

Positive Living Limited

# Brickbridge House

## Inspection report

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Date of inspection visit:  
28 February 2017

Date of publication:  
27 March 2017

## 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

Brickbridge house provides accommodation for seven people who have a learning disability. At the time of our inspection there were five people living in the home. At the last inspection, in November 2014, the service was rated Good. At this inspection we found that the service remained Good.

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

People continued to be supported in a safe way and where risks to people were identified they were managed effectively. Staff knew what abuse was and how to recognise and report it. Medicines were managed safely and people had their medicines at the prescribed times. There were enough staff available to offer individual support to people and recruitment process ensured they were suitable to work within the home. Staff had received an induction and training to help them support people.

When needed capacity assessments had been completed and decisions made in people's best interests. When people were being unlawfully restricted this had been considered.

People were treated in a kind and caring way. Their privacy and dignity was promoted by staff and they were encouraged to be independent. They were able to make choices around their day and were offered the opportunity to participate in activities they enjoyed. People were supported to access health care professionals and health care services when needed. They were offered a choice of foods they enjoyed.

Quality monitoring checks and feedback from people who used the service was obtained to bring about changes. Staff felt listened to and were provided with the opportunity to raise concerns. There was a complaints procedure in place and this was followed by the provider.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Brickbridge House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 visit took place on the 28 February 2017 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information when we were planning the inspection.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with four people who used the service, one relative, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I am safe here, the staff make me feel safe". A relative confirmed they were not concerned about safety. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people needed specialist equipment to be transferred. Staff told us how they would check this equipment before use and document this each day. One staff member said, "We check to make sure it's all working and there are no rips in the slings, we would condemn this straight away if there were". We saw there was documentation to confirm these checks. We saw staff using this equipment safely and in line with people's care plan. The equipment had been maintained and tested to ensure it was safe to use. This showed us that people were supported in a way to keep them safe.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "Its providing proper, safe care to the people we look after. We make sure they don't come to any harm". Another member staff member said, "We would report any concerns to the manager they would act on it". We saw procedures for reporting safeguarding were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

Staff we spoke with knew about people's individual risk and how to support people in a way to keep them safe. For example, staff explained how a person was at risk of harm due to a health condition. Staff explained the equipment they needed to use and the actions they would take if an incident occurred. We saw there was a risk assessment in place detailing the guidance that staff had told us. We saw the equipment the person needed was used to keep them safe. This demonstrated staff had the information needed to manage risk to people.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

People told us and we saw there were enough staff available to meet people's needs. One person said, "There are always staff to help me when I need them. If I am in my room I call them and they come". A relative told us, "Yes the support is available for my relation". We saw staff were available in the communal areas and people did not have to wait. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of people.

People's medicines were managed in a safe way. One person told us, "I have a locked cupboard in my room, my tablets are in there. I know what tablets I have and what they are for. The staff keep the key and give them to me at the times I need them. I know what time I have them so sometimes I tell them when I am ready. I am happy the staff keep the key as I know they are well looked after then". Records and our observations confirmed there were effective systems in place to store, administer and record medicines to

ensure people were protected from the risks associated to them.

We spoke with staff about the recruitment process. One member of staff who had recently started working at the home told us, "I had to wait for my police checks and references before I could start here, it was about ten days but I still had to wait". We looked at two staff files and we saw pre-employment checks had been completed before staff were able to start working in the home. This demonstrated the provider ensured the staff were suitable to work with people who used the service.

# Is the service effective?

## Our findings

Staff told us they received an induction and training that helped them support people. One staff member told us about the induction they were currently undertaking. They said, "I have just started I have been reading the files first and just getting to know people, which helps a lot". Another member of staff told us they had received training that enabled them to support people. They said, "It's really good quality training". The staff member told us about specialist training they had received for one individual. The registered manager told us how they had implemented the Care Certificate for all new starters as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw, when needed, people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in their best interests. Staff we spoke with understood the importance of gaining consent from people before offering support. Staff explained how they would gain consent from people. One member of staff explained, "We also ask people and wait for them to make the choice. It's all about the persons choice and what they like to do and when". We saw staff gaining consent from people. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully. Applications for assessment had been made to the local authority and these were being considered. Staff we spoke with demonstrated an understanding of DoLS. One member of staff said, "It's when we have to do things to keep people safe. So if we have to stop someone doing something we are restricting them and we need to consider how we do this correctly". They went on to explain how they supported people. This demonstrated that the principles of the MCA were recognised and followed.

People enjoyed the food and there was a choice available. One person said, "I like the food. I have what I want, curry is my favourite". Another person told us, "We all sit down and decide what we are having for the week; We all choose. Then we can get the shopping so we can have those meals". We saw that people were offered a choice at breakfast and people had different meals. Records we looked at included an assessment of people's nutritional risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified. Throughout the day people were offered a choice of hot

and cold drinks and snacks were also available.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to speech and language therapists and physiotherapists. This demonstrated when a person needed access to health professionals it was provided for them.



## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff. One person said, "I like all the staff". A relative told us, "They are all really nice. There are a few new ones and they seem to have fitted in really well". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. For example, we observed staff encouraging a person to 'blow' their breakfast as it was too hot for them to eat. This showed us that people were treated with kindness.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always complete personal care in the person's room and ensure the door is shut and the curtains drawn". A person confirmed that staff did this. We saw that when someone required assistance from staff with a shave, the person went to their room to complete this. This demonstrated people's privacy and dignity was promoted.

People were encouraged to be independent. One person said, "I am an independent man". Staff gave examples of how they encouraged people to remain independent. One staff member said, "We let people do what they can for themselves, if they ask us to make them a drink we encourage them to do it for themselves. We will offer assistance if needed".

People made choices. One person said, "I make my own choice, I have pictures to help me. I choose what time to get up, what clothes to wear. What I want to eat and where I like to go". Another person said, "The staff sometimes help me, but I have chosen sausages today for my breakfast".

Relatives and visitors told us they could visit anytime and felt welcomed. One relative said, "I go at the same time each week and ring. They are all lovely. They make me feel part of the family". People told us they were supported by staff to visit their relative in the community and at home. This meant people were encouraged to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

People told us they were involved with reviewing their care. One person said, "I sit down with staff and sometimes the other people I live with and we talk about things". We saw records for monthly 'keyworker meetings' where people had the opportunity to discuss all aspects of their care and life. The care files we looked at confirmed where possible people were involved with reviewing their care.

Staff knew about their needs and preferences. One person said, "The staff know me well". Another person told us, "I have a picture book and it's about me; there are pictures of me doing things I like so the staff can see". We saw each person had one of these books. Staff told us they were able to read people's care plans to find out information. One staff member said, "The files are good all the information is in there. There are pictures on the care plans of the person doing the activity or task which is helpful. We share information at handover also". They said they used the information in these to talk to people about their likes and dislikes. We saw staff talking to people about things they used to do and things they liked doing.

People told us they participated in activities they enjoyed. One person said, "I'm going to the concert on Friday. I go to lots of places I like. I go to Sainsbury's for coffee and the car boot sales". Another person told us, "I go out most days if I want". We saw people had activity planners in place and they confirmed they had been involved with making these. People and relatives spoke enthusiastically about activities at the home. A relative told us, "My relation has been involved with lots of different things since living there. They go on holidays" This meant people had the opportunity to participate in activities they enjoyed.

People and relatives told us if they had any concerns or complaints they would happily raise them One person explained if they were sad they would tell staff. A relative told us, "I would go to the manager they would look into it I'm sure of that". The provider had a policy and a system in place to manage complaints. The provider had not received any complaints and the registered manager told us if they did they would respond to them in line with their policy.

## Is the service well-led?

### Our findings

There was a registered manager in place. People and staff knew who the registered manager was. One person said, "I like the manager they are lovely". A relative told us, "Yes I know who the manager is, and have no concerns". The registered manager understood their responsibility around registration and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management and areas around health and safety. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, the registered manager had identified that there were issues relating to health and safety and a slip hazard to an external exit. The registered manager told us and we saw that action had been taken and the exit cleared and non-slip strips were applied to this area. This showed us when improvements were needed action was taken to improve the quality of the service.

The provider sought the opinions from people who used the service. We saw that annual satisfaction surveys were completed. The information was collated and used to bring about changes. The last survey was completed in July 2016 and there were no areas of improvement identified in the areas that were looked at.

Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened too and if changes were needed then the registered manager and provider would make the change. One member of staff told us, "I think we are really good team; we work together well and the manager is always approachable". Another staff member said, "On the whole I feel very well supported". Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would do this if needed, I would be supported by the manager". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.