

Bridgewood Trust Limited

Grandsmere Place

Inspection report

1-1a Grandsmere Place
Manor Heath
Halifax
West Yorkshire
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Tel: 01422381775

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Grandsmere Place is care home for people with a learning disability and is located in the Manor Heath area of Halifax, West Yorkshire. The home is operated by Bridgewood Trust Limited and is registered with the Care Quality Commission (CQC) to accommodate up to seven people. There were four people living at the home at the time of the inspection.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People told us they felt safe using the service and staff displayed good knowledge about how to protect people from the risk of harm. People received their medicines as prescribed and staff were trained in how to give medication safely. Appropriate staff recruitment checks were carried out and there were detailed risk assessments in place regarding the support people received.

People received the support they needed to eat and drink and were involved with shopping and creating menus which contained their favourite foods. Staff told us they were happy with the level of training, support and supervision available to develop them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We received positive feedback from everybody we spoke with about the care and support provided at Grandsmere Place. People said they felt treated with dignity and respect and staff promoted their independence as required.

Appropriate systems were in place to manage complaints, although none had been made. A number of compliments had been received by the service. People's care plans were detailed and contained lots of person centred information about their routines, preferences and things people enjoyed doing. People were able to access the community independently if they were able, although staff supported some people to participate in activities of their choice as needed.

Grandsmere Place had a small staff team who had worked with people living at the home for a number of

years. Feedback about management and leadership was very positive and there were opportunities for staff to discuss their work at monthly staff meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last inspection at Grandsmere Place was in May 2017. The overall rating was Good.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for re-inspecting services previously rated Good.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales, however, if any information of concern 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Grandsmere Place

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 was carried out by one inspector.

Service and service type:

Grandsmere Place 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.

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:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We contacted Calderdale local authority for feedback about the service in advance of our inspection.

During the inspection we spoke with the registered manager, two care staff, three people who used the service and two relatives. Documentation reviewed included two care plans, two staff personnel files, two medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Using medicines safely:

- There were enough staff to care for and support people who used the service. Staffing was based around people's individual routines and what they had scheduled such as activities or appointments. The feedback we received was that staffing levels were sufficient.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.
- People received their medicines safely. We looked at two medication administration records which were completed accurately. Staff had received medication training and had their competency assessed by management to ensure medicines were given safely.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Each person using the service had risk assessments in place covering areas such as bathing, finances, nutrition, epilepsy, inappropriate behaviour and communication. Where risks were identified, control measures were detailed about how to keep people safe.
- Regular checks of the building were carried out to ensure it was safe for people to live in. This included gas, electricity, fire, emergency lighting and legionella.
- People were protected from the risks of the spread of infections. The home was clean and tidy, with any domestic duties being the responsibility of staff. People living at the home were encouraged to be involved with any cleaning duties to increase their independence and living skills.

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

- People and their relatives told us they felt the service was safe. One person said, "I feel safe living here. Nobody ever bullies me." A relative added, "I think people are safe and they have done a good job. I have no complaints about safety."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns. Information about safeguarding and whistleblowing was displayed in the main office and on the notice board in the communal kitchen area.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.
- Following an incident at the home, further training had been scheduled for staff to increase their learning

and understanding in that area.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training regarding MCA, with further sessions scheduled throughout 2020.
- Best interest meetings and capacity assessments were completed as required where people lacked the capacity to make their own choices and decisions. These were decision specific regarding people's understanding of certain areas.
- DoLs applications were submitted to the local authority as required where people were assessed as lacking the capacity regarding their care and support.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. Staff who had not worked in a care role previously completed the care certificate to give them a thorough understanding about their role.
- A training matrix was used which showed the different courses staff had completed. Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work and receive feedback about their performance. An annual appraisal schedule was also in place and these took place throughout the year.
- The care and support people needed to receive from staff had been captured as part of the initial

assessment process and was recorded within care plans, however the people currently living at Grandsmere Place had lived there for since it opened in 1998 so the information was not current. Any changes and updates were recorded in care and support plans.

Supporting people to eat and drink enough to maintain a balanced diet: Adapting service, design, decoration to meet people's needs

- The home had a communal kitchen with suitable cooking facilities to enable people to cook their own meals. Most people were independent regarding their eating and drinking, whilst staff were required to support others with the preparation of food and drink.
- People living at Grandsmere Place were involved in the creation of menus and were able to go shopping with staff. Others were able to do this independently and this was encouraged by staff.
- People's care plans provided details about their nutritional needs and the support staff were required to provide.
- People were weighed each month so that appropriate action could be taken if people were losing or gaining inappropriate amounts of weight.
- The premises were adapted and suitable to meet people's needs. People had their own bedrooms and there were communal sitting and kitchen areas for people to use freely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff assisted people to healthcare appointments, if they were unable to attend on their own. One person told us, "I need support with this and the staff go with me."
- People's care and support plans contained details about health appointments that had been attended such as the chiropodist, dentists, doctors and opticians. Care and support plans also contained information about the support people needed in these areas.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People who used the service spoke positively about the standard of care and support provided Grandsmere Place. One person said, "I have lived here for a long time. I like living here and I like the staff. They treat me nicely." Another person said, "I like it here. It is nice and quiet and the staff are lovely." A third person added, "All fine for me. They deal with me well and know if you are poorly."
- Feedback from family members and relatives was also positive. One relative said to us, "We are very happy with the home. The staff are good and the provision is comfortable. People are warm, fed and happy. The staff are fantastic and we are very happy to have found Grandsmere Place." Another relative said, "I think it's good, as are the staff and they look after people well."
- People living at the home appeared comfortable living at the home and had been settled there for many years. Staff were respectful of people's routines and supported and encouraged them to do things that made them happy.
- People living at the home went on trips and holidays together and photographs of these occasions were displayed throughout the home.

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

- People who used the service and relatives told us staff always treated them with dignity and respect. Care and support plans provided information about times when staff needed to allow people to have private time to themselves. One person said, "The staff knock on my door when I am in my bedroom."
- Staff were aware of how to promote people's independence and we saw people's care plans took into account things people were able to do for themselves without staff support. Where people were more reliant on staff than others, they were kept involved with smaller household chores such as Hoovering, stripping bedding and peeling vegetables.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan.

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

- People who used the service said they felt involved in the support they received. Following the recruitment of new staff, people were able to meet them prior to them commencing in their role to check they were comfortable and happy.
- A service user group was operated by Bridgewood Trust (the provider) and this could be attended by representatives from the home.
- Annual feedback questionnaires were sent to people to gather their views about the service they received.

- Reviews of people's care took place and these ensured people had the opportunity to make any changes to the care they received and make a contribution.
- House meetings also took place, giving people the opportunity to say if they were happy with how their care and support was progressing. Agendas were sent and were available in easy read format.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- Each person who used the service had their own care and support plan in place which covered areas such as eating and drinking, attending health appointments, travelling on public transport and mobility. These provided information for staff about the care and support people needed.
- Person centred information was captured and provided details about people's likes, dislikes, their personal background and social needs. People's bedrooms were personalised the way they wanted and contained various items and memorabilia that were of interest to them.
- People took part in activities that interested them and met their needs, with weekly activity planners created and held in people's care and support plans. This included support to access local football matches, churches and arts/crafts sessions. One person was a talented artist and had various pieces of work on display in the home. Another person attended a college course during the week.
- People were able to go on holidays with staff support and this was often with other people living at Grandsmere Place, or people who lived in other homes operated by the provider. Other initiatives run by the provider which allowed people to socialise and interact included walking, knitting and keep fit groups.
- People were encouraged to maintain relationships where possible. People's relatives were involved in the care and support people received as necessary.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans contained information about people's communication needs such sight, hearing and people's abilities to read and write.
- Information could be provided in different formats if required such as large print. Various easy read documents were used and contained pictures and symbols people could relate to and understand easier. Interpreter services were also available, although these were rarely required.

Improving care quality in response to complaints or concerns:

- No complaints had been made about the service provided at Grandsmere Place.
- A complaints policy and procedure was available, explaining the process that would be followed.
- People knew how to provide feedback about the care they received, although people told us they had

never had reason to make a formal complaint.

- A number of compliments had also been received, where people had expressed their satisfaction with the service provided.

End of life care and support:

- Nobody was in receipt of end of life care at the time of the inspection. This was an area that was covered during reviews of people's care and support, although at present, this was not an area people wanted to discuss.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- All the staff we spoke with told us they liked working for the service, with good teamwork throughout. One member of staff said, "They are good to work for absolutely. I could not have wished for better support they have been fantastic." Another member of staff said, "I love it, absolutely love it. The job is so rewarding."
- We received positive feedback about the management and leadership in the service. Staff said they felt well supported and could approach management with any concerns. One member of staff said, "It is well managed here without a shadow of a doubt." Another member of staff said, "The manager is helpful and supportive and will guide you if you are unsure."

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- Audits were completed by both the provider and registered manager to ensure there was continuous oversight of the service. Continuous learning was promoted throughout all homes operated within the Bridgewood Trust group and discussed at management meetings. This included any issues of concern following CQC inspections, or wider areas of good practice to be shared.
- The ratings from our last comprehensive inspection were displayed on the provider website and also in the home so that people could see the standard of care being provided.
- Statutory notifications were submitted to CQC as required such as DoLS applications, police incidents and safeguarding concerns.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.

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

- Staff meetings took place in the service which gave staff an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- A range of policies were available, as well as a service user guide and staff handbook. An active provider website was also in use. This ensured people who used the service and staff had access to important information about procedures within the service.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with different organisations to improve the support people required. This included local doctors surgeries and pharmacies. The registered manager told us people living at the home were well known and respected in the area and formed part of the community.