Bridgewood Trust Limited

Cleveland Road

Inspection report

5 Cleveland road
Edgerton
Huddersfield
West Yorkshire
HD1 4PP

Tel: 01484515865

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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

The inspection of Cleveland Road took place on 6 April 2016 and was unannounced. We previously inspected the service on 13 November 2013, at that time we found the registered provider was meeting the regulations we reviewed.

Cleveland House is located in a residential area of Huddersfield near to local shops and amenities. The home provides accommodation for up to 13 adults who are living with a learning disability. The home has communal living areas on the ground floor and bedrooms are located on the ground, first and second floor. On the first day of our inspection 10 people were living at the home.

At the time of our inspection the service did not have 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. The registered manager had recently left the service following a number of years' service at the home. A manager who was the registered manager from another of the registered provider's homes had been seconded to the home to provide interim management support for the home.

People told us they felt safe. Staff received regular instruction in how to keep people safe and were aware of the action they should take in the event of a safeguarding concern being raised.

Risk assessments were in place and these were individual to peoples support needs.

Staff recruitment procedures were thorough and there were enough staff to meet people needs on a daily basis.

Medicines were stored, managed and administered safely. There were instructions available for how people preferred to take their medicines.

Staff were supported in their role. They received an in-depth induction and ongoing management supervisions and training. This ensured staff were provided with the skills and knowledge to perform their job.

Our discussions with the manager and staff showed they had an understanding of the Mental Capacity Act 2005 and how they would act in people's best interests if they lacked capacity to consent.

People were encouraged to choose the food and drink they wanted to eat. We observed the evening meal on the day of our inspection, people were enjoying their meal and the atmosphere during the meal was relaxed and homely.

People told us staff were kind and caring. We observed the atmosphere at Cleveland road to be relaxed, homely yet professional. People were supported to participate in the day to day running of the home.

Care plans were detailed and person centred, recording what people could do for themselves and where support was needed. People were able to participate in a range of activities.

The registered provider had a complaints procedure in place.

The home did not have a registered manager in post but the registered provider had ensured management support was provided for the home. People spoke positively about the registered provider and the manager. There was a robust system in place to continually assess and monitor the safety and quality of the service provided.

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.

People told us they felt safe.

Recruitment procedures were thorough.

The management of people's medicines was safe.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training and supervision.

We saw evidence that capacity assessments were completed and care plans reflected people's ability to make decisions.

People were offered a choice of food and drink.

Is the service caring?

Good

The service was caring.

People told us staff were kind.

We observed people to be relaxed and comfortable in the home and in the presence of staff.

People were encouraged to be independent where possible.

Is the service responsive?

Good

The service was responsive.

People took part in a range of activities.

People's care plans provided detailed information about their individual care and support needs.

There was a complaints system in place.

Is the service well-led?

Good

The service was well led.

Feedback was positive about the management of the home.

The registered provider had a system in place to monitor the quality of service people received.

Cleveland Road

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 6 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the service, such as notifications. We also spoke with the local authority and the infection prevention and control team. Before the inspection, we asked the provider to complete 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.

During our visits we spent time in the lounge and dining room areas observing the care and support people received. We spoke with four people who were living in the home and one visiting relative. We also spoke with the manager and two support workers. We spent some time looking at two people's care plans and a selection of other records which evidenced the care and support people were receiving. We looked at two staff recruitment and training files and a variety of documents which related to the management of the home. We also viewed the communal bathrooms and, with permission of the people who lived at the home, a random selection of bedrooms. Following the inspection we also spoke with two relatives of people who lived at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "(Name of staff) makes me feel safe." A relative we spoke with said their family member was 'very safe'.

The manager and the staff we spoke with were all clear about what may constitute harm or abuse and were able to tell us what action they would take. For example, notifying a more senior member of staff, recording the incident and reporting the incident to the local authority safeguarding team. We asked one of the staff we spoke with if they had any safeguarding concerns, they said, "Absolutely not. Bridgewood Trust runs a tight ship." Staff told us they received regular training in safeguarding adults and this was corroborated when we reviewed the registered providers training matrix. This people who lived at the home were protected from the risk of harm or abuse.

On our arrival at the home, a person who lived at the home met us at the door and promptly asked who we were and asked to see our identification badge. They then escorted us to a member of staff. This evidenced people at the home knew the importance of checking the identity of visitors to the home.

The home was well maintained. The manager told us any maintenance issues were reported to head office and repairs were actioned promptly. We saw evidence external contractors were used to service and maintain equipment, for example the hoist, check gas safety and the fire detection system. We asked one person who lived at the home what action they should take if the fire alarm was activated. They told us they had to leave the building and meet the staff in the car park. The manager told us all staff and each person who lived at the home had to participate in a fire drill at least twice per year. We saw a document where this information was logged to ensure people received adequate fire instructions. This showed the registered provider had a system in place to ensure people and staff knew the action they had to take in the event of needing to evacuate the building.

Both care plans we reviewed contained a generic risk assessment along with a number of individual risk assessments. For example, moving and handling, finances and access to the kitchen. We noted one person had been identified as being at risk of falls; an alert sensor was in place to inform staff when this person left their bedroom to enable staff to support them appropriately. This meant peoples care and support was planned and delivered in a way that reduced risks to their safety and welfare.

There were thorough recruitment procedures in place. The manager told us staff recruitment was done centrally from head office. They said potential employees had an initial interview at head office and then a second interview at the home. They said having an interview at the home enabled them to see how the candidate interacted with people at the home and whether they would meet the needs of the service. We looked at the recruitment files for two staff and saw candidates had completed an application form, notes were kept of the interview and references had been obtained. Candidates had also been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staff told us there were enough staff on duty to meet people's needs. The manager and the staff we spoke with said the registered provider was recruiting to the staff team as there was a current vacancy at the home. One of the staff explained that agency staff were used to cover staff shortages if needed. They explained they used two local agencies and always tried to ensure that staff who were familiar to the people who lived at the home were used to cover shifts. This meant people were supported and cared for by staff who knew them well.

People's medicines were stored in a locked cupboard in a locked room. This meant we were assured that medicines were stored securely with only authorised staff having access to them and people were safeguarded against access to medication. A monitored dosage system (MDS) was used for some medicines while others were supplied in boxes or bottles. We looked at a random selection of three medicines and found the stock tallied with the recorded stock balance. Information was also recorded which detailed the support each person needed to take their medicines. For example, '(Name of person) prefers to have their tablets placed from the medicine pot into their hand'. Where people were prescribed a medicine which was to be taken 'as needed' (PRN) information detailed when and why the medicine may be needed. This meant there were clear guidelines for staff to follow to ensure people received their medicines safely.

The manager showed us evidence of the weekly medicines audit they completed. They told us they checked for recording errors, gaps in the MAR and they checked to ensure the stock balance. One of the staff we spoke with told us they received regular training and an assessment of their competency to administer medicines safely to people. The staff member was also able to tell us of the action they would take in the event of an error in the administration of people's medicines.

The home was clean and tidy. We saw bathrooms and toilets had supplies of liquid soap, hot water and paper towels. An easy read information notice was located by communal sinks to instruct people how to wash their hands thoroughly. This ensures safe hand washing practices could be maintained and would reduce the risk of infections spreading between people who used lived at the home and the staff.

Good

Is the service effective?

Our findings

Staff told us new employees received a period of shadowing a more experienced staff member before they were counted in the staffing numbers. The manager told us new staff completed a four week induction programme. This included learning about the registered providers policies and procedures, completing training, meeting people who lived at the home and reading peoples care plans. This showed new staff were supported in their role.

Both of the staff we spoke with said there was a regular programme of on-going training for staff. One staff told us they had to complete practical moving and handling training before they were allowed to use the hoist. Staff also told us they received regular supervision with their manager. One staff said, "Yes we receive regular supervision, but we can speak to someone at any time, it's all confidential." Staff records evidenced the training and supervisions staff had received. Ensuring staff receive regular training and support ensures staff have the skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

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) as described in MCA schedule A1 together with any conditions on authorisations to deprive a person of their liberty set by the supervisory body as part of the authorisation.

Staff told us training in MCA and DoLS was part of their annual safeguarding training. Both staff we spoke with were able to tell us about the different levels of capacity people who lived at the home had and how people were supported with decision making. One staff told us about one person who lived at the home and the decisions they had capacity to make and the potential issues where they would need more support.

Both the care plans we reviewed contained a capacity assessment regarding the individual's ability to consent to the care and support they received. One of the assessments recorded the person did not have the capacity for this decision; we saw evidence of a best interests meeting being held with staff and the individuals family regarding this. The manager and staff understood the principals they needed to follow to ensure decisions made, were in people's best interests. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

The manager told us four people who lived at the home were subject to a DoLS authorisation. Copies of the

paperwork were kept in people's records and we saw the date when staff needed to re-apply for a further DoLS authorisation was noted in the homes diary.

People told us the food was nice. One person told us what they had eaten for breakfast. Another person told us, "If I don't like the meal, they make something else for me." Staff told us the main meal of the day was in the evening. They said each person was asked each month for their personal choices for the following month's menus, we saw the records for March and April which detailed the meal choices people had made.

The kitchen was accessible by people who lived at the home and the dining room was adjacent to it. We observed the evening meal at the home. The dining tables had table mats, cutlery and napkins, jugs of juice and glasses were on each table. People were also offered a choice of hot drink. Two staff were sat in the dining room and ate the evening meal with the people who lived at the home. There was friendly chatter between staff and people. One person, who had been out during the afternoon, came into the dining room after the other people had commenced eating. They were served promptly with their hot meal.

People accessed three local GP surgeries, one of the staff said the local surgeries were 'really good'. We saw evidence in peoples care records that people had access to external health care professionals, for example GP's, district nurses and dentists. This showed people using the service received additional support when required for meeting their care and treatment needs.

Both care plans we reviewed contained a hospital passport. This provided detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment. We noted that one of the passports we reviewed had not been updated and was not an accurate reflection of the person's current needs. This meant there was a risk that in the event the person required hospital treatment the information would need to be updated.

Good

Is the service caring?

Our findings

People told us staff were kind, when we asked one person if staff were nice they said 'yes' and smiled. A relative told us their family member had wanted to come and live at the home; their relative said their family member was 'very happy' living at Cleveland Road. Another family member said the staff were 'excellent'.

Staff spoke to us about the people they supported in a caring and supportive manner. They were able to tell us about individual's likes, dislikes and preferences. Staff appeared to be happy in their work and one told us how enjoyable their job was.

Throughout the inspection we saw people who lived at the home were relaxed in the presence of staff. People smiled and responded in a positive manner to staff. The chatter between people who lived at the home and staff was friendly but professional and appropriate. People looked clean, well-cared for and suitably dressed.

Staff were able to describe how they encouraged people to maintain suitable levels of privacy. People were encouraged to close doors and curtains during personal care and staff told us how they ensured one person's body was not unduly exposed when they were using the hoist. We saw staff knock on people's doors prior to entering and when we asked to look at some people bedrooms, staff asked the individual if they were happy with this before allowing us access. Two people we spoke with told us they had a key to their bedroom which they locked when they were not in. Communal bathrooms and toilets also had locks to enable people to have privacy when using these facilities. This demonstrated staff respected people's right to privacy.

We asked staff how they ensured peoples laundry did not get mixed up, They said all laundry items were either labelled with the person's name or they had a piece of coloured cotton attached, they showed us a list which noted a different colour for each person. They said they got to know which items belonged to which person but this helped to ensure there were no mix ups.

People's bedrooms contained personal pictures, photographs, DVD's music and other items related to their individual likes. A person who had recently moved bedrooms told us they had wanted a bigger bedroom and had moved when one became available. They said they did not like the décor of the room and had chosen the colour they wanted the room to be painted. Personalising bedrooms helps to create a sense of familiarity and make a person feel more comfortable.

One of the staff told us how people were encouraged to be independent and to play a role in the day to day running of the home. We saw a rota in the kitchen which detailed people's jobs in the home. This included setting the tables for meals and helping to serve. Staff explained how one person who was in a wheelchair was supported by staff to vacuum their own room. Staff also told us about a person who enjoyed helping the cook to prepare the vegetables for the meal every Sunday. One person we spoke with told us they had their own money and went to the local shop every day to buy their paper. We saw them later in the day coming in through the front door with their paper, they told us they were just returning from the shop.

Another person told us how they loved to bake, during the day we saw them in the kitchen helping the cook to make sandwiches for lunch, later in the day we also saw them in the kitchen baking chocolate buns. They showed us the buns cooling on a rack and pointed out the icing they were about to put on when the buns were cool enough. This showed people were supported to be independent; this can improve people's quality of life, helping people to do these everyday tasks for themselves rather than someone else doing the tasks for them.

The manager told us no-one at the home required the use of an independent advocate as each person had a family member or a Power of Attorney appointed. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

Good

Is the service responsive?

Our findings

People participated in a range of activities. One person told us they were going out later that day, although they were not able to tell us where they were going, they also told us they were going on holiday later in the year and they were saving up for this. Another person was going out for the day with their relative. A relative told us their family member went out far more than they had prior to moving into the home.

We saw a planner on the wall in the kitchen, this recorded the planned activities each person was taking part in each day. This included activities operated by the registered provider, Bridgewood Trust and external activities such as swimming, college and trips out. Staff told us about one person who did not enjoy group activities. They said staff often took this person out for a drive in the homes vehicle as this was something they enjoyed. This showed the home was meeting people's social needs.

The manager told us referrals for somebody new coming to live at the home were initially dealt with by head office. They explained once it was decided they were suitable for Cleveland Road, the person would be invited for tea and/or to stay overnight at the home before they made the decision to come and live there. They said often people knew each other as they met at the day services run by Bridgewood Trust. We were told peoples care plan was developed from the pre-admission assessment, information from the person, family and other health care professionals.

Peoples care plans were person centred and provided detail about their likes, preferences and individual support needs. For example, one care plan recorded the person liked on pillow on their bed and slept with their head and feet slightly raised. Another care plan we reviewed detailed how staff should address a particular aspect of their behaviour in order to reduce the risk of this behaviour escalating. The manager told us each care plan was written about the individual and were not generic. Having accurate and up to date records ensures people receive safe and appropriate care and support.

Both care plans evidence regular reviews had taken place. One of the care plans contained the review documents dated June 2015 and January 2016. The documents noted the names of those involved and a review of the persons support needs. Reviews help to ensure care records are up to date and reflective of people's current needs so that any necessary actions can be identified at an early stage.

Staff completed a daily log for each person to record the care and support they had received on a daily basis. From the records we reviewed we could evidence the support people had received however, some of the records lacked detail. For example, one person's daily log recorded they had gone out for the day with a staff member but they did not consistently detail where they had been or what they had done.

The manager told us they had not received any complaints. We saw the complaints procedure on display at the home; however, this was not in an easy read format and was displayed high up on the wall. This may make it difficult for people who lived at the home to see or understand the procedure should they wish to raise a compliant. However we did see an easy read complaints format in both of the care plans we reviewed.

Good

Is the service well-led?

Our findings

The registered manager had recently left the organisation after a number of years in post. The registered provider had seconded a registered manager from another of their homes to work at Cleveland Road until a new registered manager was recruited. The manager told us they been employed by Bridgewood Trust for six years and had held the post of registered manager at another home within the organisation for 8 months, before moving to Cleveland Road. They said they felt supported by the organisation and were confident they received appropriate support and guidance from senior managers as required.

People we spoke with and their relatives all new the name of the new manager. A relative said, "The organisation is really well run." One of the staff told us the current manager was doing a 'good job'. One of the staff we spoke with said the registered provider was a good organisation to work for. They said senior management from the head office vested the home frequently.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

A range of audits were completed at the home. This included a health and safety audit, an audit by senior management. This covered a range of topics including the environment, medicines and care records. The manager told us they received a copy of any reports and audits and issues they needed to address where highlighted and followed up at the next visit. The manager also showed us two weekly reports they submitted to the head office. They recorded a range of subjects which included accident or incidents, staffing issues, activities and concerns raised. It is important that registered providers regularly audit and review the records and practices within their homes to ensure that they are picking up on any shortcomings, are identifying any areas for improvement and that they are working to continuously improve the services they provide for people.

Staff told us there was a staff meeting held most months. They said the minutes were recorded so they were able to read them if unable to attend. We looked at book where the minutes were recorded and looked at the minutes for January, February and March 2016. Topics discussed included staffing, cleaning and peoples individual needs. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

The manager told us meetings were held with people who lived at the home every three months. We looked at the minutes for January and February 2016. They recorded the names of the people present and we saw some of the people had signed the minutes to record their attendance. The minutes from January 2016 noted discussions were around holidays, birthdays and staffing at the home. An annual survey of people who used the service was not completed but we saw evidence of a service user feedback survey in both the

care plans we reviewed. This demonstrated people who lived at the home were asked for their views about the care and support they received.