Voyage 1 Limited

Bridge House

Inspection report

High Street
Normanby
Middlesbrough
North Yorkshire
TS6 0LD

Tel: 01642452365
Website: www.voyagecare.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 June and 4 July 2018 and was announced. We gave 24 hours' notice of the inspection visit because the service is small and people are often out during the day. We needed to be sure they would be in.

Bridge House 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. The service provides personal care to a maximum of seven people who have a learning disability. At the time of the inspection there were six people who used the service.

At the last comprehensive inspection in November 2015 we found the service was meeting requirements and was awarded a rating of Good. At this inspection we found the service had deteriorated and we rated the service as Requires Improvement.

The service had a newly registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection highlighted that at times there were insufficient staff deployed to meet the needs of people who used the service and to ensure they all engaged in meaningful activity.

On the first day of our inspection we found cleanliness to be poor, particularly in bathrooms and shower rooms. We also found the stairway to be dusty, dirty and in need of cleaning.

We found parts of the home were not safe. We found loose blind cords and a bedroom window restrictor which was easily overridable. We informed the registered manager about the poor cleanliness and safety concerns who told us they would take immediate action to rectify these. When we returned for our second day of the inspection we found that action had been taken to address the issues around cleanliness and safety.

The provider had identified that people's needs were changing and the premises were no longer suitable for its intended purpose. People's mobility had deteriorated and some were having difficulty with using the stairs. They were in the process of looking for a bungalow for people. However, in the interim some areas of

the service and furniture had got into a poor state of repair. The service did not have a window cleaner and all windows were very dirty. Walls were scuffed and paintwork chipped. The service needed redecoration. Externally plants and shrubs had become overgrown and were covering windows.

We found some furniture and soft furnishings to be worn and in need of repair or replacement Externally, there was seating in the form of a table and bench, however this was unsuitable for people who used the service. We pointed out our findings to the registered manager.

When we returned for our second inspection visit we found that furniture had been repaired and where needed replaced. The windows had been cleaned and a window cleaner was to visit once a month to keep on top of these. After the inspection we were informed that new garden furniture had been delivered.

The inspection of this service identified that some audits undertaken by the registered manager and provider were ineffective as they did not pick up on the areas we identified as needing improvement.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us people were safe at Bridge House. Staff understood the risks associated with people's care and how these were to be managed. Systems were in place to ensure people received their prescribed medicines safely.

Procedures were in place to protect people from harm. The registered manager and staff understood their responsibilities to keep people safe. Staff had received safeguarding training and were aware of the signs which might indicate someone was at risk.

People's relatives told us staff had the skills to provide the care and support peopled required. New staff received effective support when they started working at the service. Staff completed the on-going training they needed to be effective in their roles. Staff confirmed they received regular supervision and an annual appraisal.

People were supported to have a good diet which met their needs and preferences. People were supported to access health professionals to maintain their health and wellbeing.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff understood people's different ways of communicating and how to make people feel valued. Relatives told us the staff were kind and caring and treated people with dignity and respect. The service recognised the importance for people of maintaining close family relationships and provided the support required to make this happen.

People's care plans included the appropriate information to help ensure care was provided in a person centred and safe way.

Relatives told us the registered manager and staff were approachable and could speak with them if they had any concerns.

Staff enjoyed working at the service and told us they were supported by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were times when insufficient staff were deployed to meet the needs of people who used the service.

On our initial visit to the service we found the service to be unclean and in some parts unsafe, however, this had improved when we had retuned for our second day.

Medicines were managed in a safe way.

The provider had systems in place to check staff's experience, character and suitability for their role.

Is the service effective?

Requires Improvement

The service was not always effective.

The design and decoration of the building did not meet people's changing needs.

MCA assessments were not decision specific.

People had sufficient amounts to eat and drink and healthcare services were available where required.

People's needs had been assessed and they were supported by staff who were given appropriate training.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring, engaging and supportive.

People were treated with respect, kindness and compassion.

Advocacy information was available for people if they required support or advice from an independent person.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs. Staff demonstrated they knew people well.

People had opportunities to participate in activities that they enjoyed.

Relatives knew how to make a complaint and told us they would feel comfortable in doing so.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some audits undertaken were ineffective as they did not identify the areas we found needing improvement during the inspection.

Staff told us they felt well supported by the registered manager who was approachable and regularly worked with them to support the people who used the service.

Team meetings took place on a regular basis and were used to share information and staff were encouraged to share their views.

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 was 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.

We inspected Bridge House on 26 June and 4 July2018. The inspection was announced. We gave 24 hours' notice of the inspection visit because the service is small and people are often out during the day. We needed to be sure they would be in. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service, which included statutory notifications submitted to Care Quality Commission (CQC) by the registered manager. Statutory notifications include information about important events which the provider is required to send us. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided. The feedback we received did not raise any concerns about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included two people's care records and medicines records. We also looked at two staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

People were not verbally able to communicate with us, however we spent time observing and interacting with people in the communal areas of the service. After the inspection we spoke with four relatives of people who used the service. In addition, we spoke with the registered manager, operations manager, two acting senior support workers and four support workers.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us there were three care staff on duty from 8am until 9am. They told us from 9am until 6pm there were three care staff on duty with a fourth staff member allocated to provide one to one care to a person who used the service. From 6pm until 10pm staffing levels reverted to three care staff. Overnight from 10pm until 8am there was one waking night staff and one staff member who went to sleep when people's needs were met but could be called upon at any time should the need arise.

In addition, the registered manager works supernumerary for two and a half days a week and works with other staff supporting people who used the service for the other two and a half days. When they supported people they were counted in the total number of staff.

On the first day of our inspection the registered manager was working to support people who used the service. Two people who used the service went out for the day to Whitby. This was the person assessed as needing one to one support and another person. This meant there were only two staff in the service to support four other people. One person who used the service required two to one support from staff for personal care. If staff needed to support this person there would not be any other staff available to support other people should they need this. There were insufficient staff on duty during this inspection to ensure people who stayed at the service engaged in meaningful activities. The inspection day was very warm, but people who used the service stayed in the lounge area as one of the four people did not like to go outside. If one staff member had stayed inside to support this person this meant there was only one staff member to support three people in the garden area and this would not have been safe.

We pointed out our findings to the registered manager and operations manager. The registered manager told us this would not usually be the case and people who had gone to Whitby had stayed out later than usual. They told us they would ensure better planning so that people received the individual attention they needed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

During the inspection we looked at some bedrooms and communal areas and found the cleanliness to be poor, particularly in bathrooms and shower rooms. The flooring in the ground floor toilet/shower room was stained and discoloured and the legs on the shower chair where rusting causing additional staining to the floor. We found skirting boards to be dirty and cobwebs hanging from ceilings. We found surfaces and flooring in the ground floor toilet near to the front door to be dirty and the flooring to be torn. In addition, the shower room on the first floor of the service was in need of cleaning and the shower door was black with grime. We also found the stairway to be dusty, dirty and in need of cleaning.

We found parts of the home were not safe. We found loose blind cords and a bedroom window restrictor which was easily overridable. We informed the registered manager about the poor cleanliness and safety concerns who told us they would take immediate action to rectify these.

When we returned for our second day of the inspection we found that action had been taken to address the issues around cleanliness and safety. We found the service to be clean, blind cords had been secured and a new window restrictor had been fitted. The registered manager told us after the first inspection day they had arranged a meeting with staff and pointed out our concerns to ensure immediate action was taken. The registered manager told us they would continue to monitor this.

People were not able to tell us if they felt safe because of their learning disability. However, we observed that people were comfortable around staff and other people who used the service. People approached staff for comfort and reassurance and staff always provided this. Relatives told us people were safe. One relative said, "I no worries about how [name of person] is cared for, they like the staff and seem happy and content."

People who used the service could display behaviours that challenged and could cause harm to themselves or others if they became anxious. Staff told us they had received training and guidance which had helped them to manage this safely and consistently. We saw records to confirm this. Risks to people's health and wellbeing were identified with measures put in place to keep people and staff safe when delivering care. Where risks had been identified, care plans had been completed to support staff to minimise and manage risks.

People's medicines were managed safely. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. A stock management system was in place which helped to ensure medicines were stored according to the manufacturer's instructions. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed medicine audits and these were robust.

Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained.

Staff were aware of their responsibilities to raise concerns, record accidents and incidents and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us all the people who used the service had moved into the home 25 years ago. However, they told as their needs were changing the premises was no longer suitable for its intended purpose. People's mobility had deteriorated and some were having difficulty with using the stairs. The provider and registered manager were aware of this and in the process of looking for a bungalow for people. However, in the interim some areas of the service and furniture had got into a poor state of repair. The service did not have a window cleaner and all windows were very dirty. Walls were scuffed and paintwork chipped. The service was in need of redecoration. Externally plants and shrubs had become overgrown and were covering windows.

All the relatives we spoke with during the inspection told us the service was no longer suitable for people.

One person who used the service liked to eat on their own and had a table and chair in a corridor area. However, the table and chairs were worn and chipped. The curtains in one person's rooms were not long enough to cover the window and a headboard was missing. In another room the unit under the sink was broken and knobs were missing from drawers. We noted one chair in the lounge area which was of a leather appearance that was very worn. We were told this had been purchased by the family for this person. Externally, there was seating in the form of a table and bench, however this was unsuitable for people who used the service. We pointed out our findings to the registered manager.

When we returned for our second inspection visit we found the table and chairs had been replaced. The windows had been cleaned and a window cleaner was to visit once a month to keep on top of these. The base unit under the sink had been repaired and knobs to drawers replaced. New curtains and a head board had been fitted to one person's bedroom. The worn chair belonging to the service user had been covered by a throw and the registered manager was to speak with family about possibly replacing this. After the inspection we were informed that new garden furniture had been delivered.

The registered manager told us they would look at painting some areas of the service to make the environment more pleasant until such a time as people were able to move into a bungalow.

People's relatives told us staff had the skills they needed to support people. One relative said, "Yes, they know [person] really well. [Person] can't talk but they know what [they] like and know [they] like to keep to [themselves]."

People's care and treatment was based on a range of assessments which took into account their health, medical conditions and wellbeing. Assessment included medicines, mobility, mental capacity, risk of dehydration or malnutrition and behaviour that challenged. The assessments used were nationally recognised assessment tools in line with best practice. The registered manager and staff gathered information for assessments from a range of sources including relatives, health professionals and social workers. This helped to ensure that people's needs were fully assessed.

Staff received the training they needed to provide effective support. This included training in safeguarding, first aid, health and safety, infection prevention, epilepsy awareness, equality and diversity and moving and assisting. Training records confirmed that training was either up-to-date or planned. Staff spoke positively about the training they received.

Staff told us they felt supported and had regular supervisions with senior staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff had received their annual appraisal.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so. Care plans also contained records of capacity assessments and best interest decisions.

People were supported to have a good diet which met their needs and preferences. Most staff had worked at the service for many years and had got to know people's likes and dislikes. One relative told us, "Yes, food always looks lovely. [Person] likes [their] food and they seem to cater for [their] needs. It's lovely at birthdays as they always do something special. They also have BBQ's." On our second inspection visit we were invited to stay for tea. We saw that meal time was a sociable event with people and staff sitting at the large dining table and eating their food together.

We saw that people were supported to access healthcare services where required. We saw that people had accessed GP services and had attended their annual health checks to maintain their health and well-being. Records we looked at also showed that people had visited to the dentist and optician.

Good

Is the service caring?

Our findings

All the relatives we spoke with told us staff were caring. One relative said, "They [staff] are smashing." Another relative told us, "Staff are lovely, they really know [name of person]. When our Mum died they brought [person] to her funeral, we were really pleased about that."

We saw the interactions between people and staff were positive. There was a relaxed atmosphere and we saw people confidently approached staff when they needed assistance. Staff demonstrated a kind and caring approach with all the people they supported. We saw staff were patient and took time to help people feel valued and important. Staff were able to understand the needs of those people who had limited communication. For example, one person used gestures to express themselves and their needs. We saw that staff were skilled at being able to communicate with the person and anticipate their needs.

All staff showed concern for people's wellbeing and spoke affectionately about them. During discussion staff were able to speak in depth about people who used the service, their family history, their likes and dislikes. We sat next to one person who used the service who guided our hand to stroke their face and head. A staff member who was with us told us how this brought about comfort and reassurance to the person. This staff member told us that staff regularly spent time stroking their face and head.

People were supported to maintain relationships that were important to them. To enable one person to see their relative on a regular basis, staff picked them up from the family home and then dropped them off when they were ready to go home. We were told how the person who used the service very much enjoyed these visits.

We found staff at the service were very welcoming. Staff spoke to people at every opportunity. Staff were passionate about their work and demonstrated a kind and caring approach with all the people they supported. Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way.

People were able, where possible, to make choices about how they spent their day. We saw people chose where they wanted to spend their time. For example, one person didn't want to go into the lounge after their lunch and chose to sit in the dining area until later in the afternoon. People were given a choice of drinks and food at mealtimes.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Good

Is the service responsive?

Our findings

Relatives told us staff at the service were responsive to people's needs. One relative commented, "Yes, they really know [person]. [Person] can't talk but they understand what [person] wants and needs and when [person] is upset."

The registered manager told us for any new person who was to move into the service they would have a pre-admission assessment completed to determine whether the service would be able to meet people's needs. In addition, this would include spending time at the service to ensure they interacted well with other people who had lived there for many years.

Care plans contained lots of detail on the support people wanted and needed. People and their relatives had been involved in producing care plans. Care plans contained detailed information on how the person could be supported to communicate with staff. For example, the care plan of one person detailed they would lead staff to what they wanted or push away if it was something that wasn't wanted. We saw how this worked on the day of the inspection. This person would lead staff if they wanted to sit in the lounge area and we saw how they put their hands out to the cup when they were offered a drink. This was the person's way of refusing the drink. This approach meant staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction.

The registered manager and staff told us people were actively encouraged to participate in activities they enjoyed. One person liked to go out on the bus and to go shopping to Redcar. Another person liked to go to the local shops and cafés for a coffee. The service had its own vehicle to transport people, however, as people's needs were changing this was not suitable for everyone. The registered manager told us how they were looking for a vehicle with a tail lift to accommodate people who were less mobile. However, in the interim they had been in touch with staff at another local service which was run by the same provider and had arranged the use of their vehicle.

The registered manager told us when they started at the service they recognised the need for a more structured plan of activities and had identified a staff member to create a seven-day activity planner for all people who used the service. We were shown the new activity planner for one person which highlighted morning, afternoon and evening activities to include, pamper sessions, local walks and trips out.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. People's communication needs were assessed and guidance for staff was in place to inform them how to support people to achieve their desired outcomes.

The service had a complaints policy and procedure, details of which were provided to people and their relatives. People told us they could to speak with the registered manager and staff if they had any concerns.

At the time of our inspection no one was receiving end of life care. However, the registered manager and

staff told us how they would work closely with other health and social care professionals to ensure people could remain at the service for end of life care.

Requires Improvement

Is the service well-led?

Our findings

The inspection of this service identified that some audits undertaken by the registered manager and provider were ineffective as they did not pick up on the areas we identified as needing improvement. We found there were occasions when there were insufficient staff deployed to meet the needs of people who used the service. In addition, we found the cleanliness to be poor, particularly in bathrooms and shower rooms. We found parts of the home were not safe. We found loose blind cords and a bedroom window restrictor which was easily overridable.

The provider had identified the service was no longer suitable for the changing needs of people who used the service. However, in the interim the decoration and furniture had deteriorated. It wasn't until our inspection that action was taken by the provider to address this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

The providers auditing system was based on the Care Quality Commissions Key Lines of Enquiry (KLOE). Audits were undertaken to check the service was safe, effective, caring responsive and well led. These audits included checks on medicines and records amongst other areas.

The registered manager told us they had worked for the provider for over two years. However, they had worked at Bridge House for the last four months and had just recently become the registered manager. Prior to that a registered manager who was responsible for managing two other services operated by the provider was the registered manager. However, they had needed to share their time between Bridge House and two other services. Staff told us they had felt supported during this time, but were now pleased to have a permanent registered manager who would be based at the service full time.

One staff member told us, "[Name of registered manager] is lovely and very supportive. A relative told us, "The new manager seems really nice." Another relative commented, "The home went through a little rough patch when there was no manager there but I was kept up to date and didn't have any concerns about the level of care that [person] got." Another relative said, "I've met [name of registered manager] and [they] seem nice. The home has had lots of management changes over the last couple of years and periods with no manager in place and another one overseeing the home, which is not good."

Registered managers from the provider's services met on a regular basis to share information and during these meetings would nominate staff at different locations operated by the provider for awards. The staff at Bridge House had been nominated an award for going above and beyond the call of duty for covering additional shifts and for their thoughtfulness towards people who used the service and each other.

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. During the inspection we saw

that the registered manager spent time with people who used the service.

The registered manager told us people who used the service regularly accessed the local community, visiting local shops and cafés.

We saw records to confirm that staff meetings had taken place on a regular basis. Records indicated these meetings were well attended and that staff were encouraged to share their views and speak up.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed. Statutory notifications include information about important events which the provider is required to send us.

Relatives were asked to participate in an annual review of the service. We saw a quality development plan dated December 2017 that showed responses from relatives indicating they were satisfied with the care and service provided. An action plan identifying those areas for improvement had been developed with timescales for completion.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some areas of auditing were ineffective as it did not identify areas of concern that we identified during the inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably qualified, competent and skilled staff deployed to meet the needs of people who used the service.