

Bridgwood Trust Limited

Wheatley Lane

Inspection report

21-25 Wheatley Lane
Lee Mount
Halifax
West Yorkshire
HX3 5HN

Tel: 01422320986
Website: www.bridgwoodtrust.co.uk

Date of inspection visit:
25 March 2019

Date of publication:
10 April 2019

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: Wheatley Lane is a care home that provides personal care and accommodation for up to six people with learning disabilities or autistic spectrum disorder. At the time of this inspection four people were using the service. The home comprises of three two-bedroom terraced houses.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence and inclusion. Peoples support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- The service had improved since the last inspection. Staff were aware of safeguarding procedures and had been provided with training on recognising and reporting abuse to promote people's safety. Care plans contained person-centred information so that individual needs were identified. Written information had been made available in accessible formats to support people's understanding. Audits carried out were monitored to identify any issues and act on these.
- People told us the staff were "Nice" and "Good." They were positive about how they were treated by staff. People received personalised support from staff who knew them well. Staff had built positive relationships with people living in the service. Staff supported people to retain their independence.
- People felt safe living at Wheatley Lane. Recruitment processes were robust and thorough checks were completed before staff started working in the home. We saw there were sufficient numbers of staff on duty to make sure people's care needs were met. Staff supported people safely with their medicines.
- Risks to people were assessed and kept under review. People's needs were assessed and support plans were developed to guide staff in how to support each person. People were involved in discussions about their support.
- Staff had received training and supervision to ensure they had the knowledge to provide people with appropriate care.
- People had access to a range of health professionals as required, to promote people's health.
- People felt able to raise any concerns with the registered manager or provider and were confident they would be addressed. Staff felt well supported by the registered manager and we observed the staff team work well together.
- The registered manager and provider undertook a range of quality checks and audits of the service to make sure the care and support provided was of a good standard. This supported the continuous improvement of

the service.

- The service met the characteristics of good in all key questions.
- More information is in the full report.

Rating at last inspection: At the last inspection the service was rated requires improvement (published 16 March 2018).

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Wheatley Lane

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

Wheatley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and people using the service and staff are not always at the service. We needed to be sure that they would be in.

What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Wheatley Lane. We used their feedback to help plan our inspection.

During this inspection we spoke with all four people living at Wheatley Lane. We spoke with the registered manager and two of the three support workers employed. We also spoke with a community health professional who was visiting a person during our inspection, to obtain their views about the service.

We looked at two people's care records, two medicines administration records (MAR) and two staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met. All four people receiving support told us they felt safe. Comments included, "I feel very safe. They [staff] help me feel safe" and "Yes, I am safe. The staff are very nice."

Systems and processes to safeguard people from the risk of abuse:

- At our last inspection of 18 and 22 January 2018, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because safeguarding issues had not always been appropriately reported and risk assessments were not always in place to manage and mitigate risks to people. At this inspection we found improvements had been made.
- The provider had appropriate systems in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. Staff were aware of the different types of abuse. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People told us they knew who to report any concerns to. People told us, "I can talk to [registered manager] or any staff."

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, such as managing medication, finance and accessing the community. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staffing levels and recruitment:

- The service provided a minimum of one support staff during times when people using the service were present at the service. An internal telecom as available in each house so that people could alert staff if they needed them. People said they were happy with the staffing arrangements and felt enough staff were provided.
- We found a team of three support staff worked at the home and covered for each other to make sure support staff were available for agreed hours. The registered manager told us bank workers, who knew the people living at the service, were available to cover unforeseen gaps but were needed infrequently.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal

convictions a person may have. This information helps employers make safer recruitment decisions.

Using medicines safely:

- Medicines were obtained, stored and disposed of safely by staff.
- Medicines were administered in accordance with people's identified support needs. One person self-administered their medicine. The other person living at the home had support from staff to manage their medicines.
- People received their medicines as prescribed by their GP. Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.
- People told us they were happy with the support they received with their medicines.
- The provider had a policy in place regarding medicines administration. This provided guidance to staff to help ensure people received their medicines safely.

Preventing and controlling infection:

- Wheatley Lane was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events. They shared any learning across all their care home locations to improve safety in each home.
- The registered manager analysed accident and incident records to identify any trends and common causes.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection of 18 and 22 January 2018, we found that people's health action plans had not been fully completed. At this inspection, we found improvements had been made. The health action plans checked had been reviewed and contained relevant and up to date details. A hospital passport was also in place. This ensures people's health needs had been identified and could be met.
- Staff worked closely with other organisations to deliver effective care and support to people. Records showed people had access to a variety of relevant health professionals, such as GP, consultants and psychiatrists. This supported staff to achieve good outcomes for people and to help people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "Staff help me" and "I can see my doctor."

- We received positive feedback from a social care professional who had contact with the service. They told us they had no concerns about Wheatley Lane.

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

- People's needs were assessed before they moved into Wheatley Lane to check the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to support them.
- People receiving support were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so support could be provided in accordance with their needs and preferences.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. People told us, "The staff are good" and "I get the support I need."
- Staff completed a training programme and regularly refreshed their knowledge of different subjects. Staff confirmed they had received relevant induction and refresher training. The records showed staff undertook specific training relevant to their role, such as autism awareness and end of life care.
- Staff received regular supervision from the registered manager and annual appraisals. Staff told us they felt supported to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- People were involved in meal planning, food shopping and food preparation. We saw plentiful supplies of food available for people.

Staff providing consistent, effective, timely care:

- People were very positive about the care they received from staff. One person commented, "I like the staff a lot."
- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care. This helped to ensure all staff were informed of any changes to people's needs, so they could provide the correct level of support to people.

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

- People were involved in decisions about the premises and environment. For example, we saw the three houses were personalised to reflect individual's interests and hobbies. People using the service had been involved in the decision to relocate the services office. People had been supported to make their bedroom homely with their own belongings.
- The premises had sufficient amenities such as a bathrooms, kitchens, individual bedrooms and communal areas to ensure people could receive the support they required.
- A maintenance programme was in place to make sure a safe environment was maintained.

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 with appropriate legal authority. 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 Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. We observed staff seek consent and agreement from people throughout the day before providing any support, such as making plans, what to eat and when to go shopping.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- At our last inspection of 18 and 22 January 2018, we found that whilst staff demonstrated a caring approach, some further improvement was required to make sure people's needs, in relation to equality and diversity, were fully met. At this inspection, we found improvements had been made.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People were positive about the way in which staff supported them and they told us staff were always kind and caring. Comments included, "They [staff] are kind" and "[Names of all staff] are nice."
- Staff had developed positive relationships with people and displayed affection towards them. A staff member told us, "We are a small service so it really is like a family."

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

- People were involved in reviews of their care. People told us they attended care reviews to highlight their needs, wishes and choices so they could be recorded in their care plan.
- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
- Where appropriate, people had an advocate that met with them regularly to obtain and support their views. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. We saw one person had support from an Independent Mental Capacity Advocate (IMCA). The IMCA role is to support and represent the person, who may lack mental capacity, in some decision-making processes.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and dignity. All staff had received training in dignity and we observed staff to be respectful throughout this inspection.
- Staff supported people to be as independent as possible, to promote their wellbeing.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our last inspection of 18 and 22 January 2018, we found that whilst the service was responsive, some improvements were needed. Staff demonstrated a person-centred approach but this was not always supported by care documentation. In addition, we found information accessible to people in a format which met their needs was minimal within the service. At this inspection, we found improvements had been made.
- People's care records had been updated. They were detailed, person-centred and accurately described what support people needed from staff. They were reviewed monthly or sooner, if a person's needs changed. This helped to ensure they were accurate and up to date. A visiting social care professional told us they found care records person centred and detailed. The service had introduced daily meetings with individuals to record their thoughts on the day and obtain their views, to further ensure records were person centred.
- We found a range of records had been made available in an accessible format to support people's understanding. These included the services statement of purpose, service user guide and annual questionnaire.
- Staff knew people's likes, dislikes and preferences. They used this knowledge to support and care for people in the way they wanted.
- People were empowered to make choices and have as much control and independence as possible, including involvement in developing their support plans.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. People had a variety of leisure opportunities relating to their preferences and interests. These included lessons at a local training centre, arts classes, dance classes and visits to a local day centre. One person told us they always chose what to do with their day. Another person commented, "I'm always busy, that's how I like it."

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints policy had been provided to people in a format using pictures, large print and symbols, to support their understanding.
- The registered manager confirmed they would keep a record of any complaints which would allow them to easily identify any themes or trends which they could act upon to improve the service. No complaints had been received.
- People told us they could confidently raise any concerns with the staff or registered manager and they were sure they would be addressed. One person said, "I would tell them [staff] if I was worried, but I am

happy."

End of life care and support:

- The registered manager informed us, should end of life support be needed, they would liaise with relevant health professionals to provide appropriate support at that time.
- The care plans we checked held some detail on final wishes and funeral arrangements so that people's wishes could be respected.
- Staff spoken with said they had been provided with training on end of life care so they had the relevant skills to support people at this time.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care:

- At our last inspection of 18 and 22 January 2018, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because systems for auditing were not always robust and had failed to identify some issues which could have had an impact on people's well-being. At this inspection, we found improvements had been made.
- The quality assurance system included monthly audits of care plans, accident and incident analysis, medicine management and infection control carried out by the registered manager. These informed visits and audits undertaken by the area manager. We found these audits were effective in that, where areas for improvement were identified, action was taken. For example, the registered manager and provider were closely monitoring whether any incidents occurred that may need reporting to safeguarding to ensure people's safety was promoted and staff continued to understand safeguarding procedures.
- Staff were supported to carry out quality assurance checks on the service in addition to the audits completed by the registered manager and area manager provider. These included weekly checks of medicine management. The registered manager maintained an oversight of the quality assurance system to ensure the service met the regulatory requirements.
- The service was well run. The registered provider had effective oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- Staff were positive about the way the registered manager ran the service. Staff commented, "The manager is very good. Really supportive."
- Staff and people receiving support said the manager and the registered provider were always available to them. Our observations during this inspection showed people receiving support and staff knew the registered manager well and were comfortable with them. The registered manager worked as part of the small staff team and covered some shifts on the staff rota.
- The registered manager was keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. They were keen to achieve good outcomes for people.
- The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

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

- People told us they were regularly asked their views about the service. They said, "I see the manager all the time and I've got a key worker so I can talk about anything to do with living here" and "I talk to staff every day about what I want."
- The registered manager confirmed surveys had been sent out for people using the service which asked for their views of the service. The registered manager said they and the registered provider would analyse the returned surveys and the information would be used to continuously improve the service. Action plans would be created where necessary.
- Staff meetings took place and staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Working in partnership with others:

- The registered manager welcomed community organisations and visiting professionals into the home which enabled the service to work in partnership with them. We saw social care professionals visit the home on the day of inspection.
- The service worked with other agencies such as the local authority and local clinical commissioning group who commissioned care for some people living in the home.