

Bridgewood Trust Limited

Colne House

Inspection report

22 Manchester Road
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Huddersfield
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Tel: 01484844775

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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

Colne House is a small care home providing accommodation and support for up to eight people with learning disabilities. It is part of the Bridgewood Trust; a charity organisation which provides residential, domiciliary and day services to people with learning disabilities. There are two bedrooms on the ground floor and there is a stairlift to access the first floor where the further bedrooms are situated. There is a step lift at the rear of the property to access the property with ramped access to the front door. At the time of our inspection, there were five people living at the home.

At the last inspection, the service was good. At this inspection we found the service remained good and the service met all relevant fundamental standards.

Staff understood how to keep people safe and were aware of the process to follow if they had any concerns. Risks had been assessed and recorded to ensure people were protected from harm without overly restricting people's freedom.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received on-going support from the management team through a programme of regular supervision and appraisals and they had been trained to ensure they had the knowledge and skills to care for people.

Food and drink was tailored to people's individual needs using locally sourced fresh produce and we observed staff supporting people appropriately to maintain their nutritional and hydration needs.

Positive relationships between staff and people who lives at Colne House were evident. People's independence was promoted well by staff who understood how to maximise their independence.

There was clear evidence of person-centred care. People were involved in activities based upon their established routines and preferences. Care records contained information on how to support people but some records contained some out of date information.

The registered manager was visible in the service and communication was open, honest and transparent. Staff had clear direction and were sure about their roles and responsibilities. Systems and processes for ensuring the quality of the service were securely and effectively in place.

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 Good	Good ●
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 Good	Good ●

Colne 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 checked 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 8 August 2017 and was unannounced. The membership of the inspection team consisted of one adult social care inspectors 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.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service. We also contacted the infection control team, who advised us due to the small size of this home, they do not undertake monitoring visits. The registered 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 spoke with the registered manager, and two support staff on the day of the inspection. The area manager provided us with information following the inspection. We observed and spoke with three people using the service on the day of inspection and three of their relatives on the telephone. We spoke with two professionals following our inspection. We reviewed three staff files, two people's care records in detail and documentation to show how the service was run.

Is the service safe?

Our findings

Families we spoke with during our inspection told us their relatives were safe at Colne House. One person who lived there and could verbally tell us, said, "I feel safe and happy here". All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were able to describe the signs to look out for which would indicate a person was being abused.

Risks to individual people were documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. There were risk assessments for any activity the registered manager had assessed as posing a potential risk. This included risks around choking, transportation to day care, caravan holidays, finance, communication, assistance to bath, malnutrition and medication. Although information in some of these risk assessments had been cross referenced in people's support plans, not all risks to people had been cross referenced, which could pose a risk of inappropriate care by unfamiliar support staff. However; all our observations on the day and our discussions with staff showed us these staff knew how to support people safely.

Where people's behaviour may challenge them or others, staff had been trained to use positive strategies to reduce any risks. Staff promoted people's autonomy through their understanding of what people could do for themselves.

We observed on the day and reviewed the staff rota which showed sufficient numbers of staff were deployed to support people safely. Each person had been assessed for the number of hours they required one to one support and the registered provider facilitated this.

We looked at three staff files and found safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. Staff took and recorded the temperature of the water before assisting people to bathe or shower to ensure people were not at risk of scalding. Fire safety measures were in place, and people had personal emergency evacuation plans which included their name, how they mobilised, how they communicated and any behavioural issues.

All staff had been trained to manage people's medicines safely. The registered manager assessed their competency annually. Medicines were ordered and stored in line with good practice and the home contracted with a local pharmacy who delivered people's medicines to the home. The registered manager was responsible for booking in people's medicines.

The home did not employ cleaning staff and care staff were expected to do this amongst their caring duties.

Some of the people living at the home assisted staff to clean their bedrooms. There were a couple of areas that required a deeper clean but most of the home was found to be clean and with an adequate supply of personal protective equipment for staff.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had appropriately referred to the local authority for authorisations and notified the Care Quality Commission that five people had DoLS authorisations in place.

We found people had their capacity assessed in order to determine their ability to provide lawful consent and these were kept in people's care files. However, there were some specific decisions around medicines which had not been assessed and we raised this with the registered manager as it is good practice to document this and who had been consulted in relation to making best interest decisions. Relatives told us they had been involved in decisions about their relative. One said, "[Relative] is happy there. We have been asked on [relative's] liberty and rights and included at all times in decision making."

We found staff received on-going support from the management team through a programme of regular supervisions and appraisals. Staff had been trained to gain the knowledge and skills to care for people.

Communication throughout the whole staff team was strong and effective. We saw staff updated one another verbally as well as more formally in handover meetings and regular staff meetings.

We observed a fresh food delivery arrived at the home and the registered manager told us they sourced all their fresh food and meat locally. We observed people were able to choose what they liked to eat and their food preferences were recorded in their care plans. We saw people were encouraged to drink to ensure they remained hydrated.

Referrals were made to other health care professionals such as GPs, dieticians and psychiatrists. This showed people received additional health care support when appropriate.

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Is the service caring?

Our findings

We asked a relative whether staff were caring. They told us, "I feel love at Colne House. Staff are really attentive to [relative] and always try to go the extra mile." We asked another relative how staff involved their relative in planning their care. They told us, "Staff are considerate and attentive to [relatives] wishes, they directly involve [relative] in planning everything."

Positive caring relationships were developed through staff understanding people's needs and their personalities. It was clear from our discussion with staff they knew all about the people they supported. We observed staff support three people during our inspection and found there was an atmosphere of care and empathy between staff and the people they were supporting.

Staff emphasised the importance of ensuring people's privacy and dignity. Staff told us they reminded one person to close their curtains when getting changed to protect their dignity and independence. Staff spoke with people respectfully and in tones of voice which suggested equality and fairness. We observed one member of staff stayed at safe distance to allow one person the opportunity to independently use a cup to take a drink without support.

We saw staff on one occasion explain to one person why their behaviour was not appropriate. This gave the person the opportunity to learn and decide, and they stopped what they were doing, which proved the strategy was effective and appropriate.

We observed people living at the home were happy and engaged. Staff understood how to communicate with people, understanding their gestures when these were used instead of words. Photos on walls depicted outings and holidays, enjoyed by people at the home.

The home used advocacy services for those people who did not have family to independently advocate on their behalf. We spoke with one advocate following our inspection who confirmed, in their opinion, people's needs were well met, they were offered choice in how they wanted to be supported and the staff supported people to maintain contact with their families.

Is the service responsive?

Our findings

We asked relatives of people living at Colne House whether they were involved in their care. One relative told us, "We attend a review meeting every six months where [relative's] care and interests are discussed." Another said, "Staff always keep me up to date and with any change, we feel very informed."

We looked at two people's care records in detail. We found care plans contained information to enable staff to provide effective care and support to people and these were reviewed regularly. People's goals were detailed in the care plans and the support they required to achieve those goals. For example, one person's plans detailed their goal, aim and ambition was to attend an organ concert. The support required was for staff to, "Find appropriate organ concert, book tickets and arrange transport." However, we did also find some information contained within the different sections of the care file had not been fully written into the support plan and we passed this information on to the registered manager who agreed to ensure this was included.

Staff told us about how they supported people to have choice and ensure they undertook activities they wanted to do. We observed people were supported to make decisions about their daily life and we observed people were consulted on menu choices, and on where they would like to sit.

People were supported to take part in a range of activities and their relatives confirmed this. For example, one person supported a particular football team and their relation told us staff took them to every home football game and actively supported their love for the club.

Relatives told us they were confident to raise any concerns or complaints, although there were no complaints. Professionals we spoke with after the inspection told us they had no complaints about the service

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2015. 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 very visible in the service and had an oversight of how the home was run. Staff told us the registered manager was supportive and encouraging. One member of staff told us, "We are one big team and we work together." They told us they felt able to be open when things had not gone well and were able to ask for help to ensure the best possible service for people living at the home. Another member of staff told us, "There is an open working culture at Colne House, which is great for clients. Good place to work." Both professionals we spoke with after our inspection provided positive feedback about the service.

Residents had their own meeting every three months and the registered manager told us they were consulted on decisions such as the décor of the home and about activities they wanted to undertake. The registered manager said people had a say in how their bedrooms were decorated and we could see people had personalised their own rooms.

There was a clear vision for the service which was to support people in a homely environment and our observations confirmed this had been achieved. Regular quality assurance checks and audits took place with overview from the registered provider.

The registered provider was clearly able to demonstrate how the organisation was continually striving to improve their service by partnership working at a local and national level. At service level, the registered manager told us they kept up to date with good practice through local authority events and training. They were also supported by the registered provider to develop into their role and there were systems in place to ensure the registered manager was given up to date information in relation to ensuring their service was working to best practice.

All relatives we spoke with told us they completed and returned satisfaction surveys and they had been invited to every review meeting. One relative told us, "We also complete and return a questionnaire on how we feel care is being provided to Bridgewood. Staff are very helpful." Another said, "I returned a survey and got a call a week later to just talk it through, I had no complaints or concerns, but they called anyway."