff member told us, "It's a brilliant place to work. I feel valued and well respected."
- The service regularly worked in partnership with a range of other health and social care professionals to ensure people received ongoing support to meet their needs. These included social services teams, behaviour specialists, psychologists, speech and language therapists and other healthcare specialists as needed. One professional provided feedback to the home, they said, "As always even in difficult circumstances the same warm open welcome when I visit the home."