

Bridgewood Trust Limited

Colne House

Inspection report

22 Manchester Road
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Huddersfield
West Yorkshire
HD7 5HH

Tel: 01484844775

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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

Colne House is registered to provide accommodation for persons, with learning disabilities or autistic spectrum disorder, who require personal care. The home can accommodate up to eight people. At the time of our inspection five people were living at the 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's experience of using this service and what we found

There was an open, person centred culture that promoted good practice. People told us they were happy with the care they received. Staff and relatives were positive about the culture and ethos of the home. The registered manager led by example and was respected by staff. Staff reported a high level of job satisfaction.

People reported feeling safe. Staff were knowledgeable about safeguarding people and when to raise concerns. People received their medicines safely and recruitment practices were safe. Risks associated with people's care were assessed and monitored. Systems to manage environmental risks such as fires safety were robust.

Assessments were person centred and care was responsive to people's needs. There was an established staff team that was motivated and well trained to carry out their roles effectively. The home was accessible and had been adapted to meet people's needs.

A committed and caring staff team treated people with dignity and respect. People's communication needs were met. Staff consulted people about the running of the service in regular service user meetings.

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

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

The last rating for this service was good (published 9 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Colne House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Colne House 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 before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who lived at the service. We spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of evidence and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risks of abuse, discrimination and avoidable harm. People told us they felt safe.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The home had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people.
- Care plans and risk assessments provided clear guidance on how to manage and reduce identified risks.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas and electric systems and regular checks of fire safety equipment.

Staffing and recruitment

- Staffing levels and recruitment practices were safe.
- People received their care when they needed it. The registered manager was available and worked hands on with people. Staff had time to engage people in meaningful interactions throughout the inspection. People were calm and relaxed in their company.
- Staff were very positive about the level of staffing. They told us, "The staffing levels are excellent" and "We have enough staff to give people one to one time."

Using medicines safely

- People received their medicines safely and on time.
- Staff received training in medicines management and had competency checks to ensure ongoing safe practice.
- Staff kept accurate records of the medicines they administered. PRN, or 'as required' medicines had appropriate guidance in place. Body maps and clear guidelines were evident for topical medication.
- The registered manager carried out regular audits to ensure staff were following procedures.

Preventing and controlling infection

- Staff followed policies and procedures to reduce the risk of infection.
- Staff had completed infection control training and were clear about their responsibilities.

- Staff had access to aprons and gloves to use when supporting people with personal care or other tasks.

Learning lessons when things go wrong

- Staff told us there was an open culture and they were clear about their responsibilities. Clear systems were in place to report accidents and incidents. The registered manager took appropriate actions to investigate accidents and incidents.
- Systems were in place to review incidents for wider learning and to reduce the risk of the same accident or incident occurring again.

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 now remained the same. This meant 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

- Care plans provided staff with guidance on how to care for people. Staff regularly reviewed people's care needs and preferences.
- The registered manager provided staff with information and best practice guidance from recognised sources about people's conditions and care needs.

Staff support: induction, training, skills and experience

- Staff received the support and training required to work effectively with people. Staff told us, "Yes, I receive regular training to help me to my job well" and "Yes definitely, I receive good training."
- Staff received regular support to understand their roles and responsibilities through well-structured and meaningful supervisions. All the staff we spoke to felt valued and were positive about the registered manager. One person told us, "Yes, I get good support from the registered manager and the other staff are always here to help too."

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

- Staff supported people to maintain a balanced and varied diet to promote their health and respect their preferences. Staff provided people with a choice of meals and staff gave people different options if required.
- The provider had started a healthy eating club to provide regular advice on healthy eating.
- Staff monitored people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Staff accessed advice from community health professionals if there were any concerns about people's diets.

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

- Staff supported people to access a range of healthcare professionals such as GPs, opticians, dentists and chiropodists.
- Staff provided effective oral health care. Detailed oral health care plans were in place to support this. People had access to dentists and the service was proactive in trying to access additional training locally.
- Relatives told us, "[Name] health needs are met 100%" and "Yes, very much so, they monitor this closely."

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

- The home was a fully accessible building adapted to meet people's needs. The home had bought a new adapted car for wheel chairs since the last inspection.

- The home was well presented, spacious, with modern furnishings and fittings and decorated to a good standard.
- Staff supported people to personalise their own rooms with items that were familiar to them.
- There was a secure garden space available for people.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Care plans informed staff when people had the mental capacity to make their own decisions or not.
- Care plans were person centred. There was guidance on how to maximise people's ability to make their own decisions. One care plan stated, "When assessing my capacity to make decisions it is important to ask me several times, at different times of day, as I will often decline to answer as I may not be interested at that time."

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; respecting equality and diversity

- Staff provided people with a good standard of care. People told us that staff were kind and caring. One person told us, "Yes, they are caring, and they listen to me."
- We observed a dedicated and caring staff team who treated people with respect. Staff were patient and considerate and there was genuine affection between people and staff.
- Relatives told us staff treated people with dignity and respect. One relative told us, "I am really happy. The staff are friendly, and they can't do enough for you. It's a relaxing and welcoming atmosphere and they are always accommodating. They sometimes pick me up to help me with visits".
- If people spent time in hospital, extra staff were provided, to ensure people had staff available to advocate for them. This helped to reduce any stress caused by being in an unfamiliar environment.
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.

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

- Staff supported people to express their views and make decisions about their care and treatment. People and their relatives were involved in regular reviews of their care. Relatives told us, "The registered manager is constantly in touch with me to keep me up to date with any changes or proposed plans and "Yes, I am very happy with them, the care is good and they involve me in six-month reviews."
- People had complex communication needs. Staff had quality time with people to explore their communication styles. This gave people the space to express themselves and communicate in their preferred way and maximised their involvement in their care and support.
- Staff provided regular residents meetings. The agenda and minutes were in an easy read format and regular agenda items asked residents if they wanted to change anything, if they were worried or upset about anything and if they felt safe. The provider had recently started a service user forum with a representative attending from each of the eleven homes. The forum is organising a sports day and a summer ball.
- People had access to independent advocacy services. Two people received regular visits from advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. Restrictive practices were minimised. Staff knew people extremely well and used positive communication and promoted people's preferred routines.
- People told us staff respected their privacy. We observed staff treating people with dignity and respect. People chose and led staff to places within the service they liked to go. Staff immediately responded and

supported them.

- The home used different aids to promote people's independence. One person, who was severely sight impaired, used a liquid leveller, which beeped when liquid reached a certain level and beeped faster as the liquid filled the cup. This prevented them from spilling the drink.
- Care plans highlighted people's choices and preferences and had a section called, 'privacy, dignity and respect.' One resident received one to one support and was nonverbal. The care plan stated, "I sometimes like to be alone and I make this clear to staff by waving them away, staff leave the room but remain outside so they can respond if required."

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding and knowledge of people's needs from working closely with them and through effective care planning. Care plans contained person-centred information and stated what people's preferences were.
- Staff worked proactively to reduce challenging behaviour and improved people's quality of life. Effective positive behaviour support empowered people and communication was improved by providing all staff with Makaton training.

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.

- Care plans provided guidance on how to communicate effectively with each person. These included details of any aids or equipment needed to assist with communication. Person-centred information detailed how one person used a mixture of Makaton and their own signs, to communicate, for example. Staff had supported this person to make a video of their unique signs, that were individual to them, to help current and new staff understand their communication better.
- Detailed service user information packs were available in an easy read format.
- Staff were supporting people to make easy read documents. They used real photos of them carrying out activities, such as brushing their teeth, for example and other things in their life to make the easy read more meaningful and effective.

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

- Staff supported people to lead fulfilling lives and to take part in activities they chose. One person liked music and we observed them dancing to music and playing their keyboard with staff.
- Staff took one person to a sensory class in the community and had supported them to purchase sensory items for their room.
- Staff supported people to take part in activities outside the home. People had access to a day centre during the week and two people attended this on both days of the inspection. One person was a season ticket holder at a local football team.
- Staffing levels meant that people could go out every day if they chose to and staff had one to one time with people. Staff told us there was a, "can do" attitude from the registered manager. Consideration was

given to new ideas about activities and were facilitated where possible.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This was available in an easy read format. Staff also explained in regular service user meetings how to complain.
- Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason. There was clear information in people's care plans to support this.
- The registered manager was proactive in seeking people's feedback and viewed concerns and complaints as an opportunity for improvement and learning.
- The home had received no complaints since the last inspection.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.
- The home was carrying out a piece of work to support people and their relatives to explore and record their wishes about end of life care.
- End of life was covered in the induction and the home had the support of a local hospice if required.

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.

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

- The registered manager was committed to providing high-quality, person-centred care and had recruited and retained staff who shared that goal. They were visible in the home, directing care and providing a positive role model for staff.
- There was an established team. They reported a good culture and ethos within the team. Staff were positive about the registered managers leadership of the home. They told us, "The manager is enthusiastic about supporting people" and "We have a happy team that support each other".

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

- The registered manager was aware of and understood their responsibilities in relation to the duty of candour. They were open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

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

- The registered manager received good support from the provider to carry out their role. Regular auditing was in place to ensure the service was always improving.
- Staff told us they were clear about their roles and tasks and received training to carry out their roles effectively.
- The home complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

Continuous learning and improving care

- The service had demonstrated a transparent and open culture. Staff were encouraged to talk about any incidents and to share their experiences. Systems were in place to review accidents and incidents for wider learning and to reduce the risk of the same accident or incident occurring again.
- The home had produced an action plan with their aims for 2020, in an easy read format, to keep people informed of areas they planned to improve.
- The registered manager told us they attended a local learning disability forum and accessed support from organisations such as Skills for Care and CQC. They also attended a manager's forum with the provider where they received support from other registered managers. This helped to support them in their role by accessing best practice and learning from other practitioners.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was good communication in place to engage staff. Regular team meetings and staff supervisions fully involved staff in the running of the service and in people's care. Staff told us, "Yes we have good team meetings. They make a big difference and help with communication within the team."
- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care.
- The registered manager involved relatives in reviews of people's care and kept them up to date with any changes. Staff sent relatives questionnaires to provide feedback on what worked well and what could improve.