

Bridgewood Trust Limited

Colne House

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

We carried out this inspection on 2 October 2014. This was an unannounced inspection.

Colne House is a small care home providing accommodation and support for up to eight people with learning disabilities. It is part of the Bridgewood Trust; a charity organisation which provides residential, domiciliary and day services to people with learning disabilities. At the time of our inspection, there were six people using the service.

It is a condition of registration that the provider has a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. During our inspection, there was a registered manager in post.

Summary of findings

We found the service to be safe, effective, caring, responsive and well led. We saw that people were being cared for appropriately in line with the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

We found people's care records were regularly reviewed and updated, with the involvement of people and their relatives, to reflect people's changing needs. We also found care records were person-centred and held current details of people's preferences. Care records also contained information regarding the multi-agency work undertaken by the service.

We found there were usually enough staff at the service who were adequately trained and received refresher training, as required.

We checked the medication trolley and Medication Administration Records (MAR) and found these were managed well. However, we found a discrepancy with the stock check for controlled drugs stored and administered at the home. We spoke with the manager about this, who was able to explain where the discrepancy was and why it was there.

We saw in staff personnel records that all staff received an induction on commencement of employment at the service, along with any training requirements. We also found refresher training was carried out regularly and as required.

We found that people who used the service had been asked for their consent to care and treatment. We saw evidence that, where people had limited capacity to understand decisions they were to make, alternative

methods of communication were used to ensure the person knew what they were being asked for consent for. We also observed staff knocked on people's bedroom doors before entering, ensuring their privacy and dignity was respected.

We saw there was fresh fruit available for people. We also observed people were able to enter and leave the kitchen area as they wished, with access to food and drink at all times.

In care records we looked at, we found the service had involved, or sought to involve relevant healthcare professionals in the planning of care and treatment for people. We also saw evidence of regular attendance at the service by other professionals, including social workers and speech and language therapists.

We saw an activity board at the home which detailed activities that took place at the home on a rolling four-week basis. We also saw evidence of people at the home partaking in these activities through photographs on the activity board, in people's rooms and in communal areas. We also found rooms to be personalised, with posters on walls and items of interest to the person present. We found a 'Safeguarding Vulnerable Adults' poster on the activity board for people to read and the complaints procedure was on a table outside the main office.

We found regular audits were carried out at the home and any issues identified were addressed and signed off when completed. We spoke with people who used the service, staff and management, who all gave positive feedback.

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.

People were protected from abuse. The service ensured people's freedom was respected by adequately managing the risks to individuals.

There were mostly sufficient staffing levels at the home, with at least one staff member per shift trained in the safe administration and management of medications.

Good



Is the service effective?

The service was effective.

People were supported and cared for by adequately trained, qualified and supported staff. We saw evidence that all relevant healthcare professionals were involved in each person's care, as required.

We saw that people were asked for their consent before any tasks were carried out.

People who lived at the home were able to choose what food they ate and what they had to drink and where people were at risk of becoming nutritionally compromised, the service ensured encouragement was given and support sought to assist with this.

Good



Is the service caring?

The service was caring.

We observed staff knew people well and people who lived at the home were spoken to with kindness and compassion. We observed people were treated with dignity and respect. We saw staff respecting and promoting people's privacy and

dignity by knocking on people's bedroom doors before entering.

We saw people were involved in the planning of their care and, where possible, family members and medical professionals were involved.

Good



Is the service responsive?

The service was responsive.

We saw evidence of people being involved in decisions about activities that took place at the home, suggestions for improvements and providing feedback to drive service improvements.

We looked in care records and found that people's needs were assessed and reviewed on a regular basis to ensure their care and support was responsive and personalised to them.

We saw the complaints procedure had been placed on a table outside the manager's office for people to access.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

We spoke with staff, who all spoke positively about the service and the registered manager. Staff told us they felt supported and were comfortable in raising any issues with the manager, should they have arisen.

We spoke with the providers Training Manager and saw evidence of audits that were carried out on a monthly, quarterly, bi-annual or annual basis. These included audits of infection control, service user meetings, medications and safeguarding.

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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 checked 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 2 October 2014 and was unannounced. The inspection team was made up of one Adult Social Care 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. The expert by experience specialised in learning disabilities.

Prior to our inspection, we looked at previous notifications that CQC had received from the provider. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with two people who used the service, two support workers who were on duty, the registered manager and the training manager. We also carried out observations throughout the day and reviewed the records kept by the home.

We looked at the care records of three people who used the service and the personnel records of three staff members.

Is the service safe?

Our findings

People we spoke with told us they felt safe.

During our inspection, we observed care and support being provided to people who lived at the home. We saw people were treated with dignity and respect by staff who clearly knew them well.

We spoke with two support workers at the home, who were both able to tell us the different types of abuse and the signs to look out for. Both staff we spoke with were able to explain the procedure for reporting abuse and confirmed that they had received training in this area. This meant that the risks of abuse to people were minimised because the staff recognised abuse and knew how to report concerns.

The service ensured people's freedom and choice was respected by adequately managing the risks to individuals. Throughout the day, we observed people were able to walk around the home as they pleased. Staff we spoke with were able to explain how risks to people were managed. One staff member we spoke with told us; "People are listened to and if they choose to do something that is a little risky, staff would explain the dangers and make sure they are well informed." This meant the home maintained people's freedom and choice and ensured risk was adequately managed to ensure people were able to make decisions relating to appropriate risk taking.

We found there were fluctuating sufficient staffing levels at the home, with at least one staff member per shift trained in the safe administration and management of medications. Staffing rota's we looked at showed there were some days where the service had one staff member on shift. We spoke with the manager about this, who told us this was due to most people who lived at the home attending day care centres, resulting in less staff being required at the home.

We asked the manager if there were any plans to employ more staff members to cover shifts at the home. The manager told us they were currently going through the recruitment process and would have more support workers, following the completion of their pre-employment checks. This meant the service were taking necessary steps to ensure staffing levels at the home were adequate. We also looked at the recruitment practice at the service and found Disclosure and Barring Service (DBS) checks were undertaken and employee reference checks were received.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

We looked at medications for the service, how these were administered and how records were completed and maintained. We saw medication was stored safely in a locked medication trolley and controlled drugs were stored in a locked controlled drugs cabinet. We also saw temperature checks of the storage trolley and controlled drugs cabinet were taken on a daily basis to ensure medication was stored safely. We saw on people's Medication Administration Records (MAR) instructions for administering medication to people who lived at the home in a safe and appropriate way, including details of the medication name, dose and frequency to be administered. We also saw people's preferences were recorded to instruct staff on how best to administer people's medication. For example, one record we looked at stated; "Put medication in [person's] hand and give them a big glass of water to take them with". This meant the service ensured people received their medications at the appropriate time and in an appropriate way for the person.

We conducted a stock check of medication in the medication trolley and found that the amounts correlated to the numbers recorded on the MAR charts. However, we also conducted a stock check on medication in the controlled drugs cabinet and found the amounts present did not correlate to the numbers recorded in the 'controlled drugs register'. We spoke with the manager about this, who told us there had been a miscommunication when the medication had been delivered to the home. The manager explained where the error had occurred and we were able to see that this was a recording error, and not missing medication. The manager placed a note in the controlled drugs register, reminding all staff members to carry out a stock check every time medication was administered.

We spoke with the training manager, who told us they carried out audits of MAR charts on a quarterly basis. We also saw evidence that audits of MAR charts were conducted by senior members of the organisation on a bi-annual basis. This meant the provider carried out relevant checks and audits to ensure the safe use of medications at the home.

Is the service effective?

Our findings

People we spoke with told us they were free to walk around the home and did not have their freedom restricted.

During our inspection, we looked at the personnel records of three staff members. We saw evidence that staff received an induction, upon commencement of employment at the service. We saw staff were adequately trained in all mandatory areas, with refresher training courses being attended within the required timescales. The service maintained links with outside organisations to source relevant training for staff, including National Vocational Qualifications (NVQ) / Qualifications and Credit Framework (QCF) and specialised training around medication and autism. This demonstrated the service provided staff with the necessary resources to ensure training, skills and knowledge were up to date and relevant.

In staff files, we saw evidence that staff received regular quarterly supervisions and annual appraisals from the registered manager. Staff also received an appraisal eight weeks after they commenced employment with the service, another appraisal five months later and then annual appraisals during employment, unless one was requested otherwise. Staff we spoke with confirmed this to be the case. This demonstrated the service ensured staff were supported in an appropriate manner.

We saw audits of staff training were carried out on a quarterly basis to identify any gaps or areas where staff required refresher training. This meant the service ensured staff training and knowledge were up to date and relevant.

We saw evidence of consent being sought from a person who lived at the home regarding the use of photographs, data protection, staff gender preference and vaccinations. The service had used a Picture Exchange Communication system (PECs) to communicate with the person so they understood what they were giving consent to. PECs is a system used for developing full communication through the use of pictures and imagery.

We found staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We asked one staff member what they understood about DoLS, who told us that people were not

deprived of their liberty at the service and were free to enter or leave any area within the home. We saw evidence that staff had received training in mental capacity and this was kept up to date with refresher training. There were no key pads or locks in situ around the home to restrict people's freedom, with the exception of locks being in place to protect personal confidential information and to lock away substances that may have been hazardous to people's health, such as bleach and cleaning products.

We observed staff were knowledgeable about people's needs and had the necessary skills to support people to have their needs, preferences and choices met, including any relevant communication needs that the person had. This meant the home ensured relevant resources were available to meet people's needs.

We spoke with one staff member, who told us restraint is used at the home only in extenuating circumstances, and in line with their restraint risk assessment and practice. We asked the staff member if they had received training in restraint. The staff member confirmed that they had received this training.

Throughout our inspection, we saw people who lived at the home entering and leaving the kitchen area as they wished. We observed people making hot drinks for themselves and eating snacks in between lunch. We asked one staff member if people were free to go in and out of the kitchen and help themselves to food and drink as they liked. The staff member confirmed that this was the case. We also saw fresh fruit was available for people.

In one care record we looked at, we saw evidence that the person was at risk of becoming nutritionally compromised. We also saw evidence that the service had sought input from the Speech and Language Therapy (SALT) team. The SALT team had advised the home to use a liquid thickener to assist the person with drinking and swallowing. This demonstrated the service had involved other healthcare professionals, where necessary to meet people's needs.

In all care files we looked at, we saw evidence that the person, their relatives and other healthcare professionals had been involved in the planning and reviewing of people's care. For example, in one care record we looked at, we found evidence of the 'falls team' being involved in

Is the service effective?

the persons care due to their mobility needs increasing. We saw the persons individual care plan had been updated to reflect this change in need and steps had been taken to ensure staff were aware of the additional support required.

Is the service caring?

Our findings

During our inspection, we carried out observations throughout the day to see how people who used the service were treated and spoken with. We saw people were treated with kindness and compassion by staff who clearly knew them well. Staff ensured they respected people as individuals, taking into account their specific needs in relation to the person's age, disability, gender and race.

We saw staff knocked on people's bedroom doors before entering and always asked people who lived at the home if they could enter. This meant people's privacy and dignity were respected.

We observed one staff member ask someone who used the service if they would like a drink, to which they replied that they would. The person who used the service was then offered the option to make a drink for themselves. We also observed the person who used the service being asked if we could look in their bedroom. The person agreed and showed us around. This showed that people were asked about tasks, were listened to and had their wants and needs respected.

We asked the staff member how long the person had lived at the service. They told us; "[The person] has lived here for 30 years, like most of the other residents, apart from one, who came here 8 years ago." We saw the staff member ask the person if they would like to do 'their job'. The person said that they would, to which they were given a duster and some polish. This demonstrated staff knew people at the service well and empowered people to maintain their independence.

We looked in three people's care files and found there were documents in place pertaining to people's religion, rights,

preferred activities, preferred places to go, holidays and leisure time and we saw a document that stated what the person's personal goals were. We were told by the training manager that all staff members received training in 'person-centred planning' as part of their induction. This demonstrated information and resources were available for staff to find out about people, their preferences and their personal histories.

In all the care records we looked at, we saw evidence that people and/or their friends and family were involved in making decisions about, and planning their own care. This meant people were listened to, respected and had their views acted upon.

We found evidence in all care records that a range of communication techniques were used to ensure that people who used the service understood all information presented to them. For example, we found the service had used a Picture Exchange Communication system (PECs) and objects of reference to communicate with people for information and explanation. PECs is a system used for developing full communication through the use of pictures and imagery.

We spoke with the manager and asked if any independent advocacy was used at the home. The manager confirmed they had a telephone number for an advocate but the home had never had to use it. We asked the manager if this information was readily available for people who lived at the home to view. The manager told us that if an advocate was required, they would contact the relevant agencies. An advocate supports people to gain control over their lives, make their own choices about what happens to them and be as independent as possible.

Is the service responsive?

Our findings

We looked at the care records for three people who lived at the home. In all care records looked at, we found evidence to show that people, or those acting on their behalf, were involved with the assessment and planning of their care. This demonstrated that people were able to contribute to their care planning to receive more personalised care.

In all care records we looked at, we saw evidence of people's preferences, personal histories, interests and aspirations. This information correlated with care plans, where people's choices were involved in determining how care, treatment and support was provided. We also found that all care plans were regularly reviewed and updated, ensuring people's individual needs were up to date and relevant, including who provided the care and support for them.

We saw evidence that people's personal preferences and interests were respected. People who used the service were able to decide what activities they took part in. One staff member told us; "Some people have their routines and some people go to day services. Other people are encouraged to go out, like saying, 'I am going to the shop, would you like to come with me?'" The staff member also told us that one person who used the service had had a trip to the zoo arranged for their birthday, on their request. During our inspection, four of the six people who lived at the home were attending day services as part of their agreed care and support plans.

In the main lounge area of the home, we saw there was a television with ample seating arrangements. We saw a large

wooden table and chairs in the dining area of the home. All communal areas we looked in were open and arranged in a way that would encourage interaction with others, and avoid social isolation.

We saw an activities board that contained a four-week, rolling activities programme with activities ranging from baking to the cinema and going to the pub to craft work. We also saw photographs of people who used the service taking part in these activities with each other and enjoying the social event. This meant people were encouraged to maintain relationships and avoid social isolation at the home.

We saw that people's concerns and complaints were encouraged through the presence of the complaints policy on a table in the main entrance area. We also saw a poster for 'protection of vulnerable adults' on a notice board stating any concerns should be reported. This was available for people who used the service to view.

We asked two staff members if they knew how to report a concern or complaint and if they were encouraged to do so. Both staff members told us they would feel confident in complaining and that the concern would be dealt with in an appropriate and professional manner. One staff member told us; "I would have no issues going to [the manager]. I know if I have a concern or complaint, [the manager] would sort it."

We spoke with the training manager at the home, who told us all complaints were audited on an organisational level and a trend-analysis carried out on a bi-annual basis.

Is the service well-led?

Our findings

During our inspection, we spoke with staff, the training manager and the registered manager of the service. We asked staff if they were able to raise any concerns they had with management and if they felt confident in doing so. All staff we spoke with said they felt able to report concerns and knew that they would be supported through this. This demonstrated staff were supported to question practice and make suggestions for service improvement.

We asked the registered manager how they ensured good practice at the service. They told us they have an 'open door policy', where staff and people who used the service were free to enter their office to discuss any concerns, complaints or compliments with them. The registered manager told us there were regular 'service user meetings', to which we saw the minutes. We also asked the registered manager how often staff received supervision. They told us staff had regular, quarterly supervisions to give constructive feedback and discuss staff practice, any training needs, their attitude, values and behaviour. All staff we spoke with confirmed this to be the case. This demonstrated the service had an open and transparent culture, where staff were adequately supported.

We asked the registered manager if they felt supported by the organisation and higher management. They told us they had good support and that they had worked for the organisation for a long time. They told us; "I get 24 hour support from my area manager if I need it." We also asked the registered manager if they were supported, when requesting equipment to be sourced for the service. They told us the response from higher management was immediate. They gave an example of one person, who was in hospital who required an airflow mattress when they returned to the service. The registered manager told us that, as soon as the request was made, an airflow mattress was delivered, arriving at the service before the person was discharged from hospital. This demonstrated leadership was available at all levels and suitable equipment was made available, when required.

We asked the registered manager how they ensured staff remained motivated, caring, supported and open. The registered manager told us they held monthly staff meetings that were well attended, where issues were discussed and staff were able to raise any issues they had. This included issues or concerns around safeguarding, care

and welfare of people and activities for social interaction at the service. We looked at the minutes of these meetings and asked staff on duty about this, who confirmed that these staff meetings took place.

We spoke with the training manager at the service and asked how they ensured the quality of the service was maintained. They told us they carried out regular, quarterly audits of; staff training, infection control, health and safety, staff meetings, medications and safeguarding at the service. They told us these audits were sent to the registered manager so they could address any issues found and sign the audit, when completed. The training manager also told us monthly mattress audits were carried out at the home to ensure mattresses were fit for purpose and appropriate to people's needs and a bi-annual health and safety audit was carried out at the home by the area manager. We asked how the service ensured audits were appropriate and effective. The training manager told us that an external auditor attended the home annually to carry out audits of the homes own audits and a separate health and safety audit. Any actions identified on audits were recorded. This demonstrated the home had effective quality assurance and governance systems in place to drive continuous improvement.

We asked the training manager if any trend analysis of complaints and compliments was carried out at the home. They told us that, although no home-specific trend analysis was carried out, there was an organisational trend analysis carried out every 6 months. This demonstrated the service used compliments and complaints to drive quality across the service.

We saw evidence that a bi-annual management review meeting was held with senior members of the organisation. During this management review meeting, several subjects were discussed including complaints, feedback, facilities, equipment, accidents and incidents. This meeting also included discussions and trend analysis of these subjects. This meant the service took appropriate action to ensure that any themes were identified so that necessary action could be taken.

We carried out observations whilst at the inspection and saw staff catered to people's communication needs in appropriate ways. For example, we saw one staff member using Makaton to communicate with a person who used the service. Makaton is a language programme using signs and symbols to help people to communicate. It is designed

Is the service well-led?

to support spoken language, with signs and symbols used with speech, in spoken word order. (www.makaton.org website, accessed 21 October 2014). We also saw evidence in people's care records of the use of PECs. PECs is a system

used for developing full communication through the use of pictures and imagery. This demonstrated the service made available accessible, tailored and inclusive ways of communicating with people.