

Bolton Council

Bridges Family Support Service - Bolton Council

Inspection report

Castle Hill Centre
Castleton Street
Bolton
Lancashire
BL2 2JW

Tel: 01204337126

Date of inspection visit:
22 August 2018

Date of publication:
10 October 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Bridges Family Support is a service which provides domiciliary support to children and young people up to the age of 19 years, with a range of disabilities. At the time of the inspection there were 38 people using the service.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People we spoke with told us they felt safe. The service adhered to the local authority safeguarding children and adults policies. Staff had received appropriate training and updates.

The service continued to have robust recruitment systems in place. The staff team remained at appropriate levels to enable them to meet the needs of the young people who currently used the service.

General and individual risk assessments were in place and the service remained committed to their 'can do' philosophy. Risks were thoroughly assessed and minimised, but the service continued to support people to achieve their full potential and reach their personal goals.

There was an appropriate medicines policy and procedure in place. Medication systems remained robust. Care files included a good range of health and personal information.

The induction programme was robust and training was on-going. The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

Staff interactions were warm and friendly and demonstrated respect for all the young people and their families. The service was flexible and person-centred. Support plans and risk assessments were regularly reviewed.

Records were stored securely and staff were aware of all aspects of confidentiality within their work. The service took concerns seriously and listened to families to try to resolve any issues promptly. We saw a number of compliments from both young people and their families.

The registered manager was accessible to staff and families. Appropriate referrals were made to other agencies and excellent partnership working was evidenced. Families felt the connections had a huge impact on enabling them to make contact with those services

Since the last inspection the service had won the local council's 'Best Customer Care' award. The service had an appropriate statement of purpose.

Quality assurance was a high priority and we saw a number of audits, service reviews and competency checks which helped ensure the service continued to operate at a very high standard.

Further information is in the detailed findings below.

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 remains Outstanding	Outstanding ☆
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Outstanding.	Outstanding ☆

Bridges Family Support Service - Bolton Council

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 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.

This was a comprehensive inspection which took place on 22 August 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager would be in to facilitate the inspection.

The inspection was undertaken by one adult social care inspector and 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. Their area of expertise included experience with children with disabilities.

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. This helped us to gain a balanced view of what people experienced accessing the service. We received no negative comments or concerns.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager and seven members of care staff. We spoke with six families who were supported by the service. The young people we visited were non-verbal and unable to speak with us, but we observed their body language and staff interactions with them. We also spoke with four health and social care professionals who came into the office to speak with us. All the feedback we received was extremely positive and health and social professionals told us this was a service

they would recommend to others.

We looked at records including four support plans, four staff personnel records, training records, health and safety records, audits and meeting minutes.

Is the service safe?

Our findings

People we spoke with told us, "I feel very safe with the staff. If they introduce new staff they bring them in and ring you beforehand to let you know who's coming, and they make sure that they do a lot of shadowing before they become part of our family". Another said, "I feel very confident with them when they're supporting my [young person], it's a massive trust because we have had a previous bad experience which they have helped me get through and built my trust back up". Further comments included, "They came and visited a few times before they looked after [young person], it was like getting to know [young person] before they took over. I suffer a lot with anxiety and needed a lot of reassurance about trusting other people, they just went nice and slowly, so that I built up a lot of trust in them"; "Yes of course I definitely feel he is safe with the them. The Bridges team provides us with excellent support every week. We can trust all the staff to give us excellent care, enabling us to run errands and feel confident that [young person] is well cared for".

The service adhered to the local authority safeguarding children policy and the safeguarding vulnerable adults policy. Staff had received appropriate training and updates and were confident to raise any concerns. Safeguarding issues were logged within care files and were escalated as required.

An example of the inclusive ethos demonstrated by the service was by continuing to deliver the Speakeasy course, an eight-week course developed by the sexual health charity FPA (formally known as the Family Planning Association) to staff, parents and foster carers of young people with disabilities and additional needs. FPA works with other sexual health charities to work with politicians and policy makers across the UK to advocate and lobby around sexual health issues. Their vision is a society where everyone can make positive choices about their own sexual health and wellbeing.

The Speakeasy course covers a range of topics from contraception and Sexually Transmitted Infections (STI's), to how culture and social media impact on children and young people's lives. The course is inclusive and opens positive discussions on children and young people around growing and developing, sexual and emotional health including age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership.

The course provides a wealth of tips and advice for parents and carers to give them the confidence and knowledge to talk to their children whatever their age about whatever they ask and whatever is going on in their lives. Any questions advice or support would be provided on individual basis looking at the specific needs of the person using Bridges' service. At present the service were engaged in skilling up the team via training, awareness and signposting to ensure they were able to support the young people and their families well, keeping up to date with best practice and linking with specialist services. Bridges delivery of this course helped ensure the young people who used their service were treated in an inclusive and non-discriminatory manner.

The service continued to have robust recruitment systems in place. All the required checks around suitability and possessing the appropriate skills for the role were in place. Some young people who used the service had undertaken training and were involved in the recruitment process, helping to ensure people employed

were suitable to meet their needs.

The staff team remained at appropriate levels to enable them to meet the needs of the young people who currently used the service. The staff team covered for each other in the event of sickness or annual leave.

General and individual risk assessments were in place around areas such as the environment, activities, the use of equipment and moving and handling. The team performed many clinical interventions, such as tracheostomy care, oral suction and gastrostomy, and appropriate risk assessments training and guidance were in place for all these interventions. Health and safety training was in place and information was available to staff. Fire safety training had been undertaken by all staff.

Young people were supported to access activities which may appear to present a high risk. These activities were researched and properly risk assessed, but the service's 'can do' attitude meant that they never dismissed a young person's request for a particular activity on the basis of the risk it may present. For example, a young person who required the use of a wheelchair, was supported to go ice skating. The service had accessed appropriate and safe equipment and supported the young person to realise a long-held ambition. This impacted positively on the young person's self-esteem and feeling of achievement.

Restraint guidance was available to staff, but the registered manager told us they did not use restraint with any of the young people the service supported. The staff were well trained and competent to use other techniques, such as distraction, to diffuse any potentially difficult situations.

There was an appropriate medicines policy and procedure in place. Medication Administration Record (MAR) sheets in people's files were completed appropriately. Medicines training was updated regularly and the service undertook regular competency checks to ensure people's skills remained up to standard. Families who were supported told us, "Medication: never had an issue with them, they complete the MAR charts, if there's any queries, they will find out and get the relevant information from who they need to speak to". Another said, "They have people that come and do competency checks on medication".

There was information available to staff around infection control and prevention. Personal protective equipment (PPE), such as plastic gloves and aprons were readily available to staff to use when undertaking personal care tasks.

Accidents, incidents and near misses were recorded and submitted to the health and safety team. These were collated into a monthly briefing shared with team managers to help them learn lessons from previous incidents and prevent future incidents.

Is the service effective?

Our findings

People we spoke with said, "I have never been let down by them [the service], they always turn up, and they're always on time"; "I've never had a problem with them being late they are always on time, and they have always turned up"; "They've never been late up to now, and they have never not turned up. I haven't had any problems with either of these things".

The service held a weekly Resource Allocation Meeting (RAM) attended by a number of health professionals and other agencies to discuss the best support options for people referred into the service. The service often worked in partnership with these agencies to help ensure a joined-up response to their needs. A health professional we spoke with said, "Communication is great. They are always at the end of the phone and we get all the information and paperwork we need. I feel I am part of their team. We have a good relationship". They told us the service also assisted with the transition from children's to adult's services which could be a difficult time.

Care files included a good range of health and personal information. We saw evidence of appropriate referrals to other agencies, such as physiotherapists, dieticians, speech and language therapy (SALT), and guidance from these agencies was kept in the files for staff to refer to. Support plans included the young people's preferences, routines, likes and dislikes and outlined how best to support the person.

The induction programme was robust and included a local authority and a service specific induction, with mandatory training, shadowing and orientation to the role. Evidence within the staff files we looked at confirmed that staff had undertaken all required elements of the induction prior to working at the service. There was a staff handbook for employees to refer to if required. Staff we spoke with felt the induction had been thorough and equipped them with the skills they required for the role.

Training was on-going and refresher courses of mandatory subjects were undertaken regularly as well as supplementary training in a range of areas, tailored to meet the needs of the young people who used the service. There was also training for clinical interventions and practical training in techniques, which was often supplied by the parents of the young person to help ensure the staff understood the individual's particular needs. One health and social care professional we spoke with told us, "The staff are very skilled and well trained, they are very knowledgeable". Families we visited said, "The training they have is absolutely spot on, if they don't know anything they will make sure they find out if its training they can do. They're quite willing to learn from you as a parent, and take your lead" and "They've been a great help with the handling and moving, which has been difficulty for me, as I have been doing this on my own for a long time".

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. We checked whether the service was working within the principles of the MCA. We saw evidence

within the care files that the best interests of the young people were considered at all times. Consent forms were signed by the young person's parent or guardian for things such as activities, travelling in staff cars, using public transport, seeking medical advice and the application of sun cream.

The service asked families about their communication preferences and needs and information was produced in a way that was most appropriate for them. For example, we saw a calendar that the service had produced for someone whose first language was not English. The calendar contained symbols to represent whether the young person was attending school, on a short break or at a youth centre. This had been well received by the family. Different languages, large print or braille could also be accessed if required. We saw many examples of easy read, pictorial representations within the young people's files, especially with regard to reviews which the young people had clearly contributed their ideas and wishes to. The children's guide to the service was also produced in easy read format and interpreters could be accessed if required.

Is the service caring?

Our findings

Everyone spoke about complete respect and dignity shown by each member of the staff, people had no particular favourites, about who they wanted to support them, as they all felt they all brought a great amount of skills to their role. Families spoke about not being carers, more about being friends and family and that the relationships they had, were very, very caring and supportive. One person said, "They treat my [young person] as if she was their own, they talk to her while they are carrying out the care, they reassure her when there are doing things that aren't so pleasant, like if there is quite a lot of medicine to take and even though she doesn't communicate verbally, this doesn't stop them talking to and having fun with her. They sing to her and read her books". Another told us, "[Young person] loves them coming, he recognises them and smiles when they come in".

We observed staff interacting with families and individuals and the warmth and friendliness that staff had with each individual family was very evident. The conversations we had with staff were underpinned with person-centred values. Families did not appear to be judged or measured in any way. There was a great amount of respect and compassion for each of the individuals whose homes we visited. Staff did not need to look at any notes to be able to give us any information on any of the families we visited.

Training courses accessed included disability awareness, which was presented by a person with a disability. The service felt this was important to help ensure care could be delivered in a way that the young people would want it to be, affording them as much dignity and independence as possible. The registered manager told us this was a very popular and useful training course. The service had an intimate care policy, which included guidance for staff on how to help ensure people's dignity was maintained when they were receiving personal care.

The service also accessed Three Faiths training, which helped to equip staff to support people with different faith and belief systems. A family member told us, "They totally 100% advocate for me as a family member, they go to meetings and help me get my voice heard. [Registered manager] is just amazing".

A health and social care professional we spoke with told us, "They [the service] are a really useful resource. I am glad they are here. The care and support [delivered] has been excellent and I get good feedback from families. Communication is good and we understand each other's services".

A staff member we spoke with commented, "I like the job. It is perfect for me". Another told us, "I just love my job and the people I work with. I couldn't have made a better decision in my life".

There were appropriate policies and procedures for confidentiality, data protection and information security. Records were stored securely and staff were aware of all aspects of confidentiality within their work.

There was a Quick Guide to Services, which gave an outline of the services offered. A Family Support Guide was given to all families and a Children's Guide, in easy read, pictorial format, was issued to the young

people. The publications included information about the service, the team, support, leisure activities and play. There were contact details for young people or their families to use if they were unhappy with any aspect of the service.

Is the service responsive?

Our findings

The service saw each young person and their family as unique and individual and support was tailored to meet their individual needs. Assessment plans were individually focused on each young person and their family. The young people and their families were always consulted by the service about the way personal care should be delivered. Families spoke about the service's 'can do' approach and how individual staff went over and above to enable things to happen.

A sibling we spoke with said, "It works well them coming to help us, as I get to have quality time with my mum, and she is so much more relaxed when they are here". A health and social care professional said, "They do an absolutely fabulous job. They are very flexible with the support they offer. Staff went on holiday with a family to offer support and they were massively grateful. They visit young people in hospital, even when there is no specific role, just to keep the support up".

We saw evidence of the flexibility of the service, for example, changing the times of the sessions to suit the family, changing days and responding to emergencies. We saw within the reviews of care that suggestions or requests from the young people were responded to by the service and the support plan was amended accordingly. Families told us, "They will accommodate you if you need to change things, and try to make things work better for you as a family."

The support plans were person-centred and included all appropriate care plans and risk assessments. These were reviewed on a regular basis and the review documents were produced in pictorial and graphic, large print and easy read formats so that the young people could be involved in a real and meaningful way. Preferences, likes and dislikes were documented and future plans and positive outcomes recorded. These reflected occurrences, activities or outings and included, young people being taken on visits to play centres, football matches, libraries and fire stations. They also included events such as a build of confidence, a young person making eye contact, a big smile, a person displaying less challenging behaviour and a person becoming more independent. Other events recorded referred to families trusting the staff to stay with their child whilst they went out and a young person being able to pay for their own tickets at the cinema.

We saw that the service encouraged feedback from young people and their families in a number of formal and informal ways. When asked about feeling satisfied with support comments included, "Yes, Bridges are always there to support me and [young person] when we need them"; "Yes their support is always above and beyond". When asked if the service met their needs answers included, "Yes, it provides me with a break when I need it"; "Yes 100%". And when asked if there was anything they would change people had said, "The only thing would be – more hours please" and "No they are fantastic the way they are".

The complaints and compliments procedure was outlined in the family guide and guide for children. The service had not had any formal complaints but took concerns seriously and listened to families to try to resolve any issues promptly.

We saw a number of compliments from both young people and their families. Comments included, "Thank

you for helping me to get to club" (this was accompanied by a drawing by the young person, as many of the comments were). A 'You Tell Us' form read, "Very pleased with all staff who supported [young person] they were kind nice and walked in with smiles on their faces". A text sent to staff said, "Thanks [staff name]. Just having someone like you who knows and understands makes a massive difference".

The service was accessing training for end of life care via links with the local children's hospice on how best to ascertain people's wishes at the end of life. They supported young people and their families when they were nearing the end of life and undertook a de-brief and reflection with staff following a death to support them and to look at what went well and where improvements could be made.

Is the service well-led?

Our findings

There was a registered manager in place. 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 worked in an open plan office along with the team members. This made them accessible to staff on a daily basis. They attended home visits, reviews and multi-disciplinary meetings to ensure they were familiar with families receiving support and up to date with care and support arrangements. This also helped ensure they were visible and accessible to families.

Staff told us they felt very supported by the management of the team. One staff member told us, "[Registered manger] is brilliant. I can tell them anything and they listen and will do anything to help. To feel so supported by everyone is brilliant".

A health and social care professional we spoke with told us, "They [the service] work hard to ensure a quality service. [Registered manager] is a really good leader, a good problem solver". A family had e mailed with their views and commented, "The whole team is excellent in communicating with us, whether it is to arrange a session or discuss [young person's] needs". Other families said, "The best things I think they're good at, is communication"; "If I had a problem, I would just ring [registered manager] in the office, she said that I can ring any time and speak with her, if am not happy or unsure about anything".

Team meetings were held on a monthly basis and we saw recent meeting minutes. Discussions included staff issues, support plan updates, hand hygiene, fire evacuation procedures, rotas and team news. At team meetings staff shared skills, knowledge and strategies with colleagues to help everyone learn from each other. An 'Away Day' was arranged on an annual basis so that staff could go away from the office and have the opportunity to reflect on performance and discuss their work. Staff reported that this had a positive effect on their morale and on-going motivation.

We saw evidence of regular staff supervisions, where discussions included personal well-being, performance and workload management, reflective caseload discussion, learning and development. In supervision regular case discussions ensured that the service was continually meeting the young people's needs. One staff member said, "Supervisions are monthly and planned well in advance so we can put forward any issues we want to discuss".

There were annual performance development reviews with staff where they discussed what had gone well, not so well, changes, training and the impact of training. The staff were supported to look at what they wanted to achieve in the next 12 months and the support and training they may need to achieve this.

The service continued to work in partnership with a number of other services, resulting in a joined-up service for the young people and families they supported. The service participated regularly in child action meetings

and other multi-disciplinary meetings and worked with a range of professionals. Families we spoke with felt the connections that staff had with other services had a huge impact on enabling them to make contact with those services, which made life a lot easier from their point of view.

The registered manager told us they felt relationships between health, education, private agencies, voluntary organisations, play and leisure were incredibly important to best meet the needs of the young people referred to the service. These good relationships made it easier for them to understand young people's needs and help them achieve their goals, wishes and aspirations.

The registered manager was able to give examples of where the partnership working had resulted in better monitoring of someone's health and well-being and where goals had been met successfully. For example, working closely with dieticians enabled the service to monitor and ensure one of the young people maintained their weight, following an operation. The person's recovery, supported by occupational therapists and physiotherapists, meant that the young person returned to good health and was able to return to school. All agencies working together made a real difference to the young person's health and well-being. In another example, working closely with the local Continuing Care Team providing training, support and meeting to address any issues enabled another young person with complex health needs to fully integrate into school, take part in social time at school and attend school trips. This enhanced their experience of school and improved their parent's life giving them more time to spend looking after their youngest child.

Since the last inspection the service had been nominated for the local council's 'Best Team' award and won the 'Best Customer Care' award. These awards were bestowed by Bolton council to recognise staff who go above and beyond and improve the quality of life of the people of Bolton. The registered manager told us that this award, and receiving an 'Outstanding' rating in the last CQC inspection had contributed to staff morale and helped the service focus on what they did well.

The service had a statement of purpose which included information about the service and registration, staffing, organisational structure and the complaints procedure. Quality assurance was a high priority and we saw a number of audits, service reviews and competency checks which helped ensure the service continued to operate at a very high standard. Audits included care files, comments and complaints, accidents and incidents. These were monitored and analysed so that the service could look at lessons learned and improvements to the service where necessary. For example, looking at accidents and incidents informed whether specialist moving and handling training needed to be sought to enable the service to better meet the needs of the young people they supported.