

Wider Options (3) Limited Bredon 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

This inspection took place on 19 May 2015 and was unannounced. Bredon House is a support service providing accommodation and personal care for up to eight younger adults with a learning disability. There were five people who lived at the service on the day of our visit. Bredon House consists of eight individual self-contained flats each with a bedroom, en-suite bathroom, kitchen/diner and lounge.

There was a manager in place who was in the process of registering with the Care Quality Commission to become a registered manager. 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.

People lived in a safe environment and were protected from harm as staff knew how to protect them from abuse. We found that when staff reported abuse the registered manager took action. They worked with external agencies

Summary of findings

to ensure people were kept safe from harm. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions.

We found there sufficient staff on duty to meet people's needs. People told us that staff supported them when they required it and felt happy with the level of support they received. Regular reviews of people's care and support needs ensured that appropriate staffing levels was in place. Staff felt there were enough staff on duty to meet people's needs and keep them safe.

People were supported to manage their medicines in a safe way. People's independence with medicines was encouraged in a way that kept people safe. We found that medicines were handled and stored in a safe way.

We found that people received care and support that was in-line with their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet. We found that people had access to healthcare professionals, such as the dentist and their doctor when they required them.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened to and acted upon. For

example, it was recognised during a review of a person's care that ready meals were relied upon. Support and advice was provided to the person with their agreement further cookery courses to develop their cooking skills.

People told us that staff treated them kindly, with dignity and their privacy was respected. For example, people had their own key to their flat and their own post-box for their personal post. We found that staff respected people's choice if they wished to remain in their own flat.

We found that people knew how to complain and felt comfortable to do this should they have needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes. We also found that communication had been encouraged between people and staff, which improved the effective and responsiveness of the care provided to people.

We found that the checks the provider completed focused on the experience people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

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 cared for by staff who had the knowledge and understanding to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way which encouraged their independence.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were supported with their diet in a way that encouraged independence but also ensured they had enough to keep them healthy. People received care that was in-line with what they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were followed and listened to. People were treated in a respectful way and their privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



Is the service well-led?

The service was well-led.

People were included and listened to. Clear and visible leadership meant people received quality care to a good standard.

People received a good standard of care because the provider focused on how the service delivered a positive experience to the people who lived there.

Good



Bredon House

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 19 May 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with one person who used the service and one relative. We also spoke with the registered manager, two support workers, the operations manager and the quality assurance manager. We reviewed two people's care records. We also looked at provider audits for environment, people's care records and people's experience of the home. We also looked at the provider's complaints records and environment checks of the home.

Is the service safe?

Our findings

People who lived at Bredon House told us staff provided them with the support and reassurance they needed. They told us that they enjoyed living in the home and felt staff cared about their safety. People and relatives who we spoke with told us they were not concerned about safety and felt staff did what they could to keep them safe. Staff explained how they supported people to keep them safe and demonstrated how they did this in line with the person's plan of care. Staff shared an example where they knew a person was at risk of harm. Staff who cared for them knew what measures were in place to keep the person safe.

Staff we spoke with demonstrated good awareness of how to protect people from harm and provided us with examples of what they would report to management or other external agencies if required. We were told of an example where staff had identified concerns with some poor staff practice. These concerns were reported to the registered manager, who took appropriate action to protect people and reduce the likelihood of the incident from happening again. They had worked with the local authority to investigate these concerns and reported to the CQC as necessary.

The provider had the ethos to protect people from risk in the least restrictive way. We found that the provider had managed risk by assessing people individually. Staff we spoke with knew about the risk assessments that were in place for people and how to report new risks to the management team. For example, people's independence was encouraged and people would go out for the day independently. Staff ensured they knew what times people would be back to the home that evening and knew where the person was planning on going for the day.

We spoke with people, relatives and staff and about staffing levels in the home. One person told us they received as

much support as they needed. Staff explained they were there to offer support and encourage their independence to enable them to live more independently. They told us they were not rushed and spent as much time as people needed. All staff we spoke with said there were enough staff on duty and that if they needed extra support or in the event of an emergency an on-call system was used for the nights and weekends. We found that people received reviews of their care that involved the person, where appropriate their family member, their social worker and other health care professionals. These opportunities were used to understand if the support offered to the person's was adequate to meet their care and support needs. We saw examples of a review which showed that the person was happy with the level of staff support they received and no further changes were required.

People told us that they were supported and encouraged to manage their medicines as independently as possible, in a safe way. Staff told us that some people were independent of taking their medicines and others required support. Staff were able to demonstrate safe procedures that ensured that those who were independent in taking their medicines did so in a safe way. For example, one person preferred to sleep until the afternoon but this meant that their morning medication was given late. Staff respected the person's choice to do this, however were concerned about the timeliness of the medicines. The person's doctor was contacted who agreed it was necessary for the person to have their medicines at the prescribed time. Staff worked with the person and developed an agreement to ensure they received their medicine in a timely way that did not restrict their freedom of choice. Staff told us they had received training in safe handling of medicines and their competency was checked regularly. There were suitable arrangements for the safe storage, management and disposal of medicines.

Is the service effective?

Our findings

People who lived at Bredon House were involved in ensuring they received the right care and support for them. Meetings were held with the person and their key worker to update their health actions and skills so that people had clear goals going forward. This was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. People's long term aim was to transition into the community and to live independently. We saw example's where plans had been developed and were in practice to help people achieve this. For example, we found that following one person's review, it was recognised that the person chose take away meals over cooking their own food. Staff explored ways to support and encourage the person to cook their meals. We found that meal plans and shopping trips had been arranged and through making the task into an enjoyable experience for the person they had begun to enhance their cooking skills. Staff told us that the person had benefitted from this change in diet and had sparked a new interest in food as they explored new types of food and ways in which to cook it. They went onto say that the person no longer opted for the take away meals and as a result the person had reduced their weight

Staff told us they had received regular training that was appropriate to the people they cared for, such as behaviour that challenged, food hygiene and medicines. Staff told us that they were supported to develop their skills and knowledge further. They said that training was offered, or they were able to request further training. One staff member told us that they were being supported to complete a level five diploma in health and social care, as their ambition was to work in a management role.

Staff we spoke with understood their roles and responsibilities and what this meant or how it affected the

way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the provider ensured people received care and treatment that was in-line with their consent. For example, one person required staff supervision while outside of the home. This supervision could be deemed as restricting the person's freedom. We found that a mental capacity check had been completed to understand if the person was able to make the decision about being supervised by staff. As the person had the capacity to make this decision and agreed to this, plans were put into place. At the time of our inspection there were no person's restricted of their freedom.

On the whole people were independent with eating and drinking enough to keep them healthy. We found that staff recognised were people required additional support. For example, assisting a person to prepare some foods or ensuring that drinks were accessible to a person. People we spoke with confirmed that they received this support when they required it.

One person who we spoke with told us that the time they had lived there they had not been unwell and had not needed a doctor. We saw from people's records they had access to health care professionals who were part of the provider's service, such as speech and language therapist, or external healthcare professionals, such as social workers. We found examples of how healthcare professionals had linked together to support people with their care. For example, one person did not always verbally communicate with staff. Staff were aware that the person would speak to people on the computer. The person was visited by the speech and language therapist who provided the person with a touch screen computer tablet. This allowed the person to be able to make decisions about their care in a way that they felt comfortable communicating with staff and other people.

Is the service caring?

Our findings

We were told that staff were nice, quiet and polite. People expressed their content with living in the home and the staff who supported them. We found that people were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home.

The provider supported some people to use an advocacy service. The advocate was available to all people who lived in the home and made fortnightly visits or as required. We saw that the advocate had been involved in supporting a person with decisions around their finances. This assisted the person to make decisions independent of relatives, friends and staff members. We found an example where the advocacy service had benefitted a person and encouraged their independence. The person managed their money, which enabled them to go shopping, to the gym and out for meals independently.

We found that staff recognised and encouraged people's independence. We saw where reviews had taken place it was noted that one person was becoming progressively confident in areas such as education and work. They told us how they would like to do voluntary work and courses at

the college. They told us how staff supported them to write their curriculum vitae (C.V.) and application forms, so they were able to provide their C.V. to potential employers for a place to work.

We found that people's privacy was respected. People had the choice to stay in their flat or use the communal areas if they wanted to. We asked staff if we were able to speak with a person who was in their flat at the time of our visit. We found that staff respected the persons wish to remain in their flat and not visit us in the communal area. We saw that staff always knocked on people's doors and waited for a reply before they entered. Each person had their own key to their flat and their own post-box, which meant their letters were kept private for the intended person.

People told us that staff spoke kindly to them and in a respectful way. They told us that staff listened to what they had to say and spent time to respond to any questions. Staff treated people with respect and addressed people in a positive and courteous way. They understood people's needs by reducing any concerns. For example, staff introduced us to people first and asked them if they wanted to speak with us before assuming the person was happy with this.

Is the service responsive?

Our findings

People were involved in the development and review of their care plans. We found that a team of healthcare professionals would meet with the person to discuss what they required to help develop their independence. These records were available to people in a format that was individual to them, for example, in a pictorial format. We reviewed the care records for two people and found them to be individual to the level of support each person required. They clearly identified what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences. Staff were able to tell us the outcome following a review and how the person was to be supported. For example, it was found following a review of all people's care plans that some relied on ready meals. In response to this, a staff member told us that meal preparation guidance was required. People were supported by the occupational therapist for meal preparation guidance. Staff told us about one person who sought advice and reassurance from staff in the choices of food they had made. Staff recognised the person sought reassurance so took steps to increase the person's confidence. This was done by organising a cooking course to develop the person's education in relation to meal preparation.

Staff we spoke with were able to describe people's life histories and understood each person well. Staff told us the care plans gave them detailed information about the

person and the system in place to support the individual. We saw each care record had a section 'all about me'. This provided staff with a summary about the person they were supporting.

People had opportunities to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. The provider run woodwork therapy and music therapy which people could attend.

We found the provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to. It gave people contact details for external agencies were they not satisfied with the outcome. Since February, when the new manager had been in post, they had not received any complaints. We spoke with senior management about previous complaints and how these had been responded to. We found that these had been responded to and saw systems were in place from where lessons had been learnt. For example, a system had been put into place which ensured that complaints were escalated to senior management; this ensured that all complaints were responded to and a satisfactory outcome for people was achieved. We also found that new policies had been put in place, to give staff clear guidance around expectation of support to people once they had left the service.

Is the service well-led?

Our findings

A new manager begun working at Bredon House in February 2015, at the time of our inspection they were in the process of registering with the CQC to become a registered manager. We found that since the new manager had been in place they had provided opportunities for people and staff to voice their opinion about how the service was run. The manager had held meetings for people who lived at Bredon House to discuss what was important to them. As a result of this regular day trips were organised, to Cadburys World and Alton Towers. We found that people had enjoyed these activities.

Staff told us they felt supported by people in management and their peers. Both staff members told us they enjoyed their work and working with people in the home. One staff member said, "This is by far the most rewarding work. To see people making progress is great". We saw that staff were encouraged to develop in their roles and promotions were offered in areas such as senior support worker, key worker or roles within management. Staff who had received a promotion told us that they had good support from their colleagues within the organisation.

Since the manager had begun, they recognised that their office being on a different floor did not work for them, staff or the people who lived there as they were not visible within the home. The manager moved the office, from the

basement to the ground floor. This gave staff and people the opportunity to visibly see the manager to discuss day to day issues or to have general conversations. Staff told us that visibly seeing the manager made them feel more confident to approach them as they were part of the everyday running of the home. One staff member told us, "The new manager is like a breath of fresh air". Staff also told us that this meant the basement could be used as a recreational room for people to play pool, computer games or watch films.

We spoke with two people in senior management; they explained they had begun working for the provider in December 2014. They had identified areas for improvement and had begun working with the manager to rectify these. For example, robust systems for responding to complaints and providing staff with clear guidance for when people move out of the service.

At the time of our inspection a quality audit was in the process of being completed. The provider shared this with us; it looked at areas such as staff training, environment and care records. The audit also looked at the experience for people who lived in the home. This identified areas where action was needed to ensure people's individual needs were met. For example, one person was moving to a larger flat within the home and so had wanted a bigger bed. Plans were put in place to ensure the person was supported to have this when they moved.