

Partnerships in Care 1 Limited

Bisley Lodge

Inspection report

The Old Bisley Road
Stancombe
Stroud
Gloucestershire
GL6 7NF

Tel: 01452770950

Website: www.partnershipsincare.co.uk

Date of inspection visit:

07 November 2018

13 November 2018

Date of publication:

12 December 2018

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

This inspection took place on the 7 and 13 November 2018 and was unannounced.

Bisley Lodge 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. Bisley Lodge accommodates four people in one adapted building. At the time of our inspection there were two young people using the service.

Bisley Lodge provides therapeutic residential care for young women aged 13-21 who typically self-harm, have attachment difficulties, associated multiple risk-taking behaviours and complex presentations. Bisley Lodge provides a residential alternative to hospital or secure settings. Throughout this report we have described people using the service as young people.

At the time of our inspection, Bisley Lodge had 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.

Young people were protected from harm and abuse through the knowledge of staff and management. Robust staff recruitment procedures were used and staff were supported through training and meetings to maintain their skills and knowledge to support people. We found the environment of the care home was clean, had been well maintained and was adapted for its purpose.

Within the structures and boundaries of therapeutic care, young 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. Young people received support from caring staff who respected their privacy, dignity and the importance of developing their independence.

There were arrangements in place for people and their representatives to raise concerns about the service. Effective quality monitoring systems were in operation. The registered manager was approachable to people using the service and staff.

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?

Good ●

The service was safe.

Young people were safeguarded from the risks of abuse and bullying.

Identified risks to young people were managed.

Staff were recruited using robust procedures.

Young people's medicines were safely managed.

Incidents were analysed with improvements made if things went wrong.

Is the service effective?

Good ●

The service was effective.

Young people's care, treatment and support was delivered in line with evidence based guidance.

Young people were supported by staff who had the knowledge and skills to carry out their roles.

Young people's health care needs were met.

Is the service caring?

Good ●

The service was caring.

Young people were treated with respect and kindness.

Young people and their representatives were consulted about their care and support.

Young people's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Young people's care was planned with them and they received care that took account of their wishes and preferences.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

The service was well led.

A registered manager was in post who was available to people using the service, their representatives and staff.

We found quality monitoring systems effectively identified shortfalls and improvements were made as a result.

The views of people and their representatives had been sought about aspects of the service.

Good ●

Bisley Lodge

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 7 and 13 November 2018 and was unannounced. One inspector carried out the inspection. We spoke with one young person using the service, the registered manager, the team leader and three members of staff. We looked over the premises of the care home and reviewed records for two young people and records relating to staff training, recruitment and the management of the service. Following our inspection, we spoke with a social care professional about the service provided.

Before the inspection, the provider 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

Young people were protected from the risk of abuse and bullying because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to young people using the service and had received training in safeguarding children and adults. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with correctly. One young person told us they felt safe at Bisley Lodge. The Provider Information return (PIR) stated, "Staff are aware there may be dynamics between the young people in the home and they actively support them in these challenges and intervene in any abusive or bullying interactions". A social care professional told us they had no concerns about safeguarding at Bisley Lodge.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. Information about a dedicated whistleblowing helpline was available for staff.

Risks to young people were identified and managed. Risk management plans were in place which gave staff information on managing any identified risks. The PIR described the approach to managing possible self-injurious behaviour. "Young people experience a service that can meet their complex needs, manage the risk-taking behaviours and support their mental health needs in a more therapeutic environment where actions are not met with punitive consequences". We saw this supportive approach reflected in people's care plans which included input from relevant mental health professionals. Plans were in place to deal with other identified risks such as, smoking, physical and sexual health. Individual plans were in place in the event of an evacuation of Bisley Lodge in an emergency. Information was available and had been shared with the police in the event of a young person going missing.

Young people were cared for in a safe and comfortable environment. They were protected from risks associated with the environment of the care home such as legionella, fire and electrical and heating systems through checks and management of identified risks. In addition, the environment had been designed to minimise risks to people through self-injurious behaviour. Staff had received training in health and safety and fire safety.

Young people were supported by sufficient staffing levels. The registered manager explained how the staffing levels were organised in response to young people's needs. Recruitment of new staff was in progress to ensure sufficient staffing levels before further young people moved into the service.

Young people were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Young people's medicines were managed safely and they received their medicines as prescribed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures. Guidelines were in place for staff to follow to give young people their medicines prescribed on an 'as required' basis. For example, medicines to relieve anxiety and for pain relief. Domestic medicines known as homely remedies were approved by GPs.

Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. We found the handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Checks were in place to ensure staff were aware of the expiry dates of medicines once they were opened. A system was in place to respond to any errors with supporting people to take their medicines. Regular audits were completed on the management of young people's medicines to ensure safe medicine systems remained effective.

We found the environment of the care home was clean and one young person told us it was kept clean. The registered manager explained how staff were aware of the need to check any injuries for possible infection. The latest inspection of food hygiene by the local authority for the care home in August 2018 had resulted in the highest score possible. Staff had received training in infection control and food hygiene.

A system was in place to investigate and learn from accidents and incidents. Debrief meetings were held following any incidents. The PIR stated, "Monitoring of incidents is completed monthly by the manager and this allows for a thorough look and understanding of the amount and whether there are notable themes for concern. There is usually an increase on an admission for young people and an expectation that this level would drop moving forward". The registered manager described how lessons had been learned about how an incident with a young person smoking in one of the outbuildings had been managed.

Is the service effective?

Our findings

Young people's needs were assessed to ensure they could be met before they moved in to Bisley Lodge. The registered manager described how this also included an assessment of whether the young person was compatible with the young people already using the service. Young people's therapeutic care was overseen by a multi-disciplinary team which included a psychiatrist, a psychologist, and occupational therapist and an education manager. The registered manager described how the service followed the national Institute for Health and Care Excellence (NICE) guidelines for self-injurious behaviour. Registered nurses were not based at Bisley Lodge but had clinical, managerial and quality oversight in terms of the service provided.

Young people using the service were supported by staff who had received training for their role. Records showed staff had received training in first aid, basic life support, suicide prevention and self-harm, and equality and diversity. Staff described the training provided as "Extensive and enough for the role". Staff new to the role of caring and supporting people had completed the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. To further support their work with young people, staff attended clinical supervision meetings with a therapist. The Provider Information return (PIR) stated, "Staff need to be able to discuss the team dynamics and the relational aspect of the work".

Young people were supported to maintain their health, they were registered with a local GP, a dentist and an optician. Staff would support young people to attend a minor injury unit at a local hospital or an emergency department at a district general hospital in the event of self-injury.

Young people were supported to cook for and eat a varied diet. Menus were chosen by young people who cooked meals with support from staff. Individual dietary needs were known and provided for. One young person was supported to shop for the ingredients and cook meals relevant to their cultural background.

Where required, the environment of Bisley Lodge had been adapted to meet young people's needs. As well as an environment designed to minimise the risks from self-injurious behaviour, adaptations had provided a therapy room and a craft room. The wall of the craft room had been decorated with a painting by one young person.

The Mental Capacity Act (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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Care plans reflected young people's ability to consent to receiving personal care and support. At the time of our inspection there were no young people using the service at Bisley Lodge assessed as not having mental capacity to make decisions about their care and support. Staff had received training in the MCA.

The registered manager described how restraint would only be used to prevent death or serious harm and people's placement plans and risk assessments reflected this approach. Staff had received relevant training.

Is the service caring?

Our findings

Positive relationships were developed between young people and staff. A young person told us staff were "respectful" and they were positive about the staff member assigned to work with them as a keyworker. Staff described the importance of establishing a good rapport with young people. Staff were polite to people and checked to see if they were happy to speak with us. Information on how emotional support would be provided to young people was recorded for staff reference.

The registered manager was aware of the need to provide information to people in an accessible format if required. Information about the service had been produced in a simpler form for younger people that may use the service.

Young people and their representatives were involved in reviews of their placement plans. The Provider Information Return (PIR) stated, "Families and carers are actively involved in the young person's care (if appropriate) and regularly updated on progress and any areas of concern. They support the writing of care plans and risk assessments along with the individual".

Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Health Advocates (IMHAs). An IMHA visited young people on a weekly basis.

People's privacy and dignity was respected although observations of young people by staff would be required to ensure their safety. The Provider Information Return (PIR) stated, "Staff knock before entering the bedrooms or bathrooms and are not intrusive when families are visiting". Staff described how they would act to maintain people's privacy, dignity and the confidentiality of information about them including information held electronically.

People were able to develop their independence and this was highlighted in their placement plans. For example, young people were supported to cook meals and develop their cooking skills. Where appropriate there were arrangements in place for young people to maintain contact with family and friends. Visits could be arranged with young people supported by staff or visitors could be received at Bisley Lodge.

Is the service responsive?

Our findings

Young people had personalised placement plans in place which contained detailed information for staff to follow to provide individualised care, support and treatment. For example, information about the type of interventions which the young person would respond to positively when anxious. Placement plans had been reviewed when necessary. The Provider information return (PIR) explained the approach used, "The model of care had developed through time and has evolved from a very therapeutic relational model to that of a more multidisciplinary model of care and safety. This was in response to the young people and what was appropriate". A member of staff described personalised care as "You treat people as individuals". A social care professional told us the young person they had placed at Bisley Lodge had been "Supported, really, really well".

Young people's individual communication preferences were recorded for staff preference such as the need to be clear and factual. One person's cultural needs were known and provided for through sourcing ingredients for cooking and access to a suitable hairdresser.

Young people were supported to take part in activities, hobbies and interests. such as arts and crafts, cooking and using a gym. Opportunities were provided for voluntary work and young people were provided with facilities for education through a local college.

There were arrangements to listen to and respond to any concerns or complaints. One complaint had been investigated with appropriate responses given to the complainants. Action had been taken which resulted in the provision of wireless internet at Bisley Lodge. Records showed where young people had been given information about the complaints procedure.

Staff had received training in handling complaints and records showed where young people had been made aware of the complaints procedure. The Provider information return (PIR) stated, "Complaints are an effective way of monitoring whether the service is effective, these could be from anyone using the service to anyone external such as stakeholders and family. The content and themes would be a clear indicator of things not working as they should".

Is the service well-led?

Our findings

Bisley Lodge had a manager in post who had been registered as manager since October 2017. A registered manager is a person who has registered with 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.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The registered manager was approachable to people using the service and staff. Staff told us Bisley Lodge was "Well managed". They were positive about their roles and described good team work and a "supportive team culture". Out of normal working hours, staff were supported by an 'on-call' system of senior staff. Staff meetings ensured staff were aware of action to be taken to meet the needs of people using the service and the expectations of the management and provider.

The statement of purpose document stated, "Bisley Lodge is empowering to the individual, dedicated to, and capable of, providing care for the whole person, and valuing the fact that everyone is different and that they each want different things from their life". Throughout our inspection we found examples of the service supporting people in accordance with this approach.

The registered manager described the challenges of running the service. These were, establishing their role as manager of the service and finding the staff suitable to join the team. Developments included a plan to replace the outside therapy room with a new larger building and develop a reception area from the current managers office. Also, there were plans for more staff team meetings and an increase in the staff team to enable other young people to use the service. These developments were documented in a site improvement plan. The registered manager also described how a change to the current age group for the service was being considered.

The registered manager described the positive relationship which had been built with local police. This was particularly useful in the event of a young person going missing from Bisley Lodge. A young person had delivered a presentation to police about self-harm and young people had been invited to events involving police horses to support the development of these local relationships.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were effective systems in place to monitor the quality of services and care and support provided to people. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. These checked that safe practice and processes were followed and ensured the home

remained compliant with necessary regulations. Audits included health and safety, documentation, physical health and ligature points. In addition, Benchmarking Inspections were completed by a representative of the registered provider based on the Key lines of enquiry used in our inspections. Findings from the most recent inspection completed in October 2018, were positive. Areas for action included more information to be shared at staff meetings, which was being planned. Clinical governance meetings were held to provide an oversight of the clinical aspects of the service provided.

Young people's business meetings were held on a monthly basis. These enabled young people to have a say about the service provided and raise any issues. For example, activities, satisfaction with staff and issues in the environment of Bisley Lodge. Young people had raised the issue of uncomfortable mattresses and mattress covers had been provided.