Voyage 1 Limited

Bridge House (Somerset)

Inspection report

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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

Overall summary

This inspection took place on 27 October 2015 and was an unannounced inspection.

This was the first inspection of the service since the provider changed their legal entity from Voyage 3 Limited to Voyage 1Limited in June 2014. Voyage 1 limited is the provider of a number of services throughout the country.

The home is situated close to Taunton town centre. Bridge House (Somerset) is registered to accommodate up to 11 people and it specialises in providing care and support to adults who have a learning disability. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

When we visited there were nine people living at the home all of whom had lived there for many years. People had complex needs and communication difficulties associated with their learning disability. Because of this

Summary of findings

we were only able to have very limited conversations with people about their experiences. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was 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.

The home was well-led by a registered manager who was passionate about enabling people to have a "happy, fulfilling and exciting life." Staff demonstrated the same ethos. Staff spoke with great pride and compassion when they told us about the people who lived at the home. One member of staff said "It's like they are part of my family. I really care about everyone here. All the staff do." Another member of staff told us "I feel really proud about the way we support people here. This is their home and I just want people to have the best life possible. It's all about always looking forward and looking for ways to continually improve people's quality of life."

People received care and support in accordance with their needs and preferences. Staff knew people well and they knew what was important to them. People appeared very comfortable and relaxed when staff interacted with them.

People saw health care professionals when they needed to. People's health needs were monitored and staff implemented any recommendations made.

There were procedures in place to reduce risks to the people who lived at the home. Staff had received training and they knew how to recognise and report any signs of abuse. All were confident in reporting concerns and felt confident concerns would be taken seriously to make sure people were safe. Checks were made on prospective staff to make sure they were appropriate and safe to work with vulnerable people.

Staff knew how to make sure people's legal and human rights were protected. They knew the procedures to follow where a person lacked the capacity to make certain decisions about their day to day lives or health care needs. This helped to ensure that decisions had been properly considered and agreed to be in the person's best interests.

People needed staff to manage and administer their medicines. This was only carried out by senior staff that had been trained to do so. There were systems in place to make sure staff remained competent by observation of their practice and on-going training. People received their medicines when they needed them. Medicines were managed safely and stored securely.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. People were provided with opportunities for activities and social stimulation in accordance with their needs and preferences.

Summary of findings

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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Staff followed safe procedures for the management and administration of people's medicines and people received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

People could see health care professionals to meet their specific needs.

Staff supported people to make decisions about their day to day lives and staff knew how to make sure people's legal and human rights were protected.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good

Is the service caring?
The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Routines in the home were based around the preferences of the people who lived there.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Good

Bridge House (Somerset)

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 27 October 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were nine people living at the home. During the inspection we met with seven people, four members of staff and the registered manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care and support records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

The majority of people we met with were unable to have a conversation with us however; one person said “I like the staff” and they responded “Yes” when we asked them if they felt safe and if staff were kind to them.

There were sufficient staff on duty to meet people’s needs and help keep them safe. The registered manager told us staffing levels were determined by the number and assessed needs of the people who lived at the home. They told us staffing levels could be adjusted and increased where required. For example if someone needed additional support or required support to attend appointments or social events. Staff told us there were always senior staff available to support less experienced staff. They told us they were able to respond to requests from people for the staff member they wanted to support them.

The provider had robust procedures in place to make sure staff employed were suitable and appropriate to work with vulnerable people. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevented unsuitable people from working with vulnerable people.

Procedures were in place for the safe management and administration of people’s medicines and these were understood and followed by staff. Medicines were administered by senior staff who had received training. Staff told us their competencies were regularly monitored through on-going assessments and observations of their practice. Medicines were received from the pharmacy in sealed monitored dosage systems. These provided clear information about who the medicines were prescribed for, what the medicines were and when they should be administered. There were also pre-printed medication administration records (MAR) which detailed this information. The MAR charts we looked at showed people had received their medicines when they needed them. Staff had recorded when a person had refused their medicines. There were protocols in place for the administration of ‘as required’ medicines. These protocols helped to ensure staff followed a consistent approach and that people only received these additional medicines when they needed them. There were regular audits on the use of ‘as required’ medicines and the number of tablets in stock. We checked a selection of medicines against the stock held and these corresponded with completed records.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included cooking, doing the laundry and attending day centres. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Staff knew how to recognise and report abuse. 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 and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

The care and support plans we looked at contained 'behavioural support plans' which had been developed and agreed with appropriate professionals and with staff who knew the individuals well. These plans were in place to manage certain behaviours where the person, or others, may be at risk of harm. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

Good

Is the service effective?

Our findings

The majority of people who lived at the home were able to make basic decisions about their day to day lives and how they wanted to be supported. Staff used objects of reference, photographs and signing which assisted people to make choices and decisions. Each person had a care plan which detailed how the person communicated and how they made decisions. Staff knew people well. We observed them communicating with people in accordance with the persons needs and abilities.

Staff knew about the procedures to follow where people lacked the capacity to make certain decisions about their health, care and welfare. Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. For example, one person required dental treatment and they were unable to give their informed consent for this. We saw that a meeting had taken place between health care professionals and staff who knew the person well to ascertain whether the treatment would be in the person's best interests. This made sure people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards 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. The registered manager knew about how and when to make an application. They knew about the changes to this legislation which may require further applications to be made. Assessments about people's capacity to consent to living at the home, receiving support with personal care needs, medicines and personal finances had been completed and DoLS applications had been completed.

The registered manager made sure DoLS authorisations were regularly reviewed. They were in the process of re-applying for authorisations in accordance with the review date.

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists.

The provider employed a psychologist and an epilepsy nurse who provided advice, support and treatment to people at the home and other homes operated by the provider.

People were protected from the risk of poor nutrition and dehydration. People's nutritional needs were assessed and, from this, a plan of care had been developed. The care plans we looked at outlined any risks and how these should be managed by staff. For example, one person's weight was being monitored each month because of concerns about the amount they were eating and drinking. Staff also recorded the amount consumed each day and they made sure the person was offered additional drinks and snacks throughout the day. Records showed the person had gained weight and their weight had stabilised.

Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. The registered manager monitored staff training which meant staff received refresher training when required. A training matrix showed all staff had completed required training and updates when they were due. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy and the management of actual or potential aggression (MAPA). This helped staff to respond appropriately to resolve conflict at the earliest possible stage where there was a risk of a person's behaviours escalating. The registered manager told us a behavioural therapist had provided staff with sensory training to enable them to enhance the support they provided to one person who had very complex needs and no verbal communication.

Good

Is the service effective?

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Is the service caring?

Our findings

Staff spoke with great pride and compassion when they told us about the people who lived at the home. One member of staff said "It's like they are part of my family. I really care about everyone here. All the staff do." Another member of staff told us "I feel really proud about the way we support people here. This is their home and I just want people to have the best life possible. It's all about always looking forward and looking for ways to continually improve people's quality of life."

Staff communicated and interacted with people in a kind, friendly and respectful manner. We saw people approach staff for a hug and everyone looked very comfortable with the staff team.

The majority of the people had complex needs and some had behaviours which could challenge staff and other people who lived at the home. However, on the day we visited the atmosphere in the home was relaxed and happy. Staff recognised and responded quickly to anybody who appeared to becoming anxious or unsettled.

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted. Bedrooms had been decorated and personalised in accordance with people's preferences. For example, on the day we visited one bedroom was being painted in a colour chosen by a person who would be moving to the home in the near future. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. People were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis.

The home had some chickens that lived in the garden. Staff told us about two people who really enjoyed taking care of the chickens and how this had helped to enhance their quality of life. One member of staff told us "[Person's name] has really taken their responsibility for looking after the chickens very seriously. They can't wait to get out there to feed them and collect the eggs."

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People's care was planned and delivered in accordance with their assessed needs and preferences. Each person was allocated a member of staff (a keyworker) who worked closely with them and ensured people had the things they needed and wanted. People had a plan of care which detailed their preferences and what was important to them. Staff were very knowledgeable about the people they supported. They knew about people's preferred daily routines and how to support people with every aspect of their lives. They were also knowledgeable about the people who were important to the people they supported.

There had been no recent admissions to the home. The people who lived there had lived at the home for many years. The registered manager told us before people moved to the home they would be visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. The registered manager told us the needs and abilities of the people who lived at the home would always be considered before accepting a new admission. We saw appropriate assessments had taken place for a person who was due to move to the home once adaptations had been made to the bedroom's en-suite bathing facilities.

Staff told us routines in the home were based on the preferences of the people who lived there. This was apparent on the day we visited. There was a relaxed atmosphere and staff spent time with people doing the things they wanted to do. Staff told us people could choose when to get up and when they went to bed. One member of staff said "This is their home. I wouldn't want someone to tell me what time to go to bed." One member of staff told us "We can go out a lot here which is really good." Another member of staff said "It's not very often we can't get out if that's what somebody wants to do. I think people get a good life here."

People were supported to follow their interests and take part in social activities. Care plans provided information about people's hobbies, interests and level of support they required. Every person who lived at the home needed staff support to access the community. Some people required more than one member of staff to support them. Staff told us there were enough staff to support people and they were able to respond to impromptu requests from people. We saw this to be the case on the day we visited. One person had said they wanted to go shopping in the town and this was facilitated.

On the morning of our visit two people went to the cinema followed by lunch out. Other activities enjoyed by people included bowling, swimming, massage and trips out. Some people accessed local day centres. People chose a holiday in Wales this summer. Staff explained that everyone in the home enjoyed the holiday and they were able to stagger the holiday so that they supported small groups of people at a time which was more appropriate to people's needs.

Good

Is the service well-led?

Our findings

The service was well led by a manager who was registered with the Care Quality Commission. The registered manager was very visible in the home and they knew people very well. People responded in a positive way when the registered manager spoke to them. They were skilled in communicating with people who had no verbal communication. The registered manager told us of their commitment and passion for providing people with the best care possible. They said "I want people to have a happy, fulfilling and exciting life." They also said "We can't be risk adverse. I want people to be able to try and enjoy new things. I will do everything I can for the people who live here."

Staff told us they felt well supported by the registered manager and their peers. We noted staff morale was very good. Staff we spoke with told us they "loved working at the home." One member of staff said "We have a great team here where everyone supports each other." Another member of staff told us "[The registered manger] is very approachable. You can talk to her about anything and I feel listened to."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Staff told us they were encouraged to discuss any training needs or support they needed and that requests were responded to.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there were senior support workers who took responsibility when the registered manager was not at the home. The registered manager informed us that they had appointed a deputy manager who was due to commence employment. We were told there was always a senior member of staff on duty. This made sure people and staff always had access to an experienced member of staff.

Satisfaction surveys were sent to people who used the service, their representatives and health and social care professionals to seek their views on the quality of the service provided. Surveys had been produced in an easy to read format appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided. Some of the comments made included "I have always felt there is genuine vocational care given to the service users", "the staff are kind and caring and have a good standard of care." I think the home is run extremely well and the management is efficient at balancing the complex needs with what is feasible and viable to operate a successful home." A relative commented "We are very grateful for what is done for our child. Your care of my [relative] is outstanding. Thank you." The registered manager had shared the results of the survey with the staff team and managers from the provider's other home's during their monthly meetings.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. Where shortfalls in the service had been identified action had been taken or planned to improve practice.