

# Bridge Pole Limited

# Norwood

## 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 ●

# Summary of findings

## Overall summary

Norwood 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.

Norwood was registered on 19 January 2017. This is the services first inspection.

The registered provider, Bridge Pole Limited, operates a service providing support to younger adults with a learning disability in the community. Norwood provides respite care [short stays] to those people who also receive support in the community. Norwood is a three-bedroom property in a residential area of the city.

The registered provider also operates Brooklyn House. This is a two-bed property offering short stays to people who are also supported in the community. People receiving support may stay at Norwood or Brooklyn House. The staff employed work at either location and also support people in the community. Norwood and Brooklyn House share the same policies and procedures, registered manager and staffing. Norwood is also known as Wye House.

At the time of this inspection, 19 people used Norwood for respite care [short stays], up to two people at any one time.

We were unable to fully communicate directly with some people receiving support. We spoke with their representatives and relatives to obtain their views of the support provided.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

This inspection took place on 20 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is sometimes based at the services office. We needed to be sure that they would be available at Norwood.

People spoke positively about their experience of staying at Norwood. They told us they felt safe and they liked the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure medicines were stored and managed safely so people's health was looked after.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

The home was well maintained and was clean in the areas we saw.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected. Staff understood how to support people whilst promoting independence.

People were provided with, and supported to access, a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

## 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.

People told us they felt safe. People were happy to be with staff. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines, including where people took responsibility for their own medicines.

The staff had been safely recruited and there were enough staff to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff received induction, training and supervision to carry out their roles effectively.

Staff knew about people's personal preferences and gave people as much choice and control as possible.

People were supported to maintain their health by being provided with a balanced diet and supporting access to a range of healthcare professionals.

### Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity.

People living at the home said staff were very caring in their approach. We observed positive and caring relationships between staff and people using the service.

### Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had

been reviewed to keep them up to date.

People were supported to access a range of activities, which were meaningful and promoted independence.

People who used the service were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us communication was good within the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

# Norwood

## **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 inspection took place on 20 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is sometimes based at the services office. We needed to be sure that they would be available at Norwood.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we spoke with two people who were receiving support to obtain their views about the service. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting. We telephoned four relatives of people receiving support to obtain their views.

We looked around different areas of the service, which included some communal areas, bathrooms, toilets

and with their permission, some people's rooms.

We spoke with a director, the registered manager, a senior support worker, two support workers and the office manager to obtain their views.

We reviewed a range of records, which included four people's support plans, three staff support and employment records, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People receiving support told us they liked staying at Norwood and they felt safe with their support workers. One person told us, "Yes I like it. I am safe."

Relatives of people supported said their family members safety was promoted, Their comments included, "[Name of family member] wouldn't go if I didn't believe they were safe. I trust no one but myself and the staff from Bridge Pole to look after them. They [relative] are very precious to me" and "I am sure they [name of family member] are safe. They always look forward to going and want to go more often. That says it all."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. The staff training records checked verified staff had been provided with relevant safeguarding training. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us they occasionally handled small amounts of money for people receiving support. We saw that financial transaction records had been completed in line with the registered providers policy. We checked four finance records. Receipts were retained and provided to the young person's relative, along with any remaining monies from the duration of their stay. This helped to keep people safe from financial abuse.

Staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines administration in place to inform staff.

We checked three peoples medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines detailed on the MAR corresponded to the medicines held. We found systems were in place to make sure medicines were stored securely.

Some people who had short stays at Norwood were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager observed staff administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All four contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at four people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs, for example, accessing the community. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked to see if enough staff were provided. Staff told us, and records confirmed, during each day one member of staff was identified to support each person. Two staff were available during each night. This showed appropriate levels of staff were provided to keep people safe.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

# Is the service effective?

## Our findings

People receiving support told us they liked the staff and thought they were "Good."

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "The staff are very good. I don't know where they get them from!" "I am more than happy. There is no one I would trust more, apart from me and staff from Bridge Pole, to look after [name of family member]" and "I have no worries at all. I know they [family member] are well looked after by staff that know what they are doing."

We asked people's relatives if they found it easy communicating with staff, at either Brooklyn House, Norwood, or at the registered provider's office. They told us that they had been provided with telephone numbers and could always speak to someone if they needed to.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people.

Staff spoken with said the training was, "Very good." One member of staff told us, "[Working for Bridge Pole Limited] has been a fundamentally amazing experience. They are good at mentoring and coaching staff. They have really encouraged my personal development. They recognise that you can have all the right certificates but may not have the right values."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, consultants and specialists at hospitals. The care records

checked held clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. People were supported to plan, shop and prepare the food and drinks they liked and people told us they were happy with this. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of people's varying needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. One person told us, "I always choose. I decide."

Another person told us they had been fully involved in decision making and had been consulted and agreed to actions taken to manage and respond to a specific behaviour. The person's records seen held clear information regarding actions taken and the person's involvement and agreement with these. The records held evidence of a multi-disciplinary team involvement to show relevant health professionals were involved to promote the person's safety and manage risk.

We found the accommodation was well maintained. Accommodation was based over two floors accessed by stairs. Staff informed us people who had short stays were able to access all areas of the home.

# Is the service caring?

## Our findings

People receiving support told us they liked the staff and they were "Good" and "Nice."

Relatives of people receiving support told us the support workers were caring and understood people's preferences and needs. Everyone asked said the support workers were respectful and kind. Comments included, "[Family member] is very precious to me. They are always happy to go [for a short stay] and would like to go more. They [family member] like Norwood best but also like Brooklyn House. They [staff] are very supportive of me as well as [name of family member]" and "[Family member] gets on with every member of staff. They can't wait to go [for a short stay]. The staff are really great."

The support plans seen contained information about the person's identified needs, preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. People receiving support and their relatives said that they had been involved and consulted in writing the support plan. They explained that the registered manager had visited them to discuss this. This showed people had been involved in discussions about support and important information was available so staff could act on this.

The staff were aware of people's history, interests and what was important to them. We spoke with support workers about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe their involvement with people in relation to the support needed. Staff also described good relationships with the people they supported.. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. We heard staff checking with people, asking them if they were happy with the plans they had made and asking their opinion. This also showed people were treated respectfully.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us

support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member spoken with said they would be happy for a family member or friend to receive support from Bridge Pole Limited.

## Is the service responsive?

### Our findings

People receiving support told us they got the help they needed when they had short stays at Norwood. They said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided.

Throughout the inspection, we heard staff constantly ask people about their preferences and choices in their daily living activities.

Relatives of people receiving support told us the support provided by the service was personalised to their family member's needs. They said support was provided in the way people wanted and staff knew what support was needed. Comments included, "I am always confident [name of family member] is looked after. They are always very comfortable with staff, who know [family member] really well. They take them to the pub and out for tea, just what they want to do" and "Staff know [family member] really well. They support them to be independent. I am 100 per cent happy."

We looked at four support plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this.

The care plans seen contained evidence of people's involvement and showed they, and their family member had been consulted so that choices could be respected.

The support workers spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. People told us they were supported to access a range of leisure opportunities. One person told us they liked to go shopping with staff and go out for tea. This showed people's preferences were obtained and their independence was promoted.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This

showed that people were provided with important information to promote their rights and choices.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

The registered manager informed us that the home did not routinely support people with end of life care.

## Is the service well-led?

### Our findings

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

The registered manager was also registered manager of Brooklyn House, which is also a two bed short stay resource owned by the same registered provider, Bridge Pole Limited. People supported stayed at either Brooklyn House or Norwood.

People's relatives and representatives told us they, and the person receiving support, had met the registered manager. People told us they had found the registered manager approachable.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love my job. All the service users know me and I find that really rewarding. There is nothing I would change" and "This organisation goes above and beyond. They set high standards and tailor the care needed. It works from the top down and is really person centred."

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, consultants, social workers and speech and language therapists. This showed partnership working was promoted by the service.

The registered manager told us that information was shared with staff electronically as staff meetings were not well attended. They were exploring ways of encouraging participation.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had also been made by the registered manager. These included support plans, supervisions and training. This showed that effective systems were in place to monitor the quality and safety of the home.

We found spot checks were undertaken to observe staff practice so that the registered manager could assure themselves that the service was being delivered appropriately. Spot checks are visits which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

As part of the services quality assurance procedures, surveys had been sent by post or email to people using the service and their relatives. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties. Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.