

# 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

### About the service

Cleveland Road is a residential care home providing accommodation and support to up to 13 people. At the time of our inspection, eight people were living in the home.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were empowered through choices offered by staff and they were supported to make decisions for themselves with support from staff. Care was individualised and recorded in a person-centred way. There was a positive culture in the service which came from leaders and was adopted by staff.

### Right support:

- Model of care and setting maximises people's choice, control and independence

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Risks to people were largely well managed. We identified a risk to one person which has been dealt with appropriately following our inspection. Infection control measures were found to be effective.

Medicines were appropriately managed and we found some people were being carefully supported to become more independent with managing their own medicines.

We identified one worker who had not received an induction. This was being dealt with by the registered manager. Staff received ongoing support which they said helped their development. There were sufficient numbers of staff who had been safely recruited to work in the home.

People received timely access to healthcare when this was needed and we saw where the provider had established wider links with partners to ensure a positive outcome for one person. People were at the centre of their meal planning and told us they enjoyed the food provided.

Staff were seen to be caring in their interactions. We discussed one interaction of concern with the registered manager and found this was suitably dealt with. People and relatives gave positive feedback about the staff. Staff respected people's privacy and dignity.

People were engaged with activities taking place both inside and outside the home. A suitable system for managing complaints was seen.

Systems in place to ensure there was oversight of the home were effective. People and relatives felt the home was well-led. Feedback was sought from people and relatives and this was seen to be positive. Regular meetings for both people and staff were taking place.

Care records were detailed and contained information for staff to understand people's needs and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 4 January 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cleveland Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors who visited the service. An Expert by Experience made telephone calls to people's relatives or representatives to gather their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable on the day of our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who lived in the home, one person who was visiting and five relatives. We also spoke with the senior support officer and three members of care staff as well as the registered manager following the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records in full and another for specific information, as well as multiple medication records. We looked at the recruitment of three staff members as well as staff supervision records. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We spoke with the registered manager and requested various records. We continued to seek clarification from the provider to validate evidence found. We looked at training data, as well as care and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were largely managed appropriately.
- Staff told us one person was able to eat lightly toasted toast. Care record showed they also enjoyed having toasties. However, a choking risk was identified in May 2021 by a health professional who stated their bread should be soft, with crusts cut off. There was insufficient detail in the person's care plan and staff did not demonstrate an awareness of this requirement. This person had not come to any harm. Following our inspection, the registered manager liaised with a health professional and more detailed guidance has been written into the person's care plan. We were told this information would be passed to staff to reduce the risk of choking for this person.
- Other risks to people's safety were thoroughly assessed and recorded. Risk assessments were in place for aspects of daily living such as falls, accessing the community and managing finances.
- Appropriate equipment was in place to manage risk, such as a sensor mat for a person who was at risk of falls. People knew what to do in the event of an emergency and there was a record of how people should be supported if the home needed to be evacuated.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- One person expressed historical concerns which we looked into and found these had been dealt with appropriately.
- People we spoke with told us they felt safe living at this service and relatives agreed. At the September 2021 resident meeting, people were asked if they felt safe and all who attended agreed they were.
- Staff we spoke with knew how to recognise and report abuse. Allegations of abuse were recorded and investigated.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us there were enough staff. One relative said, "It is spot on. There's always plenty of staff around." We observed people's needs being met in a timely manner. Staff were present in communal areas and on hand to support people.
- We looked at recruitment records for three staff members and found the necessary background checks had been completed before staff commenced working in the home.

### Using medicines safely

- We looked at the management of medicines and found this was safe.
- Medication administration records we looked at showed people received their medicines as prescribed.

Personal preferences around how people wanted to receive their medicines were recorded.

- Some people were working towards greater independence through managing their own medicines with support from staff.
- Medicines were safely stored and staff received training as well as a medication competency check. Regular medication audits were carried out which showed there was sufficient oversight of these processes.

Preventing and controlling infection

- Effective systems were in place to manage infection control.
- People had detailed COVID-19 support plans as part of their care records. We also saw COVID-19 risk assessments were in place.
- During the pandemic, cleaning had been increased to every morning and evening and included high frequency touch points, such as door handles and communal areas. The premises were found to be clean and tidy.

Learning lessons when things go wrong

- Lessons were learned from unwanted events and this led to improvements.
- Records showed body maps were kept where people had any bruising or marks or had a fall, and incident reports were completed. All incident reports were checked and signed off by the area manager.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We saw one staff member needed to attend induction training, despite working in the home since the beginning of July 2021. The registered manager was aware of these issues and was actively dealing with this.
- Staff received ongoing training, although the pandemic meant some face to face learning had been placed on hold. Some staff were due to complete their online learning training before the end of September 2021.
- Staff received regular theme based supervisions where they were able to raise any support needs. They felt these sessions provided valuable support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services in a timely manner.
- One person told us, "Staff sort everything out like calling the doctor. Staff saw about the battery for my [device name]."
- People had health action plans as part of their care records. Health records showed people had received recent contact from community nurses, chiropodists, physiotherapy, speech and language therapists, advocates, GPs, psychiatry and wheelchair services.
- One person had been supported around their continence care needs which had a notable improvement on the quality of their life. The registered manager had worked with a local healthcare team to enable this improvement.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet and could choose what they ate.
- One person told us, "If there's something I don't like, the cook will give me something else." At lunchtime on the day of inspection, people were offered bacon sandwiches and wraps with different fillings and salad which they said they enjoyed. We looked at September 2021 staff meeting minutes which demonstrated how people were involved in meal planning.
- Fresh fruit was available to people and 'eat well plates' were used to promote appropriate portion sizes and healthy eating. Where needed, people received support from a dietician to maintain a healthy diet. Some people completed a healthy baking course during the pandemic.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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.

- The service was working within the principles of the MCA and people's liberty was lawfully restricted.
- People were in control of their day-to-day lives and made their own decisions with support from staff who understood the importance of gaining consent from people.
- One person was supported to access advocacy services after this was discussed at a house meeting. We saw where staff had worked with a relevant person's representative.
- Mental capacity assessments and best interest decisions were in place and relatives had been consulted in relevant decisions. DoLS authorisations were in place to ensure people were lawfully restricted.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs.
- Two downstairs bedrooms had en-suite wet room facilities. Equipment was in place to facilitate transfers, such as a ceiling tracking hoist and a disabled access ramp.
- Shared facilities had pictorial signs on the door to support people's orientation. There were two lounges which included a quieter area that some people preferred.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home which meant the provider only accepted people whose needs they could meet.
- New guidance and standards were added to the policies and procedures which staff read and signed. These updates were discussed at staff and supervision meetings.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Interactions between staff and people were genuinely caring and natural. We heard staff speaking with people in a caring and respectful way.
- We asked people about the care they received from staff. Their comments included, "They have done an amazing job with me. The best thing about it here is the staff", "I like it. All staff that we have had have been very nice" and "Staff are caring."
- Relatives comments included, "I visit once a week. There is good banter", "They all love [person]", "The place is caring. Staff are informative and treat everyone with respect" and "There are no issues. They know [person] inside out."
- The registered manager's August 2021 report asked, 'Any support required around specific protected characteristics such as LGBT people using the service? This demonstrated people's protected characteristics were being supported.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were involved in planning their care.
- People were empowered to make choices around their daily routines, such as what they wanted to eat and how they wanted to spend their time.
- People told us they attended house meetings to make decisions about their home. We saw a 'resident survey' in one person's care plan.
- People and their representatives were involved in planning their care. Records showed six monthly reviews were held involving the person and any supporters they wished to involve. Care plans were also normally updated as needs changed. These reviews could be requested in between these timescales.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity, privacy and independence.
- One person told us, "I do my own washing with support and clean my bedroom." Another person said, "I do the ironing Saturday morning." A third person told us they made their own sandwiches for work. We observed a person clearing the tables and wiping them after lunch. A relative commented, "[Person] helps with cleaning and tidying, it gives them some independence."
- The registered managers report for August 2021 noted one person was supported to maintain their independence when eating by using adapted cutlery and a specialist plate. Another person was writing their own daily notes which staff reviewed.
- Care plans included the need for privacy and sexual expression. Staff we spoke with were able to describe

appropriate action they took to protect people's privacy and dignity when assisting with personal care. They said they closed doors, covered people where possible and talked people through the process, ensuring they gained consent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at were detailed and person-centred.
- We looked at one person's behaviour care plan which provided very detailed instructions for staff, including action to lower the person's anxiety levels. As well as describing the triggers that could cause certain behaviours, the care plan also stated times of the day this was more likely to happen.
- One person had a pictorial 'This is me' care plan which stated, 'Sometimes I shout out loud in the shower - it's just who I am. Reassure me, sing songs with me'. Detail was also seen around how to support this person with their personal care.
- We saw one person's support being delivered in line with the care plan. For example, when they became anxious and agitated, they were supported to spend quiet time in their downstairs bedroom, with the door open as they wished, and to complete activities outlined in their positive behavioural support plan, which they found relaxing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they took part in activities in line with their tastes and interests.
- People were supported to go out to day opportunities as some of these facilities had reopened since the pandemic started. Some people went to work on the provider's gardening scheme and others went to arts and crafts groups.
- A member of staff told us people had been going out on lots of walks during the pandemic. People described having movie nights in the home as well as going out to the cinema. One person said, "We are getting out more now."
- We reviewed 'resident' meeting minutes and saw examples of new activities people had expressed an interest in. These had been followed up which demonstrated people were supported to pursue these activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Measures were in place to support accessible communication.
- Staff supported people to express themselves when speaking with us, as they were familiar with their

speech. The senior support officer said the provider was looking to print off photos of foods to support one person who communicated by pointing at their preferred foods.

- People's 'This is me' support plan used personalised photographs and pictures to create a more accessible document and easy read care plans were available for people.

Improving care quality in response to complaints or concerns

- The system for managing complaints was effective.
- One person said they had complained about a type of food they had been given. They had been offered suitable alternatives as a result. Another person told us, "If I have a complaint or worries, staff do help. They are amazing." Another person said, "(Staff) always sort something out (if they had a complaint)."
- The registered manager's August 2021 report noted, 'Complaints procedure is discussed at service user meeting and is displayed on the service users notice board in easy read format. All families are asked if they would like a copy of the complaints procedure and are given one if they request it'. We saw this information on display in the home.

End of life care and support

- End of life wishes and funeral plans were in place in the care plans we reviewed.
- Staff received training in end of life care. Although no one had a need for end of life care at the time of our inspection, the provider had access to resources for providing this when needed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager's report dated August 2021 provided a detailed overview of the service using the Care Quality Commission's five key questions. Medication and infection control audits demonstrated sufficient oversight of these aspects of the service. We noted the latest care plan audit had not identified the choking risk reported on under our 'Safe' key question and discussed this with the registered manager. They had since taken appropriate action.
- Staff training was due on or around the time of inspection. The registered manager was in the process of ensuring staff had completed all relevant training.
- The registered manager was dedicated to capturing feedback from people, relatives and staff to understand quality performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager and staff team provided a service which achieved good outcomes for people.
- One person told us, "It's a nice home to be in. I would recommend it. I have made new friends here." Relatives described a positive culture in the home. Their comments included, "It is clean and everyone seems to work well together. They all seem to want to be there" and "I feel like they all like it there. They are a happy bunch."
- Two people had received information about attending a local college. They had chosen a course they wanted to attend and staff were in the process of booking their places.
- Relatives told us the home was well led by the registered manager. Their comments included, "The manager is lovely", "She is very approachable", "She has a good handle on staff. It is quite stable now" and "I have nothing but praise." One staff member told us they worked well with the registered manager. They said, "We get on well. She listens to everything we've got to say." Another staff member noted the senior support officer and registered manager were both approachable.
- People were supported to keep in touch with family and friends during the pandemic. One person said, "I keep in touch with [relative] and [partner]." One relative told us, "We use [video conferencing]. The staff support [person]. We also ring regularly."
- The registered manager reported dated August 2021 stated, 'I am always positive and try to give advice in an empowering way. I try to give positive feedback as often as I can and to regularly thank staff for the support they give me'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at Cleveland Road had meetings to discuss the running of the home. One person told us, "We do have meetings about what's going on in the house." We saw meeting minutes and actions which we could see had been followed up. Another person we spoke with told us they were the representative for Cleveland Road at meetings run by the provider for each homes representatives.
- Staff meetings were taking place and these demonstrated that key messages regarding people's support needs and service updates were being shared. Staff were able to share feedback through various means, including 'Share your experience' forms.
- Feedback seen from people and relatives through satisfaction surveys in June and July 2021 was very positive, indicating people were in control of their lives with support from staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior support officer was able to describe the events which are reportable to the Care Quality Commission. This responsibility had been fulfilled through the notifications we received since our last inspection.
- The registered manager and senior support officer were open and transparent with us throughout the inspection process. We found this approach to be the same when they responded to people, their relatives and representatives.

Working in partnership with others

- We saw evidence in care plans of the home working with community professionals to improve people's care. Staff worked with a wide range of partners, including occupational therapists, plus dentists and opticians.
- Following our inspection, the registered manager made us aware of a referral they had made to a local health service which was a positive example of partnership working.