

Bridgewood Trust Limited

Cleveland Road

Inspection report

5 Cleveland road
Edgerton
Huddersfield
West Yorkshire
HD1 4PP

Tel: 01484515865

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 November 2018 and was unannounced. The service had previously been inspected in 2016 and had been rated as good. At this inspection we found the service remained good and the service met all relevant fundamental standards.

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

Cleveland Road provides accommodation and support to people with learning disability. Cleveland Road was registered with the Care Quality Commission in November 2010 and is registered to provide accommodation for up to 13 people. There were 11 people living there at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion and were embedded within this service which worked to ensure people could live as ordinary a life as any citizen

There was a manager in place who had been registered with CQC since August 2016. 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.'

Staffing levels were based on the needs of people at the home and were reviewed daily. Staff had been trained and were confident to recognise safeguarding issues which meant people were protected from harm.

Risks were assessed and well managed to ensure people's freedoms were not overly restricted and risk assessments were based on positive outcomes for people.

Staff received ongoing support from the management team through a programme of regular supervisions and appraisals and they had been trained to ensure they had the knowledge and skills to care for people

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

We found decision specific capacity assessments had been carried out for people who lacked mental capacity to consent to aspects of their care delivery. These were compliant with the Mental Capacity Act 2005 (MCA). Staff understood the principles of the MCA and how to ensure people's human rights were respected when making decisions on their behalf.

We found all the staff to be caring in their approach to the people who lived there and treated people with dignity and respect. Staff knew the people they supported very well, and we observed people were very happy in the presence of staff and there was a very positive and friendly atmosphere.

There was clear evidence of person-centred care and records contained information detailing people's life histories, preferences and choices to enable staff to support them. People were involved in activities based upon their established routines and preferences. Information was provided in an easy read format to ensure people with different abilities were provided with information in a format they could understand.

Systems and processes for ensuring the quality of the service included nationally recognised evidence-based standards to ensure they provided a quality service to people living there. The service was well-led by a registered manager who aspired to develop the service continuously and who kept abreast of best practice and developments in this field.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Cleveland Road

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 30 November 2018 and was unannounced. One inspector carried out this inspection.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the information regarding the service. We also contacted the infection control team and the fire service.

The registered provider had 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.

We spoke with the registered manager and two support staff. We spoke with five people living at the home. We looked at three care records and medication administration records. We reviewed all the management information in relation to how the service was run.

Is the service safe?

Our findings

The service remains Good.

People told us they were safe at the service. Risks were managed in a way that supported people whilst enabling them and encouraging them to keep themselves safe. One person said, "They help me with my medication. They have to check it to make sure I've taken my tablets."

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. The risks around the use of equipment were clearly detailed and in one record, the following information was recorded, "When I am in my wheelchair make sure my safety belt is securely fastened. Make sure my footrests are down and my headrest is on." We found there were risk assessments for all activities the staff had assessed as posing a potential risk and risk reduction plans which provided the information and guidance for staff to follow to ensure people did not come to harm.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. Fire safety measures were in place, and people had personal emergency evacuation plans which included their name, how they mobilised, how they communicated and any behavioural issues. One fire evacuation plan detailed the person's hearing impairment and a vibrating pillow was used as an alternative. Drugs taken which may affect sleep or cause drowsiness were also considered, which demonstrated the plans had been well-thought out in respect of the needs of the people at the service.

We looked at the staff rotas to check staffing levels were appropriate. These confirmed the staffing levels were appropriate to meet the needs of the people living at the home. The registered manager told us staffing arrangements were flexible and an additional staff member was on duty at the time of the inspection to support a person who had recently come to live at the home. Staff confirmed there were adequate staffing levels and most people at the service were out during the day at day care, college or other planned activities and staffing levels ensured staff were available to support with transporting people to their destinations.

We looked to see how accidents and incidents were recorded and reviewed and how the service learnt lessons from incidents. There had been medication errors at the service and following this the registered manager had made changes to prevent future incidents which demonstrated how they had learnt lessons to make improvements.

We looked at three staff files and found safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Medicines were stored and administered safely, and medicine competency checks had been undertaken by the registered manager to ensure staff were competent in their administration practices. The registered manager followed national recognised best practice in the management of medicines and took the responsibility for booking new medication into the service and undertaking audits.

The home did not employ cleaning staff and care staff undertook domestic tasks amongst their caring duties. The home was found to be clean and with an adequate supply of personal protective equipment for staff. On the day of inspection there had been a delay in the provision of paper hand towels at the service, but once this was identified the registered manager had put in place a system to ensure there was always a spare supply.

Is the service effective?

Our findings

The service remains Good.

People told us they liked the food in the home and we observed people were encouraged to make their own meals and snacks. There was a menu board on a wall in the kitchen detailing the meal options. One person said, "Delicious. The cook does a menu choice. We plan the menu. I chose spaghetti. We get our own breakfast." The registered manager told us they were supporting people to eat healthily and encouraged people by offering healthy options.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was meeting this requirement and five DoLS had been authorised.

Staff understood the principles of the Act and how to support people to make decisions in their everyday lives. People's care files contained a range of decision specific capacity assessments and best interest decisions. We saw these were in place for decisions such as funding for private therapy sessions, breast screening, and community access support. Where people were deemed to have capacity to consent their records contained information about unwise decisions they might make and to remind staff, this was their decision to make. All the records we reviewed evidenced people's rights and freedoms were respected and they were able to choose how they wanted their care to be delivered.

We found staff received ongoing support from the management team through a programme of regular supervision and appraisals. All care staff were required to obtain nationally recognised qualifications in care. The provider utilised the Care Certificate for all staff new to care, which is the agreed set of standards that sets out the knowledge, skills and behaviours for care staff. Staff had been trained to gain the knowledge and skills to care for people. The provider had their own training manager who was based at their head office. They ran most of the training sessions for staff and refreshing of training to ensure staff remained skilled to perform in their roles. Staff received specific training around positive behavioural support to ensure they had the skills to manage people's behaviours that might challenge others.

Referrals were made to other health care professionals such as dieticians, psychiatrists, psychologists, GPs, and learning disability professionals. This showed people received additional health care support when

appropriate. People at the service were involved in health type training and a nurse from another service had done a session on breast care.

Work to the property was ongoing to make it more accessible for people requiring a wheelchair to mobilise. This included creating a wheelchair accessible ramp with fire door to one person's bedroom to improve accessibility and for escape in the case of an emergency evacuation.

Is the service caring?

Our findings

The service remains Good.

Throughout the inspection we saw people who lived at the home were relaxed in the presence of staff and there was lots of chatting and laughter. We asked people at the service whether the staff were caring. One person said, "Superb. They help you when you're upset. You can just talk to people on shift. I like living here. It's homely."

We could see people were happy and engaged, cared for by staff who understood how to communicate with them, and they changed their approach depending on the needs of the person.

There was a strong, visible person-centred culture at the home. Both staff and management were fully committed to ensuring people received the best possible care in a supportive and compassionate environment. They recognised people's potential for independence and we saw evidence people were supported to be independent. The registered manager told us one person had developed some domestic skills since they moved into the home, such as scraping their plate before putting it into a dishwasher. Another person was attending a day service to learn independence skills, with the recognition once independence was gained, more appropriate accommodation would be required.

People's human right to be treated with respect was clearly understood by staff, who protected their privacy and cared for them respectfully. People's records were locked in the office to ensure they remained confidential and the office door remained locked when unstaffed. People had information about the General Data Protection Regulations in an easy read format to help them to understand how their personal data would be used, which further demonstrated the importance the service placed on people's involvement in their care arrangements. People were offered their preferred gender of carer and the registered manager told us there was always a female member of staff on during the day and night to facilitate this.

The home used advocacy services for those people who did not have family to independently advocate on their behalf. Independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. Several people had a paid relevant person's representative to represent and support the relevant person in all matters relating to the deprivation of liberty safeguards.

Is the service responsive?

Our findings

The service remains Good.

People told us they took part in a variety of activities both in the home and out of the home. Some people attended college during the day and some people told us they attended various social groups. One said, "I'm never bored." Another person told us, "I like baking. Making chocolate cake." Another person told us, "Sometimes I help with the food shopping." Other people recounted their recent holidays which they told us included a trip to London and Butlins. People had set activities as part of their routines such as drama classes, swimming clubs and dancing. The registered manager told us activities were discussed at the team meeting and both staff and people using the service looked out for local activities which were of interest to people.

People's needs were assessed prior to coming to live at the home and this visit was undertaken by the registered manager and an assessor from the registered provider. The registered manager explained the importance of a planned approach to ensure people were suited to the home and the people living there. Care plans detailed people's care needs and the provider had started to use easy read care plans. These were written in a way people could understand and each section contained descriptive pictures. The records gave staff a clear understanding on how to support the person and what mattered to them, their choices and their preferences. People had been encouraged to be involved in writing their own care plans with their support workers and the records were very person-centred. One person told us, "Staff helped me write it. I am happy with it." They said it contained, "What I like doing. Stuff I like."

We spoke with the management team on how they were using technology to support people at the service. They explained to us how one person had installed an internet connection in their bedroom, although this was limited for this person's use. They recognised how important it was to embrace technology and a visiting contracts team had advised them about talking care plans and a system which reminded people to wash their hands after using the bathroom. They told us the registered provider was considering how their services could embrace the use of technology going forwards to ensure people using the service had the full benefits of developing technologies and two pilots were taking place at other services.

The provider was meeting the Accessible Information Standard which requires them to ask, record, flag and share information about people's communication needs. We saw documents which would accompany people to hospital such as Hospital Passports.

End of life care was discussed with people and their families as part of their care review. The registered manager was sensitive to people's needs in this area and had supported people at the end of their life at the service.

The registered provider had a complaints policy in place and there was information available in the building to guide people on how to complain. There had been no complaints in relation to the care provided although there had been a complaint in relation to the parking arrangements and some noise issues.

Is the service well-led?

Our findings

This service remains Good.

The service was well-led by a registered manager who had a complete oversight of how the home was run. The registered manager was very visible in the service. One person at the service told us, "She is the best manager in the world. She's really good." The registered manager told us the organisation's motto was, "Together we open doors." They had a clear vision to develop the service and said at the beginning of each year, "We set out our aims and objectives for the service. We have a meeting with the training manager and work out how we can achieve it and make an action plan." They explained to us their previous objective had been to gain a better relationship with families which they had done through initiating a coffee morning. Feedback had been that families felt welcome at the home.

Systems were in place which continuously assessed and monitored the quality of the service. These included health and safety checks, fire equipment checks, checks on window restrictors, sling checks, bed and mattress checks. We saw all service user equipment was checked in line with legal requirements and the service kept a comprehensive list of all the required checks.

The provider was in regular contact with the service and a provider audit was undertaken every other month to check areas such as finances, care plans, water temperature checks and medication. Staff told us the Chief Executive Office regularly visited at least two or three times each month and as a company they were very supportive of their staff. External companies were commissioned to ensure specialist chairs and, hoists and slings were serviced and checked in line with statutory responsibilities.

People living at the service were fully involved in the running and some were champions in particular areas. One person was the fire marshal and they were to be trained on the day of inspection to operate the fire extinguisher. Another person had been trained in Makaton and first aid. People had their own notice board to pin up forthcoming events or information of interest. For example, one person was the representative for the home in the registered providers forum, and they posted their details for other people to provide information to inform the meetings. The registered manager said of the forum, "It gives people more control over the service provided. Each service has a representative. We will hold meetings every other month."

Meetings were also held at the service for the people living at the home and topics such as activities were discussed. People's views were sought on the environment which included the décor of the newly refurbished lounge area. People told us they had helped to choose items. One said, "I chose the clock." Another person said, I chose the fabric. It was clear they were very proud of this room and their involvement in the process.

The registered manager was clear in their aspiration to "Move from good to outstanding as a company." They said, "We have done a pledge board up at the service and each member of staff can put up a pledge, to show how they pledge to make a difference." They said they were currently delivering the training and the boards would go up when all the pledges had been done. It was clear they were motivated to making a

difference to the lives of people at the service and this was shared amongst staff who all told us how much they enjoyed working there.

The registered manager recognised in the past they had not been good at recognising how technology could be used to benefit people at the service but told us this was under review. They also wanted to improve how they were recording positive feedback to demonstrate what they were doing to improve the lives of the people there. They said this would involve people writing their own records. "It might be just a line saying how they feel or something they are not happy about." These examples demonstrated how the registered manager was continuously driving improvements at the service.