

Positive Living Limited

Brickbridge 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 ●

Summary of findings

Overall summary

About the service

Brickbridge house is a residential care home providing personal care to six people at the time of the inspection. The service is registered to support seven people across two adapted buildings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People could be assured they received their medicines as prescribed. We have made a recommendation about covert medication. Systems were in place to keep people safe from the risk of potential abuse. Risks were assessed and planned for and staff were safely recruited. People were protected from the risk of potential cross infection and lessons were learned when things had gone wrong.

People had their needs assessed and guidance was in place for staff to follow where people had specific health needs. Staff received training to support people effectively and worked with other agencies to provide consistent care. People were supported to eat and drink enough and had access to healthcare services when necessary.

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

People were treated well by caring staff and were able to express their views and be involved in making decisions about their care. People had their privacy respected and independence promoted.

People received personalised care, responsive to their needs by staff who knew them well and were supported to follow interests and take part in activities that were socially relevant to them. The service was meeting people's communication needs and people felt able to complain should they wish to.

The service was person-centred and engaged people, considering their equality characteristics. The registered manager was aware of their duty of candour and staff were clear about their roles. The provider offered staff the opportunity to progress in their roles and the registered manager worked in partnership with others.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brickbridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Brickbridge house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the, registered manager, quality improvement lead, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit the service and two relatives of people who live at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as safe. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People could be assured they received their medications as prescribed and medicines were safely stored.
- One person told us, "Yes, I get my [medication name] which helps me with [health condition]. They also told us they received pain relief when required.
- Medication administration records were completed, and stock levels of medicines were recorded and tallied with what was in stock.
- Where the use of covert medication was required, it was not in line with best practice guidance.

We recommend the provider seek best practice guidance on covert medication.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to protect people from the risk of potential abuse.
- Staff were aware of the different types of abuse. Staff could tell us what signs to look for and if they suspected somebody was being abused who to report it to.
- Safeguarding referrals had been made to the local authority when necessary.

Assessing risk, safety monitoring and management

- Risks were assessed and planned for. Personal evacuation plans were in place to support people to leave the building in emergency situations.
- People told us they felt safe. One person said, "I am safe here."
- Risk assessments were completed and reviewed when necessary. For example, where people had behaviours which challenged, assessments were in place to guide staff on how best to support the person.

Staffing and recruitment

- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been completed. The DBS checks help employers make safe recruitment choices.
- There were sufficient, suitably recruited staff to meet people's needs. One person told us, "Staff always come [when I need them]".
- People received support in line with their commissioned hours.

Preventing and controlling infection

- People were protected from the risk of potential cross infection.
- Staff had access to personal protective equipment and told us they would wear this when supporting people with their personal care and cooking food.
- The home was clean and free from hazards.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. For example, the registered manager completed quality checks and had identified an issue with staffing. Action was taken to recruit more staff, which was in progress at the time of inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs and choices assessed.
- People's needs were assessed prior to them coming to live at the service. This meant the provider could be assured they could meet people's needs.
- Where people had health conditions, such as epilepsy, plans were in place to guide staff on how best to support the person.
- Care plans were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received training to meet the needs of the people they were supporting.
- One person we spoke with told us, "Staff have received training to support me with my needs. I feel safe when staff support me, and they know what they are doing."
- Staff told us they received enough training to enable them to do their jobs and said, "Training was always ongoing."
- Staff received an induction and had the opportunity to shadow more experienced members of staff before working independently.
- Staff told us they received supervisions and records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough.
- People told us they had a choice of food and drink. One person told us, "They always give you a drink, especially on hot days."
- Staff were aware of people's dietary requirements and there were support plans in place for staff to follow. We observed these were being followed.

Staff working with other agencies to provide consistent, effective, timely care

- Plans had been put in place and followed to ensure people had a smooth transition when moving into the service.
- People had hospital passports in place. Hospital passports inform medical professionals of important information they need to know about a person in order to effectively support them.
- When people had been discharged from hospital, staff were aware of medical advice and were following this.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs.
- People were able to decorate and personalise their bedrooms as they wished.
- People had access to secure outside space which they could safely enjoy.
- Adaptions had been made to bathrooms, so if people had mobility difficulties they were able to safely access bathing facilities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services.
- One person we spoke with told us, "I sometimes go to the doctor if I am in pain." This person also confirmed they had access to the dentist and opticians on a regular basis.
- Relatives told us the service always let them know if their loved one was ill and required medical attention.
- Records confirmed medical attention had been sought for people.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Mental capacity assessment and best interest decisions had been completed when necessary.
- DoLS had been applied for where necessary and the registered manager was aware of any conditions on these.
- People told us staff asked their permission before undertaking personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by caring staff.
- One person we spoke with told us, "The staff here do an amazing job and the care I receive is first class."
- Another person told us, "I am happy here indeed, I love the place."
- Care plans documented some of the protected characteristics under the Equality Act, such as marital status, religion and ethnic origin.
- The quality improvement lead confirmed they were introducing new equality and diversity support plans, which would cover sexuality and relationships in line with the Equality Act. We will check this on the next inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in making decisions about their care.
- Meetings were held once a month to discuss anything people wanted to talk about. One person told us, "We have service user meetings. I feel like I am listened to."
- Another person told us, "If I was unhappy with anything I would tell [registered managers name]."
- People were referred to advocacy services when necessary. An advocate is somebody who speaks up on another person's behalf if they are unable to.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and their independence promoted.
- One person told us, "I ask staff for help to wash my back and hair. I can do everything else ok."
- Another person told us they were offered choice, for example what they wanted to wear for the day.
- Staff were able to give us examples of how they respected people's privacy and we observed this on inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care responsive to their needs by staff who knew them well.
- One person told us, "Staff know me well here, no doubt."
- People told us they were happy with the care they received.
- Care plans documented people's life history and personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting people's communication needs.
- Care plans were in place around people's communication needs.
- Staff were aware of people's needs around communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told they were happy in the activities provided by the service and they were tailored to their preferences. For example, going to see a music concert.
- People were supported to attend further education if they wished.
- One relative told us, "I visit twice a week and can visit anytime."
- The service supported people to visit and stay with family members.

Improving care quality in response to complaints or concerns

- People told us they would speak to the registered manager if they were not happy with something.
- The service had not had any recent complaints but there was a policy in place should people wish to complain.

End of life care and support

- The service was not supporting anybody imminently at the end of their life, however end of life wishes including spiritual needs had been recorded.
- The service had a policy in place to support staff in this area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive person-centred culture. On inspection we observed positive, caring interactions between people and staff.
- One person we spoke with told us, "I love it here to be honest. The registered manager does an amazing job."
- The registered manager was aware of the importance of compatibility between all the people who lived at the service and this was a main factor when considering any potential new person moving into the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour. They told us it was, "Being open, honest and transparent [when things had gone wrong]."
- The registered manager told us they had a procedure in place around duty of candour should they need to use it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had governance systems in place such as medication audits and development plans. These were completed and any areas for improvement were addressed.
- Staff were clear about their roles and responsibilities. For example, staff were aware of the whistle blowing policy and what action to take should they need to.
- The rating was displayed within the service as required.
- The provider had systems in place to oversee quality monitoring of the service. For example, the quality improvement lead would check that staff were completing their training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had regular team meetings which staff told us they felt they could contribute to with any ideas or suggestions. For example, it was suggested staff rotas were given out more in advance. Staff confirmed this had happened and were happy with the outcome.
- Relatives told us the service engaged with them and asked for their opinions. One relative told us when they did have a concern, this was dealt with straight away.

- Where people had religious needs, the service arranged for this need to be met in line with the persons wishes.

Continuous learning and improving care

- The provider offered staff the opportunity to progress in their roles, for example with accredited training.
- One staff member told us they had just completed one course and had applied for another and was currently waiting for it to be approved.
- There was a monthly award for staff, voted for by the people who lived at the service and staff. This award was for staff who had gone the extra mile. Following on from this, people who used the service had suggested they have a star of the month award, which is just for people who live at the service. This was in the process of being implemented.

Working in partnership with others

- The service worked in partnership with others.
- Health professionals we spoke with told us the registered manager communicated well with them and was informative and open.
- We saw records which showed the registered manager had working with other professionals.