

The Bridge Community Care Limited

Wakefield Road

Inspection report

7 Wakefield Road
Garforth
Leeds
LS25 1AN

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Wakefield Road is a care home and provides accommodation and personal care for up to six people who have a range of needs including autism, mental health needs and/or learning disabilities. There was six people using the service at the time of this inspection.

People's experience of using this service and what we found

Right Support

The service supported people to have the maximum possible choice, control and independence. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

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

Rating at last inspection

This service was registered with us on 19 August 2019 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service. We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

Wakefield Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Wakefield Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. The registered manager had been promoted to operations manager and the new manager had submitted their application to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We sought feedback from 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with ten care staff including two operations managers, a deputy manager and the quality manager. We received feedback from three visiting professionals. We reviewed a range of records. This included four people's care records and medication records for the service. We looked at two staff files in relation to recruitment and staff supervision. 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The service supported people to achieve significant reductions in their medications. This ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were regularly reviewed.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the senior management team completed regular competency checks to ensure procedures were followed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Empowering people was integral to their approach.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. This had resulted in people needing less intensive staffing support.
- Staff were creative at finding ways to limit restrictions and increase people's freedom. For example, staff set up their own mock café in the community, to enable one person to safely trial going to a café for the first time in their adult lives.
- Staff had a good understanding of people's needs and were trained to use a variety of techniques and person-centred practices to reduce the need for physical interventions. For example, one person prior to moving to the service, required physical restraint on an almost daily basis. They have since gone a full three months without needing any form of physical intervention.
- Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Learning lessons when things go wrong

- Learning lessons to improve care was integral to the service. This resulted in a significant reduction in restrictive practices for all six people living at Wakefield Road.
- The service managed incidents and accidents affecting people's safety well. Staff reported them appropriately and managers investigated incidents, supported staff through debriefs and shared lessons

learned. Staff told us, "We try and learn lessons about what we could do differently, and we have a debrief after any incident" and "Yes, we are encouraged to report, and we have debriefs to learn where required".

Staffing and recruitment

- We observed positive interactions between people and staff. There was a good rapport with staff and people were clearly happy with the staff they worked with.
- The recruitment process was person centred. This included a 'values based' approach to recruitment, to help ensure the staff recruited, had the right values. People told us the staff were kind and caring.
- Deployment of staff was person centred. For example, one person's staff team were hand-picked using a person-centred staffing tool, which helped profile skills and attributes the staff team needed. People were also consulted regularly about the staff they preferred to work with. They could request a meeting with management when they wanted this to change.
- Staff told us there were safe levels of staffing.
- The service used no agency staff as people required staff that knew them well.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Without exception all relatives told us people were safe.
- People were supported on an individual basis, in a positive way, to help them raise concerns if required.
- Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns. This included a safeguarding champion trained to management level, in the staff team, to further compliment the support provided.
- There was an open and transparent culture within the service. Staff were confident the senior management team would respond appropriately to any concerns. Comments from staff included, "Yes, I am confident they would respond 100%".
- Safeguarding concerns had been reported in line with local authority guidance, with a record kept of what had happened and action taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Comprehensive assessments of people's physical and mental health care and support needs were completed prior to anyone being admitted to the service. The assessments were person centred and included clear goals for each person.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations.
- People, and their relatives were consulted throughout the assessment process and their needs and choices were reviewed on a regular basis or when people's needs had changed. One relative commented, "It's the first time a service has ever looked at [person's] autism properly". The service spent considerable time with family, during the assessment phase, to help improve their understanding of the person. This led to their first placement in the community and a reduction in both medication and physical interventions.
- The service managed the transition period to ensure new admissions had a strong foundation. This involved numerous visits to their previous placement and working closely with people and their families. This worked well for all six people living at Wakefield Road including one person whose previous placements had always broken down. They had transitioned successfully to Wakefield Road.
- People had detailed communication and positive behaviour support plans. This supported staff to provide the best possible care.
- Relatives were all positive about the care provided. One said, "[Family] behaviour is much improved, and they have lost a lot of their anger and violence. It's very chilled there and they could not be anywhere better".

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction that included three observations of their practice.
- People were supported by staff who had received relevant and good quality training. This included specific training on learning disabilities, autism, communication tools, positive behaviour support and human rights, with a clear focus on reducing restrictive interventions.
- Human rights training was complimented by an annual human rights supervision with all staff. Staff also watched videos on protected characteristics, equality and diversity and human rights followed by reflections with senior staff.
- Several staff at Wakefield Road have a diagnosis of autism and are involved in delivering training, to give other staff a better understanding, through their lived experience.
- The service is a Quasafe Awards Approved Training Centre. They run monthly training for selected staff member to complete an Emergency First Aid at Work qualification which is valid for three years.

- Staff were positive about the induction, training and support in place for them. One staff member said, "I get good support from the managers, they are approachable. The door is always open". A health and social care professional said, "The individuals that are supported at Wakefield Road have very complex care support needs, I have found the bespoke support plans and training that staff have to be very efficient in promoting good quality of life for the individual's in question".

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

- People received support to eat and drink enough to maintain a balanced diet.
- Care plans were very detailed and focused on the persons individual needs including their preferences and any barriers.
- People with complex needs received support to eat and drink safely. Risks were clearly assessed, and guidance was clear for staff to follow.

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

- People's flats were designed and decorated to a high standard to meet their individual needs and personal tastes.
- Each person's environment was adapted in line with good practice to meet their needs, including their sensory needs. One person's flat was purpose built and enabled them to be supported in the community for the first time.

How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment? Supporting people to live healthier lives, access healthcare services and support;

- The service worked closely with health professionals, to ensure people's care was always improving, where possible. For example, one person was supported to go to the dentist for the first time. A second person received support to enable them to engage with medical professionals for the first time, without their anxieties increasing.
- We received positive endorsements about the service from health professionals, these included: "The managers have always been more than helpful on each of my visits, they are really on the ball providing the information requested. They have sought advice appropriately when needed and actioned things fast when requested" and "The management team are always very active in approaching adult social care to share any concerns and check for advice to ensure they are working to the best of their abilities. I have found them to be a very positive service that work well within a multidisciplinary approach".
- People had health passports which were used by health and social care professionals to support them in the way they needed.
- Care plans were person centred and people's involvement in their health needs were maximised by the input they received from staff. One health professional said, "They are very person centred in the way that they support their service users, this is evidenced in their care planning for the service user I visit". A relative told us, "Staff are also very good at knowing when [Family] needs to go to hospital and when [Family] didn't take their medication staff found a different way for [Family] to take it".

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 service was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions made for those people who did not have capacity to consent.
- A human rights approach was integral to their approach. The importance of knowing people well, focusing on the least restrictive option and taking all practicable steps to support people to make their own decisions was central to this. For example, staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The service followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy. Significant reductions in restrictive practices enabled people to live a life where their human rights were being upheld.
- People had the opportunity to try new experiences, develop new skills and gain independence. For example, going on holiday for the first time and choosing activities to participate in.
- People's contact with their families increased.
- Surveillance was used positively to promote the independence of people using the service.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed some excellent interactions between people and staff. People expressed joy and excitement when they saw certain members of staff, they were fond of. Staff showed genuine interest in people's well-being and quality of life.
- Staff were patient and used appropriate styles of interaction with people that were consistent with their communication plans.
- Care plans provided very detailed guidance to ensure staff understood how to support people to enhance their wellbeing.
- Relatives told us how people's lives had improved. Relatives said, "[Family] is doing absolutely fantastic. I'm so proud of what they have achieved. I'm very happy" and "[Family] is smiling a lot more and telling jokes to staff. He didn't smile often in the previous placement".

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. This was evident in our observations of people with staff and in the good level of detail in people's care plans.
- Improving their understanding of people's communication styles was integral to the service and helped improve people's quality of life. Each care plan had a focus on improving staff understanding and helping people to learn and develop how they could communicate.
- Staff were constantly seeking ways to explore people's views and involve them in decisions about their care. This included their daily routines, the activities they wanted to participate in and the food they wanted to eat, for example.
- People, and those important to them, took part in making decisions and planning their care. Family told us they were listened to for the first time and this helped to improve people's quality of life.

- Staff met with people's families to ensure they understood people's religious practice, to ensure they adhered to people's wishes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service increased the frequency, duration and quality of family contact for people.
- The service took positive risks to maximise people's control of their lives. For example, people were supported to undertake new activities, deemed too risky in previous placements, such as going to a nightclub.
- The service worked creatively to ensure people could have access to meaningful activities despite restrictions caused by the COVID-19 pandemic. Mock shops and nightclubs were set up to minimise the disruption to people's routines.
- People were at the centre of the assessment process and care planning ensured their needs and preferences were prioritised and realised in practice. People, families and external professionals were consulted at every stage.
- The service utilised a social model of disability which focused on removing barriers to good care.
- People received consistent support from regular staff. People were regularly consulted about which staff supported them.

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.

- Each person had a communication assessment completed with a Speech and Language Therapist. Bespoke person-centred communication plans were then created. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member told us, "We know signs for triggers, base line behaviour, how to calm [person] down, [person] likes and dislikes. We have regular meetings so that the plan evolves. One distraction technique is to sing nursery rhymes. If this doesn't work, we have the option of the sensory room, where we can observe him safely from a distance".
- We reviewed two people's communication support plans and observed staff using them correctly in practice.
- Support was tailored to support people's understanding and put them in control of their care. One person

was supported with specific communication software to create their weekly planner that included pictures. This helped to create the certainty and reassurance that they needed to manage their anxiety levels.

Improving care quality in response to complaints or concerns

- Staff were adept at identifying when people were unhappy or distressed and would investigate the reason. Communication support plans were very detailed and supported staff to reduce any anxiety or distress they experienced.

- Regular staff and regular reviews enabled people to easily express their wishes.

- The service had a positive approach to the care provided. Continuous improvement was integral to this. The managers were open, honest and transparent and listened to concerns raised by families. This resulted in high satisfaction with the service and a low level of complaints. The service had only received two complaints in twelve months, and both were responded to appropriately.

- Relatives were happy with the service. One relative said, "Previous placements haven't listened to us. This is the first time we haven't had to complain to CQC."

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.

- The service had an end of life policy and people and their families were all offered the option of planning for this and one person had a plan in place. This advised staff of their end of life wishes and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Continuous learning and improving care

- The provider instilled a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. All six people had made good progress since moving to Wakefield Road.
- Managers worked directly with people and led by example. They were enthusiastic about introducing us to people within the service and the interactions we observed were excellent.
- People and relatives were positive about the service. One relative said, "The staff are very friendly. I think it's because it was a new service and they came in with a new philosophy where the residents are right at the heart of the care plan".
- Health and social care professionals were very positive about the quality of care provided by staff and the way the service was managed.
- Each person was supported to increase their independence and had more control over their lives since moving to Wakefield Road.
- The service was always learning and the care plans were constantly evolving. This enabled people to learn new skills or to be supported with new tasks. One person, for example, now had regular haircuts and allowed staff to support them to shave for the first time.
- The provider kept themselves up to date with developments and best practice in the sector to ensure people received positive outcomes. They received regular updates from professional organisations and attended conferences specific to their service delivery. They attended meetings with other registered managers to share best practice and to seek alternative ways to resolve difficult or challenging situations.

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

- People and their families were encouraged and empowered to be fully involved in the care provided. They were consulted throughout and helped to shape the service. Relatives said, "We have been invited to every meeting. We couldn't feel more included and the communication with management is excellent", "They're very responsive to needs, and always keep me in the loop" and "Management keep us informed. The management team are key to success and all changes to the day go through them".
- The service maintained excellent links with health and social care professionals and other organisations in the local community. All the feedback we received was positive. One professional told us, "I am particularly impressed with the leadership of the home, with [operations manager] in particular being a caring and compassionate professional who knows the service, residents and team well."

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

- The staff team had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They were passionate about their roles and worked effectively together to achieve good outcomes for people.
- Governance processes were effective and helped keep people safe, protected people's rights and provided quality care and support. This enhanced people's quality of life, expanded their horizons and reduced the restrictions placed upon them.
- There was a positive culture, ethos, vision and values that was demonstrated by the improvements made to people's lives.
- The service employed a quality assurance manager who audited all aspects of the service on a rolling programme. The people using the service were at the centre of this process to ensure the care provided was always improving.
- Staff members told us they found the management team supportive and approachable. One staff member told us, "They are very supportive, and they deal with issues pretty quick when we raise them" and "Yes, they listen to us, we can always go to them to discuss issues. The support that I have had has been brilliant".
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.