Bridgewood Trust Limited

Bridgewood House

Inspection report

165 Barnsley Road
Denby Dale
Huddersfield
West Yorkshire
HD8 8PS

Tel: 01484861103

Date of inspection visit:
07 June 2016

Date of publication:
20 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection of Bridgewood House took place on 7 June 2016 and was unannounced. We previously inspected the service on 27 August 2013. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Bridgewood House is a care home currently providing care for up to a maximum of 23 adults. The home main building has19 bedrooms with a further four bungalows in the grounds where people who require a lower level of day to day support live. On the day of our inspection 18 people were living at Bridgewood House.

The service had a registered manager in place. 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 we spoke with told us they felt safe. Staff received training in safeguarding vulnerable people, and were aware of how to keep people safe.

Equipment was provided within the home but risk assessments did not address all areas of identified risk.

There were systems in place to reduce the risk of recruiting staff who may be unsuitable to work with vulnerable people. there were enough staff to meet people's needs.

The storage of medicines needed to be improved to reduce the risk of staff and people who lived at the home having unauthorised access to them. When this was brought to the attention of the registered manager they took immediate action to rectify this matter. Medicines were administered safely to people.

New employees were inducted into their role. Staff received an on-going programme of training and management supervision.

Our discussions with the registered manager and staff evidenced they understood the principles of the Mental Capacity Act 2005 and how they would act in people's best interests where people lacked capacity to make decisions.

People were supported to eat and drink and were enabled to choose what meal they would like to eat. We observed the lunch time meal on the day of our inspection, people enjoyed their meal and the atmosphere while people were eating was relaxed.

People told us staff were caring and kind. When we spoke with staff they were knowledgeable about people's individual needs, likes and preferences. Staff demonstrated how they maintained people's privacy

and dignity and they gave us examples of how they supported people to make choices about their daily lives.

People were supported to participate in a range of activities; these were planned around people's likes, preferences and abilities. Care plans recorded a level of detail which enabled staff to provide person centred care and support.

Staff understood their role and spoke positively about the registered manager and the people they supported. The registered provider had a system in place to audit the service provided to people. the views and opinions of both staff and people who lived at Bridgewood House were gained through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe.

Risk assessments did not address all identified areas of concern.

Recruitment was thorough and safe.

Medicines were administered safely but improvements were needed to ensure medicines were stored safely.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training and supervision.

People spoke positively about the meals and were offered a choice of food and drink.

The home had a range of communal areas which people could access as they wished.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff consistently respected people's dignity and right to privacy.

People were encouraged to retain their independence.

Is the service responsive?

Good

The service was responsive.

There was a varied programme of activities for people.

Care plans were person centred and provided details about peoples' individual care and support needs.

There was a complaints system in place.

Is the service well-led?

Good

The service was well-led.

Feedback was positive about the registered provider and the registered manager.

The registered provider had a system in place to monitor the quality of service people received.

Bridgewood 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.

The inspection team consisted 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 on this occasion had experience of supporting people living with a learning disability.

Prior to the inspection we reviewed all the information we held about the service and we also spoke with the local authority contracting team and two external health care professionals. Before the inspection, we asked the provider to complete 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. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with four people who were living in the home and one relative on the telephone. We also spoke with the registered manager, a senior support worker, a support worker, a cook and an agency support worker. We reviewed three staff recruitment files, three people's care records and a variety of documents which related to the management of the home. Following the inspection we also spoke with a member of the senior management team on the telephone.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "No one has ever made me feel unhappy here, I feel safe." A relative said, "I have no concerns about (person's) safety at all."

The registered manager and each member of staff we spoke with were able to tell us about the different types of abuse and some of the signs which may indicate people were suffering harm or abuse. The registered manager told us all staff completed safeguarding training annually and we saw evidence staff had received this training when we reviewed three staff files. Staff told us they would report any concerns they may have to the registered manager or any member of the senior management team. This showed that staff were aware of how to raise concerns about harm or abuse and recognised their responsibilities for safeguarding people who lived at the home.

Equipment was provided at the home to keep people and staff safe from harm. For example some people had height adjustable beds, overhead ceiling tracking hoist was available in some bedrooms and a mobile hoist was available for use in the communal areas. We noted one person required the use of a protective helmet which they wore; they also had a personal alarm on them. Staff told us this was to protect the person from a head injury if they collapsed, as a result of their medical condition. Staff also told us there was an alarm in place to alert them to the persons collapse, this enabled them to respond to the person promptly. This demonstrated the management of risk was proportionate without negatively impacting on people's daily activities.

Each of the care plans we reviewed contained risk assessments specific to the individual, for example, finances, going on trips, moving and handling and choking. These were reviewed and updated at regular intervals. However, the risk assessments did not detail all the equipment used by some people, for example, where someone required the use of a bath chair to enable them to get in and out of the bath or the ceiling hoist. We spoke about this with the registered manager on the day of our inspection and following the inspection we also spoke with a member of the senior management team. Having detailed risk assessments in place reduces the risk of injury to people and staff.

The registered manger told us no one at the home had a pressure sore although some people had been assessed by the district nurses as being at risk of developing sores. We reviewed the care plan for one person who had been identified as at risk of developing pressure sores and requiring the use of a pressure reducing mattress. We noted their records did not contain an assessment of this risk. We brought this to the attention of the registered manager on the day of our inspection and with a member of the senior management team after the inspection. Regularly assessing and reviewing people's risk of developing pressure sores enables staff take appropriate and timely action to reduce the risk of harm to people .

The registered manager told us any maintenance issues were reported to the head office and action taken to rectify any faults was timely. We saw information was located on the office wall regarding external service contractors who were responsible for servicing and maintaining specific equipment within the home. We also saw evidence checks had been completed by external service contractors on, for example, the hoist,

gas and electrical appliances and the fire detection system.

A personal emergency evacuation plan (PEEP) was in place for each person who lived at the home. This is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated. We also saw evidence fire drills were completed at regular intervals and this included staff and people who lived at the home. We asked one of the staff what action they would take in the event of the fire alarm being activated at the home. They were able to tell us how staff were to respond and how they would keep people who lived at the home safe. Participating in regular fire drills helps to ensure everyone is confident in their role in the event the fire alarm is activated.

Recruitment practices at the home were thorough. The registered manager told us potential candidates had an initial interview at the registered providers head office. A second interview then took place at Bridgewood House. The registered manager explained this enabled the candidate to meet people who lived at the home and enabled the registered manager to observe how the candidate interacted with people. We reviewed a random selection of three staff files. We saw evidence staff had completed an application form and the registered provider had obtained references and Disclosure and Barring Service check (DBS) prior to the commencement of their employment. This showed the registered provider had systems in place to reduce the risk of employing people who may not be suitable for the post.

No one we spoke with raised any concerns regarding the staffing levels at the home. We observed staff to be present in the communal areas and people's needs were met in a timely manner. The registered manager told they had a small number of staff vacancies at present and recruitment was on going to fill those posts. They told us agency staff were used to fill shifts which Bridgewood House staff could not cover. One person who lived at the home said, "(The home) also have agency staff in, who are all good."

We looked at how people's medicines were stored. The home was provided with a four week supply of peoples medicines which were stored in two areas. The medicines for the current week were kept in a locked trolley and a locked cupboard in the staff room however; the senior support worker told us the door to this room was not routinely locked. The remaining medicines were stored in a cupboard, the majority of which were in a locked trolley however, we saw a box of medicines stored on the floor . The senior support worker said that one week's supply of medicines would not fit in the trolley and was therefore stored in the cardboard box in the cupboard. The store room was locked but the key was hung up outside the door to enable staff to access cleaning products and personal protective equipment. This meant we could not be assured that medicines were stored securely with only authorised care home staff having access to them and that people were safeguarded against access to medication. We brought this to the attention of the registered provider on the day of the inspection. They responded promptly and a lock was fitted to the staff room door and they key to the store room was removed.

The registered manager told us only themselves and senior support workers administered people's medicines. They said medicines training and competency assessments were completed annually for relevant staff and this was corroborated when we spoke with a senior support worker and we also saw evidence a medicine competency assessment had ben competed with them in January 2016. We asked the senior support worker about the process they followed for administering peoples medicines and we also asked them how they disposed of unwanted or refused medicines and what action they would take in the event they made an error with a person medicines. The senior support worker was knowledgeable about each of these aspects of medicines management.

During the course of the inspection we observed the senior support worker administering medicines to people. This was done discreetly and safely.

A monitored dosage system (MDS) was used for the majority of medicines with others supplied in original boxes or bottles. We checked a random selection of three people's boxed medicines and found the stock tallied with the number of recorded administrations. The registered manager told us they completed a weekly audit of people's medicines and we saw no concerns had been identified. This demonstrated people's medicines were administered safely.

We saw one person was prescribed anticipatory antibiotics. The senior carer told us the person was prone to infections, they said in the event they were concerned the person was developing an infection, staff telephoned and spoke with the GP who told them if it was appropriate to administer the antibiotic or not. The senior support worker explained that storing the medicine at the home enabled staff to provide prompt treatment and therefore reducing the risk the person may require hospitalisation.

The home was clean and tidy and no unpleasant odours were detected. Personal protective equipment was readily available for staff and we saw adequate supplies were kept in a store room. Staff were seen using aprons, gloves and appropriate linen skips for the transfer of soiled items to the laundry room. This showed the registered manager was taking steps to ensure the people who lived at the home were protected from the risk of infection.

Good

Is the service effective?

Our findings

The agency staff member told us they had been shown around the home when they started to work at the home. They also said they were able to read people's care plans to ensure they knew people's support needs and they attended verbal handover meetings at the changeover of staff shifts. This helped to ensure staff had all the relevant information they needed to support people safely and effectively.

The registered manager and support worker told us new staff completed a range of training which included, where appropriate, completion of the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff also shadowed more experienced staff members for a number of shifts. The registered manager told us the amount of time new staff spent shadowing depended upon their knowledge, competence and confidence. This showed new staff were supported into their role.

Staff also received on-going training and support to monitor their performance and development needs and ensure they had the skills and competencies to meet people's needs. Staff told us they completed regular refresher training in a variety of topics, for example, moving and handling, health and safety and food hygiene. The senior support worker also told us the registered manager had planned further training for staff in specific medical conditions, for example, Parkinson's disease and dementia. We also saw evidence training had been completed by staff in their personal files. The registered manager told us they completed supervision for all staff at the home and a member of the senior management team supported them with their supervision. Each of the staff we spoke with confirmed they received regular supervision and felt they could speak openly with the registered manager.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) as described in MCA schedule A1 together with any conditions on authorisations to deprive a person of their liberty set by the supervisory body as part of the authorisation. The registered manager told us a number of DoLS applications had been made to the local authority. Following the inspection we spoke with a senior manager who confirmed there were eleven people living at the home where DoLS applications had been approved by the local authority and a more recent application for another person was still awaiting approval. Each of the care plans we reviewed evidenced that a DoLS application had been made for them, and where appropriate, if the home had received confirmation of its approval. This helped to ensure that where people are deprived of their liberty, it was lawful.

Staff told us they had received training in MCA and DoLS. The registered manager and each staff member we spoke with were able to tell us about individual's abilities to make decisions and how people were supported to do this. Staff also understood the need to act in people's best interests where they were unable to make a specific decision themselves.

One of the care plans we reviewed contained a capacity assessment regarding the individual's ability to consent to the care and support they received. The assessment recorded the person lacked capacity to make this decision and a best interests meeting had been held regarding this. Following this process demonstrated openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

People told us they enjoyed the food at Bridgewood House. One person said, "The meals are very good, there is very little I don't like. I had salmon today and it was really nice." Another person said, "I enjoyed my dinner today, it was very nice. We also get cake to eat." We also spoke to one person who said to us, "At night, I warm my own soup up. If I am out, they save me a dinner for my tea."

We observed lunch at the home. A pictorial menu was displayed in the dining room for people. We saw the cook preparing the meal and when served, the meal looked appetising with portion sizes appearing plentiful. Staff asked people where they wished to have lunch, for example, in the dining room or one of the lounges.

People received their meal in a timely manner and staff were attentive to individual needs. As staff served meals to people they asked each person if the meal was ok for them and if they would they like sauce or condiments. Staff also asked people if they needed assistance with cutting up food or if they preferred to use a spoon rather than a knife and fork. Staff were patient and encouraging where people were reluctant to eat and we saw one to one assistance provided for eight people. Where staff provided support, they sat next to the person; their attitude was supportive and patient throughout.

Staff were knowledgeable about people's individual dietary needs, for example if people required a diabetic or soft diet. Where people required their meal to be pureed, the components of the meal were presented individually on the plate. Ensuring meals are well presented makes the meal more visually appealing for people.

A relative we spoke with told us they had every confidence in the staff at Bridgewood House to ensure the health needs of their family member were met. They said, "They look after (person) very well and they get immediate attention if (person) is ill. They get the Doctor to (person) straight away or get him to the hospital." The registered manager told us the home had a good relationship with the local GP practice and the district nursing service. We saw evidence in people's care and support plans of the involvement of other healthcare professionals, including GP's, district nurses, dentists and speech and language therapists. This showed people received additional support when required for meeting their care and treatment needs.

Accommodation was on one floor with four adjacent bungalows. There were a number of communal areas for people to sit in within the home and one dining room, however, we saw people were free to eat their meals in any of the communal areas. Bathrooms and toilets had pictoral signage to enable people to locate them. One person showed us their bedroom and one person showed us their bungalow. Both were personalised to the individual's tastes with personal effects, pictures and photographs on the walls. There was access to a garden, however the patio area we saw was in need of tidying and weeding.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they were happy at Bridgewood House and the staff were caring and kind. One person said, "Staff are nice to me and I can do what I want to do during the day." Another person said, ""Staff are mostly caring and they ask rather then tell you how to do things." A relative said "I cannot speak highly enough about the care (person) receives."

We observed staff to be caring and kind during all their interactions with people. When we spoke with staff they spoke to us in a caring and professional manner about the people they supported, they were knowledgeable about people's likes and dislikes. For example, one person needed their slippers putting on and the staff member explained to us they did not like their feet being touched and would react by putting their hand to their mouth to show they did not like it and were anxious. We watched and listened as the staff member put the person's slippers back on; they spoke calmly and reassured the person throughout.

People were able to make lifestyle choices throughout the day. One person said, "I chose what to wear this morning and my necklace goes with my dress". At lunchtime we heard staff asking people what they wanted to eat; we noted one person struggled to make a choice from the verbal options given to them. A member of staff showed them the options to enable them to make a visual choice. Offering people choice and control over their daily lives is a key aspect of maintaining their dignity and life skills.

We asked one staff member how they enabled a person who had limited verbal skills to make choices. They told us how they could tell the difference between the person making a happy noise or an unhappy noise. They explained that if staff supported the person with any aspect of their care, they knew by the noise and facial expression if the person was happy with the choices being offered to them or not. This showed people were supported by staff who knew them well.

One person told us they were involved in their care plan, they said, "Staff do involve me in my care planning and I do have an input, it is like a compromise between us". The registered manager told us many people were not interested in their care plans although they told us about one person who liked to read their care plan and be involved in it. The senior support worker told us about 'three or four' people who lived at the home who liked staff to involve them in their care plan. Involving and consulting people in their care and support enables them to express their views and opinions in regard to the care and support they receive.

We asked how people were enabled to develop and maintain life skills. One person told us, "I can only make cold drinks for myself. Staff need to be with me if I want to make a hot drink". Staff told us about one person who was able to make their own breakfast and cup of tea in the morning and some people were supported to take responsibility for aspects of their own laundry, for example, collecting their clean laundry from the laundry room and taking it to their bedroom to put away. A staff member also told us how they supported some people to clean their own rooms; they said one person liked to be in their room when staff cleaned it. Another staff member we spoke with told us about a person who had part time employment, they said, "(Person) gets a wage, it gives them a feeling of self-worth." Enabling people to be independent improves people's quality of life, focusing on doing everyday tasks for yourself rather than someone else doing the

tasks for you.

People's privacy and dignity was maintained. A senior support worker told us, "We knock on doors, close doors and curtains when delivering personal care. You put yourself in their place, how would you feel." Another staff member said, "Everyone should be treated as you would want to be treated." They also explained how they used towels to cover people during personal care to ensure their bodies were not unnecessarily exposed. We saw that where people had food debris at meal times, staff were prompt and discreet in providing wipes and ensuring their hands and faces were clean.

Good

Is the service responsive?

Our findings

We saw people were actively engaged in activities throughout the day. An activities board advertised a range of activities including: a range of trips, musical therapies, aromatherapies and DVD's. We saw a range of jigsaws were available and we saw two people completing these. There were also newspapers available for people. We saw one person went out shopping with a member of staff. Staff told us about one person who enjoyed looking through a child's bible stories book, staff told us they would sit with the person and read it for them. We heard staff asking people if they wanted a DVD on and which one they wanted to watch. During our inspection we observed staff spending one to one time with people, chatting with them and engaging them in conversation.

The registered manager and the staff we spoke with told us about the range of activities available for people. This included, holidays, trips to the cinema and shopping, baking and crafts. They also told us about an external company who visited the home to provide exercise to music. The registered manager told us this had been very popular with people. Staff were able to tell us about the individual activities people enjoyed. One staff member told us they had recently taken one person to the cinema to watch a specific film they wanted to watch and they had then gone to a restaurant for a meal. Enabling people to take part in meaningful and enjoyable activities is a key part of 'living well'.

When we were with the registered manager the telephone rang, they took the telephone to a person and explained to them their relative was on the phone and they supported the person to speak with their relative. This demonstrated people were supported to maintain contact with family and friends.

Each of the care plans we reviewed were person centred and detailed peoples likes, dislikes and their individual support needs. One care plan recorded the person preferred to have a bath and the support they needed to access the bath, the care plans also recorded, they enjoyed being left alone to 'soak' for a period of time. Another care plan recorded the person enjoyed going out on trips but not when the weather was cold or wet, the plan also noted that staff needed to use short, simple sentences when speaking with the person to enable them to engage in conversation.

We saw evidence of care plan reviews in the three care plans we looked at. The review document recorded the names of the people invited and a summary of the individual's care and support needs. In one of the care plans we looked at we saw a letter inviting a family member to an annual review. We saw a record of the previous year's annual review; this included positive feedback from the relative involved. Reviews help to ensure care records are up to date and reflective of people's current needs so that any necessary actions can be identified at an early stage.

A daily record was completed by staff which recorded the care and support each person received on a daily basis. The records evidenced the support people received however, the level of detail varied. We noted staff recorded events but did not always provide additional information, for example, how the person travelled to their activity and if they enjoyed it.

We asked the relative we spoke what they would do if they were unhappy with any aspect of the service. They said they would not hesitate to tell the registered manager about any concerns or complaints. The registered manager told us there were no formal complaints logged at the home. They said in the event a complaint was received, this would be logged, investigated and responded to.

The registered manager showed us a copy of the complaints process in an easy read format however; this was not on display at the home. The registered manager said they would make this available for people to access. This ensures people are provided with relevant information in a format they can understand.

Good

Is the service well-led?

Our findings

The registered manager had been employed at the home for twenty six years. They had held the post of registered manager for approximately eight years. The registered manager was knowledgeable about people who lived at the home and the staff who worked there. They were visible to us, staff and people who lived at the home. Throughout the inspection they were receptive to feedback and they told us they were keen to learn from the knowledge and experience of other health care professionals who visited the home to ensure the best possible outcomes for people living at Bridgewood House.

It was clear from speaking with staff that they understood their roles and responsibilities. Communication throughout the staff team was open, and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and supported in making decisions. Staff we spoke with were positive about the registered provider and the registered manager. The senior support worker told us senior managers were regular visitors to the home.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about. We saw the registered provider had due regard for their duty of candour and there was a link to our most recent inspection report on their website.

The registered manager told us regular audits were completed at the home by them and senior managers. They said this included audits of the environment, care records and infection prevention and control. We saw evidence of a monthly report completed by a senior manager. This recorded the date, the name of the person completing the report and areas reviewed which included, staffing, notifiable incidents and the environment. The report included an area where any action required was recorded, we also saw some reports had hand written entries where the registered manager had recorded the action they had taken to address any identified issues. It is important that registered providers regularly audit and review the service they provide to ensure they are picking up on any shortcomings, are identifying any areas for improvement and they are working to continuously improve the services they provide

The registered manager told us they also attended regular managers meetings at the registered providers head office. They told us senior managers and other registered managers discussed a variety of topics and shared examples of good practice. Staff meetings were held monthly, the minutes were recorded along with the names of the staff who had attended. We noted topics included, service user reviews, dignity and choices and staff training.

People were supported to express their views and opinions regarding the home they lived in and the staff who supported them. Resident meetings were held at regular intervals. We looked at the records of these meetings and saw meetings were held each month. We saw the most recent meeting minutes recorded a discussion about voting.

We saw evidence in each of the care plans we reviewed of an easy read resident questionnaire which had been completed by the person. This asked people a range of questions, for example, 'are you treated with respect' and 'do you know how to complain'. This showed people who lived at the home were encouraged to give feedback about the service they received.