Community Therapeutic Services Limited

Bridgwater Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 March 2016.

Bridgwater Court is a three storey modern property. It offers individual accommodation in single occupancy flats. Bridgewater Court is part of Community Therapeutic Services (CTS).

The home is registered for up to 12 people who have a Learning Disability and/or Mental Health difficulties difficulties and who may present behaviours which challenge the service being provided. There is a communal hallway which provides access to all the flats. The ground floor flats are accessible to people who may have mobility or access problems. At the time of the inspection there were nine people living there. We last inspected this service in February 2015.No concerns were raised at that inspection.

There is 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.

Although staff knew how to recognise and report abuse they felt they were not always able to keep people safe. People told us they did not always feel safe. Where allegations or concerns were brought to the providers attention they ensured issues were investigated

Staff told us and records confirmed all staff received training in how to recognise and report abuse. Staff we spoke with had a clear understanding of what may constitute abuse and to report it. Staff discussed how they had raised concerns regarding behaviours in the service. Measures were in place to address concerns raised by staff.

Staff had received training in aspects of safeguarding and they knew how to identify and report any concerns. Staff had received training, to enable them to effectively support each person's mental and physical health needs. New staff received induction training before they began working with people. All staff received ongoing training including daily "bite sized" training at handovers.

Care plans contained risk assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. Behaviour support plans were in place for people who needed additional support when they were anxious or upset.

Staff knew how to protect the legal rights of people who did not have the capacity to make decisions for themselves. DoLS applications had been submitted where relevant. Staff understood the importance of seeking consent before carrying out care tasks. We observed staff seeking consent from people before

carrying out any tasks for them.

People's medicines were administered safely by staff who had received specific training and supervision to carry out the task. Medicines were stored and administered safely. We observed medicines being administered and found safe procedures were followed. People who managed their own medicines had the appropriate risk assessments in place.

People received the support they required to purchase food and drink of their choice and were encouraged to make healthy choices in nutrition and diets. People that needed additional support were supported to maintain good health. Food was seen to be prepared with the support of the staff members were needed other people were more independent. One person told us "I like to make really hot food. I will always add more spices as that is how I like to cook".

People were able to take part in a range of activities according to their interests. During our inspection people went out to the shops or for walks or to see health professionals, they discussed their chosen activities. One person discussed how they are getting known in the community by people in coffee shops and how they were also getting to know people, and would now stop to say hello.Each person had a personal key to their flat. Staff had duplicate keys to enable them to go into support people if they were unable to open their doors. Staff were seen to be respectful by knocking on doors and waiting to be invited in. There are CCTV cameras in the hallways of the building and inside the main entrance so that people attempting to gain entry could be seen. Consent forms had been signed by people agreeing to the operation of CCTV cameras at the service.

The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. There was a complaints policy and procedure in place. The complaints process was also explained in people's guide to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Risk to people safety was not always managed effectively.

Staffing retention prevented people from feeling safely supported by staff who they knew well.

People received their medicines safely from staff who were competent to carry out the task.

Is the service effective?

Good

The service was effective.

People were not always supported by a consistent staff team, or did not know who would be supporting them on some occasions.

Where people lacked the mental capacity to consent to aspects of their care or treatment, the service acted in line with current legislation and guidance to ensure their rights were protected.

Staff monitored people's health and took prompt action when they were unwell.

Is the service caring?

Good

The service was caring.

People privacy was respected, people told us they could spend time alone if they wished to.

People were involved in decisions about their care and treatment.

People were encouraged and supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about their day to day lives.

Care plans gave sufficient up to date information about each person's needs.

People's social needs were met. People were supported to receive a range of activities suited to their individual needs and preferences.

Is the service well-led?

Requires Improvement

The service was not well led.

The provider failed to ensure all aspects of the service were safe and running smoothly at all times.

The provider did not have effective quality assurance systems that ensured
people received a safe service that responded fully to their individual needs

The provider had a complaints procedure in place people were supported to express their views.

Bridgwater Court

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 8 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures. .

During our inspection we spoke with the registered manager. The operations manager and a director of Community Therapeutic Services (CTS). We spoke with nine people living at the service, and 12 members of staff. After the inspection we contacted four relatives and three health and social care professionals.

We looked at the care records of six people living in the service. We also looked at records relevant to the running of the service. This included six staff recruitment files, training records, medication records, and quality monitoring procedures.

Requires Improvement

Is the service safe?

Our findings

Although some people said they felt safe others told us they did not feel safe. One person informed us. "I don't feel happy or safe here, people torment me". Another person told us "I don't feel safe sometimes when I leave my flat". They gave examples of incidents that had made them feel unsafe. They gave examples of experiences that had led them to feel unsafe which included being worried about another person hurting them. A relative informed us they were concerned that staff lacked the understanding and skills of supporting people with different levels of learning disabilities. They told us "Some of the carers seem young and don't seem to understand how to support people. They seem more like escorts than carers. I have seen them on their phones a lot when supporting my relative". Another relative informed us "This is the best home [person's name] has lived in, but I am worried that there is a constant turnover of staff and no consistency." They went on to explain they were worried about their relative's safety. They said they were concerned due to their relative's complex needs if the staff supporting had the correct attitude and experience. A health professional linked to the home confirmed staff turnover was an issue and how it was important for people living at the service to have a consistent staff team with a good skills mix that understood people the service was supporting.

We also found although there were adequate numbers of staff available to support people at the time of the inspection people told us, they were not receiving care from a consistent staff group who knew them well. Staff spoke of an inconsistency's within the current staff team. One member of staff told us "Many staff are leaving and some of the new members of staff do not have the skills, experience or proper attitude to support people with complex needs. Another member of staff told us. "Risks are not always managed effectively we have raised concerns as a team". A health care professional told us "I have noticed the service does not retain staff. To keep people safe they need to have a consistent team in place this ensures boundaries and relationships are built up and maintained". We spoke with the manager who told us "staffing levels are getting low, but we are recruiting new staff to ensure staffing levels remain safe. We still ensure we go through a proper recruitment process and use agency staff where we need to". The provider confirmed "One of our main challenges is staffing we are trying our best to engage and invest in staff".

The registered manager discussed how they were mitigating risks for people, they informed us they were ensuring risk management strategies were in place for all people living and working at the service. Since the inspection the registered manager has informed us of additional support which has been put in place to ensure people using the service remained safe.

Staff knew how to recognise and report abuse. Measures were in place to support people and staff to remain safe. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns.

Risk assessments were in place which outlined measures to enable people to take part in activities with minimum risk to themselves and others. Staff were seen to understand how to support people in accordance with their care plans. One member of staff was observed encouraging a person to participate safely in an activity in the community, they ensured the person felt safe and the environment was safe for

them to be in, they were heard reassuring the person what was happening and what to do if they became anxious. People were supported to remain as independent were possible with their financial matters, Risk assessments were in place for the safe handling of money which protected people from financial abuse

At the time of the inspection rotas were not available to view, staff duty hours were entered into the house diary. The registered manager explained to us a new system was being developed in regards to rotas. On the day of the inspection people were supported by sufficient numbers of staff and were receiving one to one support where required.

We looked at staff files to ensure the appropriate checks had been carried out before staff members were able to support people. This included Disclosure and Barring Services (DBS) checks and contacting previous employers about the applicants past performance and skills. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. Medicines were ordered stored, dispensed and disposed of appropriately and in line with the medicines policy. No controlled drugs or covert medicines were in use at the time of our inspection. One person was self-medicating and we observed a comprehensive risk assessment recorded in their care plan.

Accident and incident policies gave details regarding the actions staff should take in the event of an accident or an incident happening. The registered manager informed us they ensured all staff received positive behavioural support training as part of their induction, and risks were discussed at the team handover. A notice board showed daily notices of current risks and planned risk interventions.

Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. There are 'grab' boxes on each landing in the home. A member of staff told us that the boxes contained blankets, torches and other essential equipment in an emergency situation. CCTV cameras recorded the outside of the home and corridors, consent had been gained for the use of the cameras. Some flats had key fobs so staff could enter or leave quickly.

To ensure the environment for people was safe specialist contractors were commissioned to carry out safety checks. There are regular checks of fire alarms and smoke alarms in the individual flats.
A member of staff who had recently attended a one day course with the fire brigade told us "I feel confident I have had (fire) training and I feel safe and supported." We observed a record of the fire alarm tests and routine maintenance of various equipment. We noted that 'bite size' training was made available for all staff in fire training and infection control.

Good

Is the service effective?

Our findings

People had mixed views about how effective their support was. Some people felt they were more independent others felt they did not always keep the same staff as their keyworker. Some people complained that "staff were always leaving" so they did not keep the same keyworker. People seemed more relaxed when they spoke of staff supporting them who knew them well. One person told us "I write down my experiences, if I want to say something my keyworker will help me". One relative informed us "We build up a relationship with the keyworker and then they leave, I can't count the amount of keyworker [person's name] has had in the last two years". One health and social care professional informed us "[person's name] does receive effective support, their needs are complicated, the staff talk to me and celebrate the small successes [person's name] achieves".

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people living at the service. Some staff had nationally recognised qualifications in care which helped to ensure they were competent within their roles. The operations manager informed us they were constantly reviewing their staff skills to ensure they had the necessary skills to meet people needs.

Staff told us they received induction training which included positive behaviour training when they joined the service, records confirmed this. One member of staff informed us "I had a good induction when I first started, we get refresher training and I am now doing a qualification in care". Another member of staff informed us "It is a good company to work for training is good I have learnt a lot about mental health issues". They went on to explain since their training they were more confident supporting people with complex needs, they discussed different models of care they used to support people's mental health needs, they said " Some days we have to change what we were planning to do to support [person's name] to remain well".

Although staff had been receiving supervisions, the registered manager explained due to the current shortage of staff, supervisions had not been as regular as they would wish. Staff told us they had been receiving supervisions and staff meetings but not recently. Supervisions are a way of monitoring the skills and competencies of staff and help to identify any training needs staff might have.

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. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty

when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications had been authorised for people who had restrictions on their movement and others had been applied for. Best interest and capacity checks were held in care plans. These were reviewed on a regular basis by the provider and registered manager.
The provider explained to us CTS was a private company that provided specialist residential services. They gave an example of getting "the balance" right for people in regards meeting health needs and restrictions under the mental capacity act. They informed us how they had worked with outside agencies to agree a protocol for a person who had particular anxieties. They explained they worked in the person's best interests to ensure their quality of life was good. They said risk assessments and a Deprivation of Liberty Safeguard (DoLs) application was in place for this person We spoke and observed this person receiving appropriate support from staff in line with the risk assessments and the person's care plan. Most people who lived at the service were able to make decisions about what care and treatment they received. People were asked for their consent before staff assisted them with any tasks.

Some people living at the home had some limitations relating to their capacity to make decisions. For example one person had their movements restricted when they were experiencing particular health issues. The person's individual environment had been adapted to support them when in a state of distress. A member of staff supporting the person informed us. "We know [person's name] well, we can tell when they are going to need additional support to keep them safe. Since the flat has been adapted it has been easier for [person's name] to cope we have fewer incidents. We checked whether the service was working in within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. This person records showed the correct procedures had been followed.

Each person lived in a self-contained flat where they were able to choose and prepare their own meals. One person informed us they liked to do their own shopping and enjoyed cooking. As people received individual care and support, people were encouraged and supported to develop a weekly meal plan. Care plans showed details such as the person's preferred portion size, favoured foods and drinks. One member of staff informed us the person they were supporting may not always choose a nutritional diet, they therefore always made sure they cooked their vegetables from fresh and had fruit around the flat for the person to eat. People were seen to go shopping for their food and to cook the meal of their choice.

The service arranged for people to see health care professionals according to their individual needs. There provider had their own clinical team in place to give additional support to people. People told us they had access to see health professionals and would inform staff if they wished to see their doctor or social worker.

Good

Is the service caring?

Our findings

People were not always supported by kind and caring staff. One person informed us "Sometimes staff tease me and I don't like it ".Other people complained about staff smoking, using mobile phones or making too much noise. One person told us "I don't think they [staff] should be on their phones when they are supporting me". A health professional informed us "I am concerned sometimes about some of the staff's attitude towards the people they are supporting. There have been occasions when I have told the registered manager I do not want certain members of their staff team to support my clients". On the day of the inspection we observed positive and kind interaction from staff.

Concern forms completed by staff raised concerns to the management team regarding attitudes of some staff toward people they were supporting. One member of staff told us "It can be very difficult working here at the moment, there are a lot of new staff who do not have the experience needed, the boundaries are not right". Another member of staff said "Some staff don't speak nicely to people". Action was being taken by the management team to investigate concerns raised with them. The operation manager informed us the company human resource (HR) department linked with the home and managers to investigate any concerns raised. An audit trail was in place where concerns had been raised, appropriate action had been taken to address the issues. The operation manager informed us they were currently working closely with people around acceptable approaches.

Staff encouraged people to be as independent as possible. Staff told us they saw their role as supportive and caring. One person asked a member of staff if they could do a particular task the staff member replied "I am not the boss you are". Another person asked a staff member if they could purchase a particular item for them, they were gently advised how they could do this for themselves, but offered support if they needed it. A third person told us "[staff member's name] is my favourite, they help me to communicate what I want to say they help me to speak to my social worker".

There were ways for people to express their views about their care, for example. A number of people had communication difficulties. Three members of staff had been trained in 'picture exchange' communication techniques. This involved using a white board and having various phrases such as 'I would like' and then a variety of responses that the individual can then point at to communicate their needs. One person we spoke to responded by way of their carer writing down simple questions and then facilitating the person to point to the response of their choice. The registered manager informed us. "An occupational therapist attends on a weekly basis and they plan to teach the staff sign language. Staff also used pictorial illustrations to help identify people's needs." Care plans described people's individual communication needs, decision making capabilities and things they liked or disliked.

People were encouraged to keep links with family and friends, including being supported to travel if they lived outside of the area. One relative informed us the staff would always bring their relative to see them as they lived a long way from the home. Some people had their own mobile phones and were able to make their own arrangement's to visit family and friends. One person was heard telling a member of staff their forthcoming plans on visiting a close friend and how they planned to get to see the person. The staff

member offered encouraging support. We also saw people being rude to staff. One member of staff informed us "Sometimes it can be stressful working here". Staff remained professional when they were not being spoken to in a kind way.People were seen to be relaxed with the staff supporting them, conversations seemed open and honest. However staff were aware of confidentiality, if they were speaking about the person they were supporting they included them into the conversations after asking them if they minded them discussing their support with us.

Each person who lived at the home had a flat where they were able to see personal or professional visitors in private. Each flat was individual to the person living there. All people we spoke with liked the way they kept their flats. We observed some residents had SKY TV and cinema passes. People were able to have objects in their flats that represented their individual tastes and choices. One person would not allow us into their flat but talked with us outside the flat.

People made choices about where they wished to spend their time. People privacy was respected people told us they could spend time alone if they wished to. One person did not wish to speak with us in their flat. Staff showed an understanding of this and put strategies in place to make the person feel comfortable to talk to us in a place of their choosing. People had access to a vehicle and could choose to go out for the day. If people planned to go out for the day night staff prepared packed lunches.

Good

Is the service responsive?

Our findings

Although some people told us they were supported by staff who knew them well and how to support them, others felt they were not given choice or told who would be supporting them. One person informed us. "I would like a choice of staff but I don't get any choice". Another person informed us "Some staff come to work with me and just sit they don't hand things over to me and that upsets me". A staff member informed us. "People will not know who is going to be supporting them until they [staff] walk in the door, we don't know ourselves who we will be supporting until we are at handover." A relative informed us they were concerned regarding the different staff who were supporting their relative, they explained "I don't think they understand how to support people with behaviour problems or particular health issues". They gave an example of visiting their relative and staff not responding to their relative in a professional manner when they were anxious. The operations manager informed they had been made aware of the issues discussed they had listened to people and were addressing the staffing issues.

Each person had their needs assessed before they moved into the service This ensured the home was appropriate to meet the person's needs and expectations. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. This included individual preferences, risk factors in relation to diagnosis, physical health and mental health, behaviours of concern, triggers for the behaviours and various support plans. One health professional involved in the home informed us reviews of the care plans were held. The provider informed us their clinical team were involved in the management of the care plans.

Staff felt the care plans were good, one member of staff informed us "Care plans are set up we have not involved [person's name yet] but plan to". Another member of staff told us "Care plans are good we do involve people in their plans." They went on to explain how the care plans helped them to understand how to support the person. They gave an example of understanding a person's anxiety and how to support this by the guidance in the care plan. Behaviour management plans were in place, the plans clearly identified the support individuals needed .The plans also identified family members and professionals involved in developing the plan along with the person.

On call managers were available and a debrief was held for staff following any incidents. We noted in individual care plans that strategies for dealing with challenging behaviour were detailed and that all staff working on a one to one basis with people had personal pagers and mobile phones. The notice board in the staff room identified current risks, risk prevention and intervention. On call managers were available and debrief sessions were held for staff following incidents. The registered manager informed us handovers were designed to be used as a daily staff meeting as they were scheduled to last for approximately one and a half hours each day. 'bite' size training was also offered at the handover session.

People had individual activities identified in their care plans, the emphasis was on personal choice and support to achieve goals. People were individually funded to receive one to one support when out in the community. People were supported to different activities of their choice. One person told us "I like to go into

town and have a coffee, I know people now and will say hello to them. People know me too and stop and talk". Another person said "I like to go for a drink at the local pub. I don't get receipts as I am buying the drinks myself". We observed one person being supported to walk into the local town for coffee followed by a health appointment. The staff member was careful to keep reminding the person what would be happening whilst they were out. Staff were allocated to support people at the daily handover.

There were appropriate policy and procedures in place for managing complaints about the service. This included agreed timescales for responding to people's concerns. For example at the time of the inspection staff told us about 'the concerns procedure', where they could raise concerns anonymously to the management team. The operations manager explained the procedure "When a concern is raised it is initially looked at by the registered manager, if the concern can be dealt with by the registered manager then they will do so. If the concern is not easily resolved then the concern is then forwarded on to company HR department. The concern will be reviewed by HR and an investigation will commence." We saw concerns raised and timely investigations into the concerns with a clear audit trial of outcomes and lesson learned.

People's feedback was sought and the registered manager and operations manager took action to address issues raised. One member of staff informed us "People have weekly meeting to discuss issues or concerns." These meeting were confirmed by people living at Bridgwater Court. Satisfaction surveys had been held. The surveys are sent out to people's representatives or family member's after the person had lived at the home for six months. People who had lived at the home for longer were given the opportunity to express their views in an annual survey. The anonymous results and any trends were published in the annual quality report and on the company website. The results of the satisfaction survey showed people were very satisfied with the service provided and felt it was a good service. We spoke with relatives who confirmed they had received satisfaction surveys.

Although the inspection identified areas where the service needed to improve, the feedback from people and their relatives was complementary. Staffing issues where discussed as a concern by people using the service, their families and staff throughout the inspection. There were systems in place to share information and seek people's views about the running of the service. These views were seen to be being acted upon where possible and practical.

Requires Improvement

Is the service well-led?

Our findings

Although there were management structures in place to support people living and working at the service these had not always been reviewed to ensure the day to day culture in the service was a positive experience for people living or working at the service. People and their relatives did not always feel they were being listened to. A health professional informed us "I am not sure what is happening at the moment at Bridgwater Court, this is a service that supports people with complex needs. The staff team need to be consistent the leadership needs to be strong so it remains good". From our conversations with staff and observation of care practices, although the provider had systems to monitor the quality of the service some of these systems were not effective at the time of the inspection.

Staff felt they needed the support of a management team who could "concentrate on what was happening on the floor", they felt the current system meant they did not receive the support they needed. One member of staff informed us "The environment is not good sometimes people are rude to us and I have heard staff being rude to people they support". Another member of staff informed us "We don't always have the opportunity to withdraw or take time out". The provider told us "We are trying to engage with staff and we are listening to them. We have an open door policy staff know they can always come in and talk to us." Staff confirmed the provider was visible and approachable but still did not always feel supported. Minutes from managers meetings showed the issues staff and people were discussing were being addressed by the setting up of a 'listening group' this would be an opportunity for front line staff to raise issues and make suggestions.

The provider had a clear vision for the service which was to provide an excellent quality, psychologically and therapeutically driven service. In the statement of purpose they informed us their ethos was to provide a quality service and be proud of a company that offers a service that manages transition the provider told us "We want people to have a good quality of life living here, learning to be more independent. They informed us "We don't plan to be a home for life our vision is to see people gain independence and move on. We consult with manager and our clinical team and other agencies involved in the person support on a regular basis, the operation manager is here to support the registered manager most weeks". The vision was shared with the staff team on a regular basis through daily handovers and training.

There were quality assurance systems in place to monitor care and plan on-going improvements. Managers meetings were held regularly where issues and development areas at the service were discussed. Where shortfalls in the service had been identified minutes action were being addressed to resolve issues to keep people safe. The registered manager explained they were currently working with outside agencies to address concerns that have been raised in the report.

All accidents and incidents which occurred in the home were recorded and analysed. Accidents were reported and the reports were seen by the registered manager. These were then sent to the companies head office for further review. Incidents were recorded and each one was discussed formally at the weekly clinical meetings and informally with the staff at the service. The staff received information regarding incidents and concerns through their daily handover meeting. All staff we spoke with valued the handovers, one member

of staff informed us it was like having a "daily staff meeting". The service ethos and practice was reinforced each day at staff handover meetings. The registered manager informed us the meeting took place daily and lasted for approximately one and half hours. They explained they were an opportunity for staff to discuss any risks concerns or changes in people care needs.