Mrs Janet Barlow

Bridge House

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

Overall summary

Bridge House is registered for nine people with mental health needs. The home comprises of three domestic properties, two on Bridge Street and one on Bridge Gardens. The houses are close to each other and all in a residential area within walking distance of the town centre of Barnsley. Each property has one shared and one single bedroom and can accommodate three people.

There was a manager at the service who 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 and associated Regulations about how the service is run.

Our last inspection at Bridge House took place on 11 July 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection was announced and took place on 19 November 2015 and was announced. The provider was

Summary of findings

given 48 hours' notice of our inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

On the day of our inspection there were six people living at Bridge House.

People spoken with were positive about their experience of living at Bridge House. They told us they felt safe and they could talk to staff if they had any worries or concerns.

Stakeholders and health professionals contacted before the inspection said they had no concerns about the safety of people or care and support people received at Bridge House. A healthcare professional spoken with told us, "This home is a good service."

We found systems were in place to make sure people received their medicines safely.

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

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

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

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

We saw people participated in a range of daily activities both in and outside of the home, according to their choice, which were meaningful and promoted independence.

There were effective 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. People using the service had been asked their opinion via meetings with staff and managers and surveys. The results of the surveys had been audited to identify any areas for improvement and were a person had identified they did not wish to remain anonymous a manager met individually to talk to people where any issues of concern had been raised.

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Summary of findings

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 was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no concerns and told us they felt safe.

Good

Is the service effective?
The service was effective.

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

Is the service caring?
The service was caring.

People made positive comments about the staff and told us they were treated with respect.

All the interactions we observed between staff and people were positive, supportive, kind and caring.

Good

Is the service responsive?
The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

A range of activities were provided for people inside and outside the home which were meaningful and promoted independence.

People were confident in reporting concerns to the staff and managers and felt they would be listened to.

Good

Is the service well-led?
The service was well led.

Staff told us the management team were approachable and communication was good within the home. Staff meetings were held on a regular basis.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good

Bridge 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 took place on 19 November 2015 and was announced. The provider was given 48 hours' notice of our inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector and one 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.

Prior to our inspection, we spoke with three stakeholders, including the local authority joint commissioning unit, the South and West Yorkshire Partnership Trust and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Stakeholders we spoke with told us they had no current concerns about Bridge House. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were six people living at the home. During our inspection we spoke with five people to obtain their views of the support provided. We spoke with the two support workers and an enhanced support worker who were supporting people at Bridge House and the assistant manager, deputy manager and operations manager.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included two people's care records, two staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

At the time of this visit, six people were living at Bridge House. There were two support workers and an enhanced support worker on site and all were highly visible.

We spoke with the assistant manager and staff who gave us details of the usual staffing levels for the home. The houses were usually staffed by two support workers for six hours each day. The ethos of the home is for staff to only provide care and support six hours a day so that people's independence is promoted. The assistant manager confirmed that staffing hours were and had been increased if people's support needs required the extra support.

During out of hours there were on call staff available to deal with any untoward events.

People said they knew how to contact staff at all times of the day. We saw the 'on call manager' telephone number was displayed on the phones in each of the houses.

People said they felt there were enough staff at the home. Comments included, "Out of hours, we phone and they (staff) come quickly" and "We have a contact number for staff at night time. They'll come quick. I've not needed it in 15 years."

We saw that staff were 'splitting' the shift in one house as a person's needs had changed and they required an additional visit at night. This showed the staffing was flexible to support people's changing needs.

All the people we spoke with said they felt safe. People said, "I feel safe" and "It feels like home, it's safe, I've no complaints."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the managers and they felt confident that management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The assistant manager explained that each person had an individual amount of money kept at the home that they could access. Some people also had monies in their own independent bank account. We checked the financial records and receipts of two people and found the records and receipts tallied.

We looked at two staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw a staff recruitment policy was in place so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. 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 home. This information helps employers make safer recruitment decisions.

We looked at two people's care records where individual risk assessments were in place in relation to people's support and care provision. People said they were involved in monthly discussions about their support plan. Support plans were designed to minimise risk whilst allowing independence, and to ensure people's safety. An example of this was that one person in the home were being supported to self-medicate (store and administer their own medication).

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

We checked two people's Medication Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR charts.

Good

Is the service safe?

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 they were also monitored when dispensing medicines as part of the 'observation in practice' process which was undertaken by a manager. We saw records which provided additional evidence that these observations were occurring on a regular basis. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

One person was administering their own medicines. We saw risk assessments had been completed and updated by staff to make sure people were able to safely self-administer their own medicines. People said, "I take my own medicines every night, but staff give me some at nine o'clock every morning. Always the same."

We found medicines were securely stored in a locked room. Regular audit checks were completed by the staff and assistant manager regarding the safe storage and accurate record keeping of medicines.

The community pharmacist and medicines review team of NHS Barnsley Clinical Commissioning Group had recently audited the medicine systems within Bridge House. We saw both reports which highlighted some recommendations to improve medicines management. The assistant manager confirmed that these recommendations had been completed and they liaised regularly with the community pharmacist to help maintain people's safety around medicine management.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks. Systems were in place to monitor the safety of the building and the equipment in use within the home. Records showed the gas and electrical systems were serviced regularly to ensure they were in good working order.

The home had a fire risk assessment in place which included an emergency evacuation plan. However we noted that the assessment hadn't been reviewed in the last two years. We also found that each person who used the service did not have a personal emergency evacuation plan (PEEP) within their care records. These plans should detail people's individual needs, such as their mobility or communication needs in the event of an emergency. The assistant and deputy manager said they would update the fire risk assessment plan and formulate PEEP's for all people as a matter of priority.

Fire/Smoke alarms were tested by staff on a weekly basis. We saw records of these tests. People did discuss fire safety with staff as part of the monthly 'residents meeting' that were held. There was an evacuation plan displayed in the home so staff were aware of the process to follow in the event of a fire.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control.

Good

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "The GP comes quick and I go to hospital on my own."

A health professional spoken with told us, "This home is a good service."

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included GPs, dentists, NHS Consultants and the community mental health team. People were weighed on a monthly basis to help monitor people's general health and well-being.

People told us the food was good, and there was always enough food in the home and a choice available. Comments included, "Staff do food; it's alright, no complaints, anything we want. When they're not here there are things we can eat," "I get what I want to eat, chips, pie, beans," "They feed us well here, ask what we want," and "There's fruit, apples, oranges, bananas, yoghurt, I just go and get what I need."

Staff were aware of people's food and drink preferences and respected these. People told us they helped with planning menus. Staff told us they also helped people plan menus and carried out the shopping to ensure meals were healthy and balanced whilst still trying to maintain people's choice. This demonstrated that people were encouraged to be independent in all areas of their own meal choices.

The support plans detailed peoples food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. This showed that people's opinions and choices were sought and respected, and a flexible approach to providing nutrition was in place.

We observed people being served lunch in one kitchen of the home. There were clean table cloths and condiments on the tables. We saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff served meals and made sure people had what they needed. There was a quiet atmosphere in the room. People ate at their own pace and weren't rushed.

We saw kitchen cupboards and fridges were stocked with tins or beans, fruit and soup, bread and other snacks for people. There were fruit bowls on the kitchen table with fresh fruit in them.

The hub of the home centred on the kitchen where people and staff sat around the table chatting to each other.

Staff told us the training was 'excellent' and they were provided with a range of training that included infection control, safeguarding, food hygiene, equality and diversity and medication. Staff said they were undertaking first aid training next month which they were looking forward to. We saw a training record was in place so that training updates could be delivered to maintain staff skills. The training record supported that staff received regular training in the areas they described. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. 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. Staff said they regularly received supervision and said all the management team were very supportive. Records seen showed that staff were provided with supervision one to two monthly and annual appraisal for development and support.

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 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 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.

Good

Is the service effective?

Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The assistant manager informed us that where needed DoLS would be referred to the Local authority in line with guidance. They confirmed nobody currently living at the home was subject to a DoLS authorisation and we saw that nobody was subject to any unlawful restriction.

Good

Is the service caring?

Our findings

All the people asked said they could make choices and their privacy was respected. People said staff asked them for their views and listened to what they said.

People commented, “It’s homely. I like it here, feels like home” and “Privacy is okay, they (staff) always knock (on bedroom door).”

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

During our inspection there was a music group and quiz taking place. We observed staff made efforts to involve everyone, encourage enjoyable participation and celebrate success.

Staff made comments including; “I love working here,” “We care for people as I would want my family to be cared for” and “It is homely here, people who live here are my extended family.”

Staff spoken with could describe the person’s interests, likes and dislikes, support needs and styles of communication.

We saw that people’s independence was promoted and people’s opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice.

Throughout the day, we did not hear any staff member discussing others’ care needs within earshot of others.

We checked two people’s care plans. The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence. The plans showed that people had been involved in developing their support plans so that their wishes and opinions could be respected. There was a section in the plans titled ‘An introduction to me’ which gave a good history of people’s likes and dislikes and details such as family history and their family members.

This showed important information was recorded in people’s plans so staff were aware and could act on this.

There were no restrictions on visiting times at the home and the assistant manager, staff and people who used the service confirmed this to us.

Good

Is the service responsive?

Our findings

When asked about whether they could do what they wanted, all the people asked said "Yes."

We observed evidence of other choice being offered by staff. An example being a person going into town accompanied by a staff member. Staff asked the person if they would like to walk or take a taxi which showed that support was provided in response to people's preferences.

People who used the service said they were aware they had a support plan and that they were involved in monthly discussions about their care and support. When asked if they got involved with their care all the people asked said "Yes."

We looked at two people's care plans. They both contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. This showed important information was recorded in people's plans so staff were aware and could act on this.

Staff 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 very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

People told us that staff supported them to participate in some training and social activities and help them to maintain independence. Comments included, " I like to paint on my own," "I get taken out to the gardens," "I go out on my own, down to the market or for a walk" and "[Named staff] come and sit and spend time with us." One person talked about going to a day service once a week they said they enjoyed activities such as walking going shopping in town and playing pool.

An enhanced support worker was employed by the service. They worked 12 Hours a week at Bridge House and the company's other two small homes. This member of staff specifically provided activities and promoted independent living skills support to people on a one to one basis or in group setting.

Staff told us that there were regular events such as a music group, Sunday lunch club, healthy eating breakfast club and other social events arranged around calendar dates such as a firework display on bonfire night.

We asked people whether people were helped with independence skills such as helping out in the home i.e. cooking, laundry etc. People said, "I do some cleaning and shopping."

Staff told us people were strongly encouraged to stay in touch with families and people were supported by staff to go and visit family members. Two people said they had regular contact with their families. Both said they regularly visited their relatives. One person said, "My [family member] comes to visit me every Friday. Sometimes he takes me out."

The assistant manager told us there were monthly 'residents house meetings' and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service.

We looked at the minutes of the most recent 'residents house meeting'. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues including what to do in the case of emergency such as fire. This told us the service actively sought out the views of people and included people in the day to day running of the home.

The people we spoke with said they had not needed to make a complaint. They said if they had any concerns they would speak to the staff or one of the managers.

The assistant manager told us there had been no formal complaints within the last 12 months. The complaints procedure was contained in the Service User Guide and each person had a copy of this. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them. The policy included management timescales for responses to any complaints raised.

Good

Is the service well-led?

Our findings

The manager was registered with CQC. They were not present on the day of the inspection due to annual leave. The assistant manager was in charge of the service in the registered manager's absence. The deputy manager and operations manager also visited Bridge House during the course of the inspection.

We observed that people knew all the managers by sight and name and freely approached them and exchanged views about the service.

All people we spoke with said they knew the registered and other managers and felt they could talk with them.

We observed the managers were 'hands-on' in their approach to support and in how Bridge House was managed. They were known to people who lived at the home and had a clear understanding of people's individual needs.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager and other managers were approachable and supportive. Staff said, "Managers are always there, they are good."

A quality assurance policy was in place and we saw that audits were undertaken by the registered manager as part of the quality assurance process. These included the auditing of care plans, medication, health and safety and infection control. We saw records of accidents and incidents were maintained and these were analysed to identify any on going risks or patterns.

People said they had regular 'house meetings' where any issues or concerns and plans for the running of the home were discussed and acted upon. We saw minutes of these meetings.

People using the service had been asked their opinion via meetings with staff and managers and surveys. The results of the surveys had been audited to identify any areas for improvement and where a person had identified they did not wish to remain anonymous, a manager met individually to talk to them where any issues of concern had been raised.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. All policies were chronologically filed and accessible to staff at all times.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The assistant manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The assistant manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered during, and prior to, the inspection confirmed this.