

Bridgewood Trust Limited

Mountjoy Road

Inspection report

24 Mountjoy Road Edgerton Huddersfield West Yorkshire HD1 5PZ

Tel: 01484432471

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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:

Mountjoy provides personal care and accommodation for up to eight people with a learning disability and behaviours that may challenge. At the time of this inspection there were seven people 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 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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People told us they were consistently treated with kindness, dignity and respect. Without exception, people told us they felt safe and well supported. One person said, "Yes I do, staff are lovely." One person's relatives praised the standards of support provided by staff and they told us their family member was happy and looked after better than they could have wished for.

People received personalised support from staff who knew them well. Staff had built positive relationships with people living in the service. Staff supported people to retain their independence and to remain involved in planning and reviewing their care to ensure it was provided in accordance with their own preferences.

Staff worked closely with a range of community health professionals to promote good outcomes for people.

The service was consistently well-led. People felt able to raise any concerns with the registered manager and were confident they would be addressed. Staff felt well supported by the registered manager.

The registered manager and staff completed a range of quality checks and audits of the service to make sure the care and support provided was of high quality. This supported the continuous improvement of the service.

The service met the characteristics of good in all key questions.

Rating at last inspection: The service was last inspected August 2016 and rated Good. At this inspection we found the service had maintained its rating of Good.

Why we inspected: This was a planned inspection which took place to re-assess the quality of the service provided.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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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.	



Mountjoy Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

Mount joy provides accommodation, care and support for up to eight people with learning disabilities and behaviours that may challenge. There were seven people using the service at the time of inspection.

The service had a manager registered with the Care Quality Commission. A registered manager 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:

The inspection was announced. We gave the service 24 hours' notice of our inspection to ensure a manager was present to assist us and that people with complex needs were aware of us coming.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection in 2016. This included information that the provider must notify us about.

During the inspection we spoke with the registered manager and two staff. We also spoke with two relatives. We spoke with two people and observed staff interacting with them. We reviewed two people's care records. We also reviewed records and audits relating to the management of the home.



Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to protect people from abuse. People and relative's, we spoke with said staff treated people well. One person said, "Yes they are all lovely. I feel safe with them here."
- Staff had received training in safeguarding vulnerable adults and understood how to identify and act on allegations of abuse. Staff said they were confident people were safe using the service.
- We saw evidence safeguarding incidents had been correctly reported to the local authority and Care Quality Commission and measures had been put in place to help prevent a re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were well managed. Risks to people's health and safety were assessed and clear and detailed care plans were in place to assist staff in keeping people safe.
- The service balanced risks well, accepting that there was some risk associated with people's care and support and took positive risks to enable people to live fulfilling lives and ensure they experienced independence, freedom and undertook activities in the local community.
- Safety checks were undertaken on the building to help keep people safe.

Staffing and recruitment

- There were enough staff deployed to ensure people received safe and appropriate care. Staff told us that shifts were always covered.
- Staffing levels were flexible depending on who was staying in the home on any given day and night.
- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe and proper way.
- Clear records were kept of the medicine support provided to each person. Medicine risk assessments and protocols set out exactly how people required their medicines.
- All medicines could be accounted for and the medicine system was regularly checked to ensure it was operating safely.
- The service promoted people to be as independent as possible with regards to their medicines. For example, we saw one person was increasing their independence by taking some of their medicines themselves.

Preventing and controlling infection

- The service supported people to help keep the home in a clean and hygienic state.
- Staff had received training in infection control and had access to Personal Protective Equipment (PPE). Infection control checks were in place.

Learning lessons when things go wrong

- A system was in place to record incidents and accidents and learn from them to help continuous improvement of the service. There had been no incidents since 2017.
- Following incidents previously care plans and risk assessments were updated with new strategies to help keep people safe.



Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law including Staff support: induction, training, skills and experience

- People's needs were assessed and the service put in place appropriate plans of care to meet them. Care plans were thorough and based on recognised guidance and standards. A relative told us, "I am involved in all [name of person] care. They keep me involved."
- Staff received a range of training focused on the needs of people who used the service. This including learning disabilities, mental health, autism and positive behaviour support as well as bespoke training in conditions which affected specific individuals.
- Staff told us they felt very well supported by the organisation. They received regular supervision, annual appraisal and support to develop their skills and obtain further qualifications.

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

- People were fully involved in planning their meals. People told us they helped with preparing meals and setting the table.
- The service encouraged people to consume a healthy diet. Staff liaised with other professionals such as dieticians if concerns were identified around people's weight.

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

- The premises were designed and decorated to meet people's needs and promoted person centred care. The building was pleasantly decorated and suitable for its intended purposes.
- Each person had their own bedroom which was personalised with people's personal belongings.

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

- People were supported to live healthier lives and the service liaised effectively with healthcare professionals to meet people's needs.
- When people's needs changed, or following incidents, the team obtained specialist support and guidance to help meet people's needs.

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

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as

possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- •People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Appropriate DoLS applications had been made for those the service believed were being deprived of their liberty.
- •Where people lacked capacity, we saw evidence best interest decisions were made involving people and their relatives.
- •The service involved people to the maximum extent possible in their care and support and delivered care in the least restrictive way possible, promoting freedom and independence.



Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind and caring and treated them well. One person said, "It is nice here, staff are nice to me." One person said, "They[staff] look after me if I am unwell." A relative said, "They treat [name of person] very well and the staff are very respectful."
- We observed positive interactions between staff and people who used the service. Staff had developed good relationships with people and knew them well. Staff and the registered manager demonstrated to us they cared about the people they were supporting.

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

- The service took steps to ensure people could express their views by verbal or physical prompts.
- People had clear communication plans in place detailing how staff should help them communicate. We saw staff were skilled in communicating effectively with people.
- People's views were sought through key worker meetings.

Respecting and promoting people's privacy, dignity and independence

- Care planning focused on increasing people's independence, confidence and life skills. We saw people were encouraged to do as much as possible for themselves, including washing, setting the table, cooking and where possible accessing the community alone.
- Staff respected people's right to privacy and gave them time alone when they needed it.
- We observed staff treated people with dignity and respect and taking into consideration their diverse needs.



Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People said they received a high standard of care and support from the home. One person said," I love it here." One relative said they could not be happier with the care their family received. They went on to say they had experienced good outcomes for [name of person] living in the home including the restoration of their confidence.
- Care plans were written in an easy read format to promote people's own understanding of their care and support plans. The registered manager was looking at improving these.
- We saw people were involved in the review of these plans.
- Some people accessed the community independently and others with staff support. We saw people had been supported to go shopping, to access colleges and paid work.
- The home was meeting the requirements of the Accessible Information Standard (2016). Information was available to people in easy read formats and people's communication needs were fully assessed with plans of care put in place detailing individual methods of support.

Improving care quality in response to complaints or concerns

- A complaints file was in place, however there had been no complaints at the service. People and relatives told us they had not needed to complain but would know how to if they needed to do so.
- We saw compliment cards from relatives thanking staff for the support they give to their family members.

End of life care and support

• Care plans included a section on people's preferred wishes when approaching the end of their life. However, some lacked detail or were not completed in some people's files. The registered manager told us as people approached this period they would manage the situation with the upmost dignity and respect. We spoke to the registered manager who told us they would look into this.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We asked people who used the service and their relatives about the management and running of the service. They all confirmed that they were very happy with how the service was operated. Relatives said, "You can go to [managers name] about anything, [they] will sort it out. They are excellent we have never had any issues."
- The registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were good relationships in the team. One member of staff said, "We are like a little family."
- Staff we spoke with told us they felt well supported by the registered manager on a day to day basis, and through regular supervision meetings and annual appraisals. They told us they were happy to be working in the service. One staff member said, "It's like just been at home."

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

- The service was led by a registered manager who delivered a service which met the needs of people who used the service. The staff we met were motivated and professional and were good communicators. The registered manager was person centred in their approach. They were keen to look at ways to ensure people had the opportunity to meet their full potential.
- Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, staff said they liked their work and found it rewarding.
- Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, activities, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

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

- The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service wherever possible and their opinions counted.
- The service involved people and their families through regular reviews and conversations to allow them to

put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Continuous learning and improving care

- We looked at outcomes from surveys which were used to gather information and views from people who used the service and their relatives. The last surveys received in October 2018 had not been received from head office, however the registered manager was aware of this. The registered manager arranged for these to be brought to the service. These surveys were all very positive.
- We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and staff files. However, the staff file audit had not been completed for a few years. On check of these they were all up to date. The registered manager told us they would audit these files for all staff files. The other audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

Working in partnership with others

• The registered manager was aware of the need to work closely with other agencies, colleges and employers to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice. It was clear that the home offered a valuable service to people in and around the area.