

Leonard Cheshire Disability

# St Bridget's - Care Home Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

St Bridget's – Care Home Physical Disabilities, referred to in this report as St Bridget's, 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. St Bridget's accommodates up to 38 people in one adapted building and three bungalows on the same site. At the time of our inspection there were 37 people living in St Bridget's. The home supports people with a range of significant physical disabilities, physical health and mental health needs.

### People's experience of using this service:

People and relatives highly praised the care and support provided at St Bridget's. The service had distinctive and very strong person-centred values and placed people's wellbeing at the heart of their work. People received exceptionally personalised support which met their needs and preferences. The registered manager and staff ensured people were involved in every aspect of the service and their care and support. People told us staff knew them, their likes, dislikes and needs exceptionally well. They said they had full control over their care and were always encouraged to share their views. Comments included, "I do whatever I want", "They listen to me. They know they're just here to help me with what I need" and "I always choose."

The service was owned and run by Leonard Cheshire Disability. It is a charitable organisation whose stated purpose was to 'support individuals to live, learn and work independently, whatever their ability'. The provider and registered manager were clear about their purpose and acted as advocates for people with disabilities and campaigned to encourage equality and opportunity.

The registered manager and staff were all passionate about ensuring people were all equal, not judged or defined by appearance, ability, sexuality, age, background, race or belief. This created a non-judgemental, fully inclusive environment where people felt safe and confident to be themselves. The service respected and promoted people's diversity and helped promote people's rights. For example, they had recently created a Pride Network which was open to people who used the service and staff members. This network had online information and support for people to discuss any issues, ideas, make friends, share experiences and allow people to explore their sexuality.

People were supported to express their views in a number of different ways. People who lived in the service had a number of ways of communicating. People used verbal communication, sign language, picture boards and computerised communication aids. Staff knew how best to communicate with each person in order to understand their needs and give them choices. The registered manager and staff were passionate about enabling people to use technology to enable people to communicate more freely and to improve

their skills, expand their knowledge, contact loved ones, enjoy entertainment, be active on social media and make friends.

At the time of our inspection two people living in the service had needs relating to a learning disability. 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 registered manager and the provider were committed to ensuring the service was outward facing and encouraged people to be active members of the local community. The service had a charity shop on site which was open to the public and advertised in the local town. The service also had a volunteer programme to encourage people to connect with members of the public who shared their interests. Events were held at the service twice a year to which the public were invited. Staff and people who used the service regularly attended events in the local community and the service regularly campaigned to encourage accessibility and equality within the local area.

The management team and staff were passionate about enabling people to lead fun, fulfilled lives and helping ensure people had access to activities that met their needs and interests. The service had a comprehensive activities programme but also worked hard to recruit volunteers. The volunteers had positively impacted on people's lives. For example, one person was interested in bird watching and was hoping to learn more about it. Together with the person, the volunteer coordinator created an advert seeking a volunteer who shared this interest. A member of the Ornithological Society came forward and had been taking this person bird watching regularly since. This had brought the person a huge amount of enjoyment.

Staff and the registered manager were passionate about people's happiness and wellbeing. Staff had gone 'above and beyond' for people. For example, the team leader in the computer room said; "I came in on Christmas morning last year especially to support one person to skype his sister in New Zealand. He and his sister really appreciated it. It made me feel all warm inside. It's one of the good parts of this job."

The service was focused on achieving best outcomes for people and improving their independence and quality of life where possible. People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. These plans highlighted people's wishes about how their care should be delivered and what was important to them. Staff were trained to a very high standard in a way that met the individual needs of people in the service.

The service was continually looking to improve with regards to food provision and regularly sought training from healthcare professionals such as nutritionists or speech and language therapists. People spoke very highly about the quality of the food. People made comments including; "The food is good here. We have some real stunning things. I have just had some chocolate sponge and chocolate custard and if that could be my last meal I'd be happy."

The home delivered outstanding end of life care to people. The service was passionate about ensuring people received dignified and respectful end of life care which met their personal needs and preferences. Staff had also understood the importance of helping people to grieve and remember their loved ones when they had sadly passed away. For example, staff had created a string of fairy lights displaying the names of people who had passed away, including people's loved ones. This was displayed in the home every year to help people and staff mourn their loss and ensure those people were still part of the Christmas celebrations.

People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these whilst ensuring people had freedom to take risks. People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

The registered manager and provider were strong, visible and exceptionally supportive. The service had an experienced and skilled registered manager in post, who provided stable and consistent leadership. People, staff and relatives spoke very highly of the registered manager and the management team. There was an open and positive culture at the service with people and staff feeling their voices were listened to.

Quality assurance processes, such as audits, were instrumental in driving standards of care to an outstanding level. Monitoring systems were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided and identify where improvements were needed.

More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Good overall and Requires Improvement in Responsive. The last report was published on 24 October 2016.

Why we inspected: This was a planned comprehensive inspection based on previous ratings.

Follow up: We will continue to monitor the intelligence we receive about the service and plan to inspect in line with our re-inspection schedule for those services rated outstanding. If any concerning information is received 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?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# St Bridget's - Care Home Physical Disabilities

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type: St Bridget's 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. St Bridget's accommodates up to 38 people in one adapted building and a bungalow on the same site. At the time of our inspection there were 37 people living in St Bridget's.

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:

We visited the service on 24 and 25 April 2019 and our inspection was unannounced.

What we did:

The registered manager sent us a provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

As part of the inspection we spent time with 12 people who received support from the service and spoke with three relatives. We also spoke with the registered manager, the deputy manager, the regional manager, the volunteer coordinator, the customer support adviser, the kitchen supervisor, the physiotherapist, the administration supervisor, three members of support staff, two volunteers, a computer room assistant and two members of the senior leadership team. We also spoke with a visiting external healthcare professional. We reviewed care records for three people and looked at three staff files including training and recruitment. We reviewed documentation relating to the running of the service, such as the accidents and incidents records, audits and complaints policies.

# 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.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "Yes I feel safe here. The people who can't speak for themselves are looked after. They respond really well to people if they have any emergency."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- During our inspection we provided feedback to the registered manager about a concern a relative had raised. The registered manager took immediate action to investigate this concern and implement measures to ensure people were safe and well cared for.
- Recruitment practices were safe and included pre-employment checks by the Disclosure and Barring Service before starting work.
- Prior to our inspection the service had struggled with staffing numbers. This was due to a recent increase in people moving into the service. Significant action had been taken in order to increase staffing numbers and ensure rotas met people's needs. At the time of our inspection there were enough staff to ensure people had access to care that met their needs and protected them from risks. We observed people were always attended to promptly and staff were attentive and visible.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these whilst ensuring people had freedom to take risks. For example, one person had been assessed by a speech and language therapist as being at risk of choking. This person had clearly stated they wanted to be free to choose how they ate their food and refused any further assessments being carried out. Staff had ensured the person was aware of the risks involved and had created a plan to identify the potential risks and the actions the person was taking and how staff could support to ensure this person was as safe as possible. This demonstrated positive risk taking through choice.
- Staff were knowledgeable about identifying risks to people and knew to raise these with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought. One person said, "They know me well in here and they'll get help from other specialists when they need it."
- People were fully involved in their risk management. Plans to minimise risks had been drawn up with their input and agreement.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management. One person said, "They encourage me to do as much as I can. I do all my meds myself."



- Medicines were managed safely, and people received their medicines as prescribed. The service had recently implemented a new electronic medicine administration system which had enabled them to reduce the potential for errors. Staff told us this system was working very well.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.
- The registered manager and staff were clear about certain medicines being used as a last resort and told us about following STOMP (Stop the Over-Medication of People with a Learning Disability).

#### Preventing and controlling infection

- During our inspection the service was clean and welcoming.
- Staff training and regular audits took place in relation to infection control practices.
- A new kitchen had recently been installed and the kitchen manager and kitchen staff were clear about safe food handling practices and cleanliness guidance.
- The service hired an external infection control company to also complete regular infection control audits to ensure the standard was high.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, one person experienced a fall. Staff organised for the person to be seen by the occupational therapist, for new equipment, rails, shower flooring and a heightened toilet seat to be installed. Since then the person had not experienced another fall.
- There was regular communication between the registered manager and the senior management team in order to learn from events and share knowledge between all Leonard Cheshire Disability services.

# 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

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

- To enable the home to fully support someone, extensive planning was completed before a person was admitted to the service. People and their relatives were involved in the entire process. One staff member said, "We enable people and let people speak for themselves. Staff never talk about people, they always involve people in every discussion."
- Following the planning and assessment stages people's support plans had been created to guide staff on how best to meet people's needs. These plans highlighted people's wishes about how their care should be delivered and what was important to them. For example, staff were supporting one person with daily vocal exercises and seeking professional input as the person had expressed their wish to improve their speech.
- The service used innovative ways to ensure care and support was personalised. For instance, one person had specific support needs around the brushing of their teeth. They had, with support, created a video they kept on their tablet, to instruct staff on how best to support them with this. This enabled the person to have complete control over the support they received.
- People spoke highly of the care they received and made comments including; "They're all great. They are responsive to me and my needs. We have a good working relationship. They are here to aid and assist me. It's like it should be here." Relatives made comments including; "This is excellent. It's not just basic care. Not many care homes provide this quality of life" and "They're very good. I can't think of anything they need to improve."
- People's needs were regularly reviewed to ensure the service was remained effective to people's changing needs. One relative said, "X has deteriorated quickly and they have managed to keep up very well. X now needs a hoist and they just readily organised that for him. It's wonderful."
- The service employed a physiotherapist, a physiotherapist assistant an occupational therapist, two computer room assistants, an activity organiser, an assistant activity organiser and a volunteer coordinator. This was to ensure people had access to the care and support and stimulation they needed. One relative said, "It's all the extra therapy and activities that are essential for people who have their life to live."
- The physiotherapist said, "All the residents are entitled to physio. Everyone's quality of life is improved by the physio input. "We also deal a lot with pain relief so that increases people's wellbeing." Staff gave us examples of people's pain being dramatically reduced through the use of physiotherapy and people's quality of life and movement being increased.
- One person had been admitted to the service without being able to manoeuvre their wheelchair independently. This person had to be pushed by staff or relatives in their chair. Following the input from the staff and physical therapists at St Bridget's, this person had gained independence of movement and was able to access buttons with their head to drive independently. Staff continued to work with this person and

organised for them to undergo specialist treatment at the National Hospital for Neuro-disability. This treatment reduced the person's involuntary movements and reduced their pain. This enabled them to be able to drive their wheelchair with a joy stick. This demonstrated a significant improvement in the person's quality of life and their freedom of movement.

- Another example involved a person who moved into the service being able to only take a few steps with equipment and two members of staff supporting them. Staff worked with them to improve their mobility and after a period of two years this person was able to stand unaided, prepare themselves meals and walk with a stick. They were then supported to leave the service and live independently.

#### Staff support: induction, training, skills and experience

- People spoke highly of the staff and told us staff knew their needs well and were skilled in supporting them. Comments included, "St Bridget's staff have always been exceptional" and "They are gentle when they hoist me. They talk me through it. I think all the staff have had training and know what they're doing. I'm epileptic and if I have a seizure they have to give me medication and they know what to do."

- Staff spoke highly of the training they received from the service. Comments included; "Training is great. If you want to do something you can. I asked to do palliative care and they put me on it and it was great. Training is brilliant" and "The training is amazing here and we can do courses through the college. I've done dementia, end of life care, safe handling of medicines and autism."

- The registered manager said, "Our recent epilepsy training was provided by the clinical nurse specialist from St George's Hospital in London and it has enabled staff to support people with epilepsy in the way they choose." One member of staff said, "We have two people who are deaf and so seven staff did the basic British Sign Language course to be able to communicate with people."

- Staff undertook a thorough induction to the organisation. Prior to our inspection a new recruitment and induction programme had been implemented and new staff completed the Care Certificate which is a nationally recognised course to induct staff who had not worked in care before.

- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "Supervisions are done regularly. I feel really supported."

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

- People spoke very highly about the quality of the food. People made comments including; "The food is good here. We have some real stunning things. I have just had some chocolate sponge and chocolate custard and if that could be my last meal I'd be happy."

- People had access to good quality food which met their needs and preferences. One person said, "I don't eat eggs and they make sure I don't have any and give me other options." Another person was diagnosed as coeliac and they told us staff all knew this and made sure they had foods they enjoyed. We also saw a risk assessment had been completed in relation to this. It contained instructions on what steps to take to ensure their food was safe and how staff should identify potential gluten poisoning in them and the actions to take.

- Action was taken to ensure people who needed to gain or maintain their weight were provided with enough foods they liked in ways that would encourage them to eat. For example, one relative said, "The catering staff went out of their way to make little meals for X at any time. They made anything X wanted there and then. One day X said they wanted tinned tomatoes but did not like the ones in the home so a member of staff went out and brought in a tin from home. X liked them and then they always made sure they stocked those specific tomatoes in case X wanted them again."

- In order to encourage people to eat more snacks a cold display cabinet filled with snack items had been placed in the dining room.

- A television screen had been placed at the entrance of the dining room which displayed the menu options

in written and picture format. The registered manager told us this had a positive impact on people who were able to make more choices for themselves. This screen also displayed the snack options available all day to encourage people.

- The service was continually looking to improve with regards to food provision and regularly sought training from healthcare professionals such as nutritionists or speech and language therapists. For example, they told us that in order to ensure people on soft or pureed diets were able to have more cold options they blended salad with mayonnaise and mashed potato. They told us this reduced the need for thickeners, increased fresh food provision and didn't restrict choices for people on summer days. They also told us about the care taken to ensure food was presented in an appealing way.
- People enjoyed their meals either in their rooms or the dining room depending on their preference.
- People were enabled to be as independent as possible with their food and drink. People were provided with specialised cutlery and plates and where people required support from staff this was done in a respectful and sensitive manner. There was a 'residents' kitchen' within the main building where people and relatives were able to make themselves drinks and snacks. This kitchen was mainly used for cooking and baking sessions that people enjoyed. This promoted people's independence and provided learning opportunities and activities.
- People were encouraged to be excited and interested in the food. The kitchen supervisor knew people, their needs and preferences well. People's views were regularly sought with regards to menus and meal times. People's views were acted on.

#### 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 MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was evidenced.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- People were supported to make unwise decisions where they wanted to and understood the consequences. During our inspection we saw one person had been out to the pub and had returned under the influence of alcohol. Staff spoke with this person in a respectful way. They told them they had every right to drink whatever they liked but hoped the person would let them know in case they needed to provide them with additional support. This demonstrated people were supported to make choices in all areas of their lives.
- Where people required applications to be made under the Deprivation of Liberty Safeguards these were completed in good time. When these were granted they were followed by staff.

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

- The service was adapted to meet people's specific needs. The entire building was wheelchair accessible with large corridors.

- People's wheelchairs were all fitted with an electronic transmitter which enabled people to open doors automatically. This encouraged independence and freedom of access.
- Where people had expressed a wish to have pets in the home, the registered manager had converted a glassed section of the home into a large rabbit hutch. People were very fond of the rabbits and one person said, "I love them."
- People were involved in the decoration and personalisation of their rooms. People's rooms reflected their preferences and their personalities. People had been involved in the actual decorating of their room where possible. For example, we saw pictures of a person being supported to paint the wall in their bedroom their chosen colour. We saw this person was laughing and smiling in the pictures.

# 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

- Feedback from people, relatives and healthcare professionals demonstrated the service was extremely caring. Comments included; "All the staff are nice and helpful. They speak to me with respect and they are kind to me", "They know me well in here. With some of the staff we laugh so much", "The people are all wonderful. There's a friendly and welcoming atmosphere. There is nowhere better" and "X has good banter with the staff. X really likes the staff. That's really good for X. I know a lot of them have a soft spot for X."
- Staff and the registered manager were passionate about people's happiness and wellbeing. We were provided with examples which demonstrated how the service and staff had gone 'above and beyond' for people. For example, one of the computer room assistants said; "I came in on Christmas morning last year especially to support one person to Skype (their relative) in New Zealand. (The person and their relative) really appreciated it. It made me feel all warm inside. It's one of the good parts of this job."
- Another member of staff said, "I think this is a very caring home. One member of staff came in today on their day off to bring a person a card and cupcake for their birthday. One person's friend passed away and we take him to the beach every year to fly a balloon in his friend's memory."
- Another member of staff told us how they had supported a person to travel to Scotland at short notice to ensure they didn't miss the funeral of a loved one. It was clear from speaking to the management and the staff at the service that they valued each person who lived in the home and worked hard to increase their quality of life.
- Staff also gave their personal time to contribute towards the service and the people who lived there. Groups of staff had taken part in a number of charity runs and had raised money for the service as well as other charities.
- Staff worked hard to get to know people extremely well in order to best support them. When people moved into the service they were asked about their likes and preferences and also what they would do if they won the lottery. This question enabled staff to understand what the person's dreams were and what was truly important to them. They then based the person's care and support around this information. For example, supporting people to go travelling to new places. One person had been to Canada and one person had been supported to go for a ride in a sports car.
- Staff made comments including; "The staff are really friendly and we do our best to fulfil people's wishes. We make it possible for people to do things. The staff here do above and beyond for people to make sure they get to do what they want to do."
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personalities. Comments from staff we heard included; "I'm very fond of all the residents".
- People told us their relatives could come whenever they wanted. There was a high level of visitors and

volunteers and they said they enjoyed visiting the service as they always felt welcome. One relative of a person who had sadly passed away said, "Since my sister died I come in once a month as a visitor. They always make me feel welcome."

- Staff had recently added 'resident of the month' to the 'employee of the month' scheme. This had been implemented after a number of people and staff had asked for a way to thank people who were helpful, kind or considerate. People said they were excited by this. The registered manager said, "It's a way to say thank you and recognise when a resident has been helping others or supporting people who can't speak for themselves. We want them to be thanked and recognised."

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

- People were fully involved in their care and their views were continuously sought. One member of staff said, "We make sure we find out what people want. Staff care for people's wellbeing. Staff know that person inside out."

- People told us staff knew them, their likes, dislikes and needs exceptionally well. They told us they had full control over their care and were always encouraged to share their views. Comments included, "I do whatever I want", "They listen to me. They know they're just here to help me with what I need" and "I always choose."

- The provider employed a customer support advisor who was an independent person for people to contact if they had any concerns or topics they wanted to discuss. The customer support advisor attended the service in order to support discussions in resident meetings and create action plans for the provider to complete. This gave people another avenue for having their views listened to and acted on. During our inspection we met the customer support adviser who said, "I think the staff are excellent here. They are firm believers of encouraging people to do things for themselves. People are encouraged to say what they want to say."

- People were supported to express their views in a number of different ways. People who lived in the home had a number of ways of communicating. People used verbal communication, sign language, picture boards and computerised communication aids. Staff knew how best to communicate with each person in order to understand their needs and give them choices. One healthcare professional said, "Staff know people well. Staff can clearly communicate with people who are nonverbal and understand them."

- Staff advocated for people's voices to be heard and ensured people were involved in every part of life at the service. For example, during our inspection one person wanted to speak with us but asked for a member of staff to assist them with communicating. This member of staff translated for the person in a way they were very happy with. One member of staff said, "There is nobody here who is not able to communicate in some way for themselves. Whether that be through eye movements or technology."

- The service respected and promoted people's diversity and was open to people of all faiths, belief systems, cultures, backgrounds and sexualities. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The service helped promote people's rights and had recently created a Pride Network to support people who may identify as lesbian, gay, bisexual, transgender or questioning. This was open to people who used the service and staff members. This network had online information and support for people to discuss any issues, ideas, make friends, share experiences and allow people to explore their sexuality. There were posters in the home promoting this network and equality. One member of staff said, "We tried to get into Pride in Brighton (a festival and march to promote tolerance, diversity and inclusion) this year but were not able to. The company is going to the London one though so I'm sure we'll take people to go and take part if they want."

- The registered manager and staff were strong advocates for equality and diversity and ensured people knew and respected their values. For example, on the second day of our inspection a workshop took place for people and staff to discuss other cultures, identify and break down unconscious biases. A member of

staff said, "Equality is a priority here."

- People were encouraged to explore and practice their faith at the service. People were supported to attend their chosen places of worship. One member of staff said, "We have people of different religions and we support them to go to different churches." One person told us how they had felt they were too young for the local church as they described it as being 'for old people'. They therefore decided to go to a different church further away and staff supported them to do this weekly.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- We witnessed members of staff knocking on doors and waiting to be allowed access to people's room, which showed that they had an awareness of privacy.
- People were treated with dignity and respect. One person said; "Oh yes they respect me. Always".
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks, staff praised them for their achievements. People were encouraged to be as independent as possible in every aspect of their lives.



## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs and gave them choice and control over every aspect of their care. People were involved in decisions, the planning, reviewing and assessing of their care.
- Staff were knowledgeable about people's interests, preferences, their likes and dislikes which meant they could support people appropriately. People's care plans were written in a way that promoted their individuality and behaviours. For example, where one person exhibited behaviours that could challenge others, their care plan stated, "Remember that this is my way of communicating and I may be trying to tell you something." This reinforced the ethos of the service and the need for staff to treat people with respect and as an individual. This had a positive impact for this person as they were better understood had reduced challenges.
- The management team and staff were passionate about enabling people to lead fun, fulfilled lives and helping ensure people had access to activities, therapies and social engagement that met their needs choices and interests.
- To achieve this, the service employed two activities staff who organised a range of activities, social engagement and therapies for people to engage in. These included cooking, boxing lessons with the physiotherapist, gardening, music guests, trips, playing games and quizzes.
- People also took part in a lot of individual activities such as going to the beach, the pub or the shops. One person said, "There are always things to do if I want to join in. We have a quiz tomorrow night and we're a team of four and we're going to win it. I can go out whenever I like. Me and two people go out to Asda every couple of weeks and I go to the pub or the cinema." Another person said, "There is stuff to do all the time." One relative said, "Sometimes X (Relative's name) does a little bit of gardening with help and does some cooking where X makes their own meal. X wouldn't have been able to do those things previously." This has supported people to become more independent and lead their life's how they choose.
- The physiotherapy room was used for other purposes a number of hours in the day. During this time people were free to use the room as a gym and it had been set up as such. Comprehensive risk assessments had been carried out. During our inspection we saw people using exercise equipment whilst listening to music and enjoying themselves. This encouraged people's fitness and independence.
- This room was also regularly used as a wheelchair health clinic. On the second day of our inspection two engineers and a specialist wheelchair occupational therapist were using the room to review people's wheelchairs and ensure these were in good working order. This ensured people got repairs very fast and equipment which responded to their changing needs.
- To support people to gain skills in the use of technology, a computer room had been set up in the service. This was staffed with two computer room assistants who were trained in electronics. The registered

manager and staff were passionate about enabling people to use technology in order to improve their skills, expand their knowledge, contact loved ones, enjoy entertainment, be active on social media and make friends.

- People had access to personalised computer equipment. Computers were at different heights for different people in different wheelchairs and the computer room assistants had created personalised adaptations to enable people with physical disabilities to use the technology. For example, one person enjoyed reading but due to their condition they were no longer able to turn the pages of a book. The computer room assistants taught this person how to use the Kindle app on the computer and created a neck appliance that enabled them to turn the page with a head movement. This meant the person was still able to enjoy reading books when they wanted independently.

- People were supported to have privacy and autonomy and had been provided with wifi in their bedrooms. Where people had personal computers, tablets or mobile phones, the computer room assistants helped them use them, explore different apps and programmes and fixed any faults they had. One person said, "I use my computer in my room and I love it. I can get help from the computer people if I need."

- People enjoyed using the computer room and took part in activities including going on social media, playing games, watching YouTube videos, finding history documentaries and listening to podcasts. People had developed new skills and broadened their social circles. For example, one person had learned Polish and another person had watched knitting videos and from that had joined three local knitting groups in the local town. One computer room assistant said, "We are helping people get access to the outside world, entertainment, Skype calls, develop skills and interests. The support is completely personalised for each person. I love it. It's really rewarding."

- The computer room assistants also supported people with communication aids. Communication software was available and promoted. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- In order to further increase people's access to activities that met their preferences and needs, the service employed a volunteer coordinator. A number of volunteers attended the service every day to take people out or to stay in the service with people supporting them to play games or read books. Volunteers were advertised for, interviewed, had appropriate checks completed and received thorough training. The volunteer coordinator gave us examples of how working to recruit volunteers had positively impacted on people's lives. For example, one person was interested in bird watching and was hoping to learn more about it. Together with the person, the volunteer coordinator created an advert seeking a volunteer who shared this interest. They placed the advert in the local paper and sent it to the Sussex Ornithological Society. This process found a member of the society who was keen to volunteer and had been taking this person bird watching regularly since. This had brought the person a huge amount of enjoyment.

- One person had struggled with their self-esteem and confidence prior to moving into the service. The registered manager told us how staff had encouraged this person to work in the charity shop on site in order to gain new skills and interact with more people. They told us this person's confidence had grown enormously and their needs had also changed thanks to this. We asked the person about their job in the charity shop and they smiled widely and said, "Oh I love it."

- Another person said, "I'm so much better here because I am near the sea and this place makes me feel open minded. I can now go out when I want and do what I want." One relative said, "He is so much happier now. He is in a much better place emotionally now and that's down to them."

- The registered manager and the provider were committed to ensuring the service was outward facing and encouraged people to be active members of the local community. The service had a charity shop on site which was open to the public and advertised in the local town. Events were held at the service twice a year to which the public were invited. Staff and people who used the service regularly attended events in the local community and the service regularly campaigned to encourage accessibility and equality within the

local area. Wherever possible people were encouraged to live active lives outside of the home and visitors were always welcome. One member of staff said, "If we have activities here like a choir or something we let the local nursing home know so they can come along."

#### Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "They respond really well to people if they complain."
- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions. Systems were in place to address any concerns raised. Where complaints had been made action had been taken and learning had taken place. For example, a relative complained about the cleanliness of their loved one's bedroom. The registered manager acted on this immediately by instating a new system to ensure better communication between cleaners and care staff and streamlining the bedroom checks. This ensured people were listened to and their feedback was acted on to improve the service and people's experience.

#### End of life care and support

- The home delivered outstanding end of life care to people. The service was passionate about ensuring people received dignified and respectful end of life care which met their personal needs and preferences.
- Staff had received training on how to support people at the end of their lives and where they wanted to, people had helped create end of life plans for themselves.
- Staff gave us examples of how they had supported people in an extremely caring and personalised way at the end of their life and how they had taken steps to ensure people were remembered. One member of staff said, "We are very passionate about end of life care, making sure people are dignified and their last days are as they wish. We also make sure their family is supported through that process."
- One person had enjoyed travelling around the local town to watch the Christmas lights display every year. When they were approaching the end of their life they had been unable to go out and participate in this and therefore the administration supervisor went out to film the Christmas lights for them that year. They put the footage onto a disc accompanied by the person's favourite music. This was then played in their bedroom so they did not miss out on that experience. Staff told us this brought the person joy in their final days and they watched it many times. The person's family were very grateful for the care their loved one had received at the service and at the end of their life and had asked four members of staff to give a eulogy at the funeral.
- Staff had also understood the importance of helping people to grieve and remember their loved ones when they had sadly passed away. For example, staff had created a string of fairy lights displaying the names of people who had passed away, including people's loved ones. This was displayed in the home every year to help people and staff mourn their loss and ensure those people were still part of the Christmas celebrations. The service had also commissioned a brass tree to be displayed in the garden with people's names carved into the leaves. In the garden was also a tree which had been planted when a person's close friend had passed away. Staff supported the person to create and place ornaments on the tree regularly to remember their friend.
- A relative of a person who had sadly passed away at the service said, "At the end of her life I was able to come whenever I wanted, for as long as I liked and was comfortable. They really go the extra mile when people are reaching their end. The staff genuinely knew her and cared for her. She died in the best place."

## 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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was owned and run by Leonard Cheshire Disability, a charity organisation whose purpose was to 'support individuals to live, learn and work independently, whatever their ability'. The provider and registered manager were clear about their purpose and acted as advocates for people with disabilities and campaigned to encourage equality and opportunity.
- For example, the provider had introduced a 'Change 100' project aimed at providing students and graduates with disabilities or long-term health conditions with paid work experience and career development opportunities. This project aimed to remove barriers experienced by disabled people in the workplace and enable people to achieve their potential.
- The provider had also introduced an innovative 'Can Do' programme which was aimed at young people with disabilities gaining new life skills through training and volunteering opportunities at the heart of their local community. People living in St Bridget's had access to this programme which increased community organisations' knowledge and understanding of working with people with disabilities.
- The service was outward facing and involved in the local community. Each year the service held a stall at the local street fair in order to raise awareness, give people the opportunity to meet local people and encourage volunteers. They had also organised events such as 'Murder Mystery' evenings or quizzes in the local town hall in order to integrate in the local community. People living in the service had also built a scarecrow for a recent local scarecrow competition and had won second prize, appearing in the local newspaper.
- External healthcare professionals were involved throughout the planning and delivery of people's care in order to ensure this was as high quality as possible. One healthcare professional said, "They make really good referrals. They listen to my advice and the care staff are on board to try and implement what we've suggest. As far as the residents will allow of course because staff are clear about choice."
- The volunteer programme, computer room, physiotherapy room and charity shop all demonstrated innovative ways the provider and registered manager had increased opportunities for people to live the lives they wanted.
- The service informed relatives of any concerns, such as if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service.
- Each staff member told us how positive they felt working for an organisation that shared their personal

values about delivering high quality personalised care. Comments from staff included; "It's a really great place to work and if I had a loved one with disabilities I would definitely recommend this place."

- Leonard Cheshire Disability had also received the Investors in People accreditation. This is an accreditation offered to organisations which adhere to a high standard in relation to people management.

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

- The management team at the service was made up of the registered manager, a deputy manager and seven team leaders. The management team was supported by a strong senior management team and advisors such as a safeguarding advisor and a training team.

- The registered manager and provider were strong, visible and exceptionally supportive.

- Staff consistently praised the registered manager and told us they felt valued and supported with comments including; "The manager is very approachable and he listens. I think sometimes he doesn't get the credit he deserves", "The manager is really good. He's been very supportive."

- The registered manager led by example and modelled excellent practice to staff. They were an active member of the West Sussex Provider Network and kept up to date with best practice. People, relatives and staff told us the registered manager valued people's individualities and freedoms above everything else and was a great advocate for people's rights.

- The provider focussed on developing their leadership team and were in the process of providing a leadership development programme. A member of the senior leadership team said, "The leadership development programme has been designed to enable us to create and test a variety of models, approaches and themes across our leadership community of some 230 leadership roles, including service managers, deputy managers, senior leaders, our executive and trustee teams."

Continuous learning and improving care

- The registered manager was focussed on improving practice and monitoring performance to ensure care was as good as possible. For example, staff had recently been issued with new ID cards which they had to swipe when responding to a call bell and swipe again once the call was attended to. This ensured the registered manager could monitor how long people had to wait for staff and how long staff spent with a person. This ensured staff spent sufficient time with people and were thorough.

- Quality assurance processes, such as audits, were instrumental in driving standards of care to an outstanding level. Monitoring systems were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided and identify where improvements were needed. For example, with the introduction of the new medicines' system which reduced errors.

- The registered manager listened to people's opinions and suggestions in order to improve the service and ensure it met people's needs and wishes. For example, people had expressed the wish to have more flexibility around bed time support. The registered manager had therefore introduced a 'twilight shift' whereby an extra member of night staff was available to support people to go to bed at the time they wanted. This had increased choice and control for people.

- The registered manager was aware of their responsibilities to provide CQC with important information.

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

- The registered manager and provider led a service that was committed to continuous innovation in order to improve the lives of people living in the service. For example, the introduction of the television screen

displaying the menu and food options for people to choose from.

- The registered manager and staff were passionate about ensuring people were all equal, not judged or defined by appearance, ability, sexuality, age, background, race or belief. They promoted equality and diversity initiatives and enabled open conversations and learning within staff meetings, resident meetings and group activity sessions. This created a non-judgemental, fully inclusive environment where people felt safe and confident to be themselves.
- The provider demonstrated how much they valued people's views by engaging with people in a number of different ways. For example, employing the independent customer support advisor. They said, "I am an independent person for them to contact if they want to discuss anything. They can contact me by email or by phone and I support with issues but also emotional support if needed. They really want people to have a voice."
- The registered manager and staff understood the importance of involving people in the local community and connecting people to the wider public. A number of innovative practices, such as the charity shop and the volunteer programme, had been started with this aim. This contributed to people leading the lives they wished but also to increase public awareness and understanding of people with disabilities.