

Bolton Council

Bridges Family Support Service - Bolton Council

Inspection report

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Date of inspection visit: 30 June 2015
Date of publication: 15/02/2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

The inspection took place on 30 June 2015. The provider was given 24 hours' notice as the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available on the day. The service was registered to support children and young people up to the age of 19 years, with a range of disabilities. At the time of the inspection there were 39 people using the service.

There was 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.

Summary of findings

People we spoke with felt the service was excellent and the staff and manager provided above average care and support. One young person who used the service told us, “Staff are funny, they keep me entertained and they are kind to me”. One person whose relative used the service said, “We receive fantastic support, the team enable me to spend some time with my other children which is really important”. Another person told us, “Staff are really reliable, always keep in touch by phone or text if anything changes like appointment times.”

The service took safeguarding concerns seriously and followed the local authority policy and guidance when dealing with safeguarding children and adults (age 18+) and the staff we spoke with demonstrated a good understanding of safeguarding issues. Where appropriate the service had attended and contributed to safeguarding discussions and meetings. We spoke with a professional social care worker who told us that the service had contributed to some complex safeguarding cases and their help had been invaluable in helping to reach a satisfactory outcome for all parties.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with young and/or vulnerable people. Young people who used the service were encouraged to participate in the interviewing process for potential employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

Staffing levels were sufficient to provide the level of care required. Arrangements were in place to cover any sickness or absences. Flexible working was encouraged and supported and this helped provide a good work/life balance for staff. It also helped the service to meet the needs of every individual young person who used the service.

Risk assessments were in place and were regularly reviewed and updated. The service endeavoured to balance risks with the young people's rights, wishes and goals to ensure positive outcomes for the young people who used the service. A further demonstration of the service's commitment to the client group they supported.

Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker. Staff demonstrated a good understanding of their roles and responsibilities.

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were given positive encouragement to undertake further, more specialised training appropriate to the work, including working towards Qualifications and Credit Framework (QCF), which is a nationally recognised diploma in health and social care.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management about on-going work issues. Professional Development Reviews (PDR) were held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. They were person-centred and included individuals' goals, wishes and achievements. The service was flexible and responsive to changing needs, desires and circumstances. Positive outcomes were personal to each individual and were celebrated within care files.

Young people who used the service and family members we spoke with said staff were caring and respectful. Some recent feedback we saw included the comment, “I like the way my child has been treated, with respect and consideration.”

Confidentiality was respected and independence was promoted. Young people who used the service were encouraged and facilitated to participate in discussions about their care and support. Some of the information was produced in easy read format to enable more of the young people to participate and alternative methods of communication were explored for those people who were non-verbal.

Information was given to young people and families at the start of the service to ensure they had an

Summary of findings

understanding of the support they could expect. Communication with families was on-going throughout the duration of their relative's involvement in the service. Young people who used the service were encouraged to pursue their interests and positive outcomes were celebrated. Staff ensured that they treated each person as an individual and tailored activities and support to them.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

The management were described as approachable by staff, families and other agencies and health care professionals. One professional said, "I have absolutely no negative comments to make, people thoroughly appreciate the service, the team are excellent and highly professional".

Best practice guidelines were followed and the service was innovative and creative in its approach to support. The management and staff were not afraid to challenge decisions and advocate fully on behalf of the people they supported, often with excellent results.

Feedback was regularly sought from families and users of the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples. The meetings were used as a forum to share current best practice guidance and keep staff up to date with new methods and innovation.

A number of audits were undertaken, results analysed and lessons learned from these to drive continual improvement in service delivery.

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. The service was committed to balancing risk and rights to ensure good outcomes for the young people who used the service.

The service followed the local authority policy and guidance when dealing with safeguarding children and vulnerable adults and the staff we spoke with demonstrated a good understanding of safeguarding issues. A professional social care worker told us the service's contribution to some complex safeguarding cases had been invaluable in helping to reach a satisfactory outcome for all parties.

There was a robust recruitment procedure in which the young people who used the service were encouraged to participate, demonstrating the service's commitment to a culture of inclusion. Staffing levels were sufficient to provide the level of care required.

Staff were trained to administer medicines safely and regular checks were made to help ensure staff's competence.

Outstanding



Is the service effective?

The service was effective. There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker.

Staff training was on-going and regular refreshers were undertaken. Staff were encouraged to undertake further more specialised training appropriate to the work.

Supervisions were undertaken regularly and Professional Development Reviews (PDR), held annually to ensure learning needs were met.

Care files were clear and comprehensive and contained relevant health and personal information.

Good



Is the service caring?

The service was caring. Family members we spoke with said staff were caring and respectful.

Confidentiality was respected and independence was promoted. Young people who used the service were encouraged and facilitated to participate in discussions about their care and support.

Information was supplied in appropriate formats to ensure they were inclusive.

Good



Is the service responsive?

The service was responsive. Care files were person-centred and included individuals' goals, wishes and achievements.

Young people who used the service were encouraged to be individual and to pursue their interests.

Good



Summary of findings

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Is the service well-led?

The service was well-led. The culture of the service was positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service.

The management were described as approachable by staff, families and other agencies and professionals without exception. Best practice guidelines were followed and the service was innovative and creative in its approach to support. Feedback was regularly sought from families and comments and suggestions acted on.

Supervisions and team meetings were regularly undertaken and staff said they were fully supported. We saw evidence that the service was not afraid to challenge other agencies or partners on behalf of the people who used the service.

A number of audits were undertaken, results analysed and lessons learned from these to drive improvement.

Outstanding



Bridges Family Support Service – Bolton Council

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 took place on 30 June and we gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We contacted the local Healthwatch service for information. Healthwatch England is the national consumer champion in health and care.

We spoke with five young people who used the service and ten relatives of people who used the service. We also spoke with four members of staff including the registered manager on the day of the inspection. We contacted seven health and social care professionals, around the time of the inspection and looked at records held by the service, including seven care files and five staff files.



Is the service safe?

Our findings

We spoke with five young people who used the service. All said they felt safe with the support they received. One young person told us, "I am safe and would talk to [the support worker] if I had any problems. Relatives of the young people who used the service told us they felt their loved ones were safe with the support workers who assisted them with their needs. We saw some recent feedback from relatives and comments included; "I feel comfortable with the team and trust them".

The service adhered to the local authority safeguarding children policy and the safeguarding vulnerable adults policy and were aware of how to raise a concern if they needed to. We spoke with three members of support staff who were all able to give a good explanation of safeguarding issues and could give details of how they would progress a concern as per the local procedures. All employees were required to undertake safeguarding level one and two training within their first six months of employment and then had regular annual update training.

Support staff we spoke with had attended and contributed to local child action meetings where appropriate. We saw that staff had access to a whistle blowing policy, which they could use to report any poor practice they may witness. We spoke with a professional social care worker who told us that the service had contributed to some complex safeguarding cases and their help had been invaluable in helping to reach a satisfactory outcome for all parties. When we spoke with staff about young people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a young person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This meant young people who used the service were protected by skilled staff who knew how to identify and prevent abuse from happening.

Staff undertook equality and diversity training and staff members we spoke with were aware of issues of discrimination and human rights. For example, one staff member explained about the importance of confidentiality and how this applied to the young people and families they supported. Another staff member had undertaken some enhanced training to enable them to deliver 'speakeasy'

training to parents. This covered physical and emotional development and helped parents to have a better understanding of the issues and to be able to participate fully in the on-going care and support required by their child. The way the staff members we spoke with talked about the families they supported demonstrated a high level of respect and inclusiveness towards everyone they dealt with. Health and social care professionals we spoke with described all the staff and management of Bridges as professional, respectful and non-discriminatory. This meant staff promoted equality and human rights principles in their approach and encouraged and supported others to do the same, by putting people who used services at the heart of what they do.

The service followed a robust, safer recruitment policy. This ensured that people employed had been interviewed, had supplied proof of identity and references and had been subject to Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with young people and vulnerable adults. We looked at five staff personnel files which included the information outlined above.

The registered manager told us that some of the young people, who wished to be involved, formed part of the interviewing panel for new staff. She said she felt it was important that the young people had a say in who was going to work with them. We saw evidence that the young people involved attended training sessions prior to being on interview panels to ensure they were well equipped to participate in this process. The registered manager commented that the young people often asked questions in an interview that the others on the interview panel had not thought of. She felt their participation was an important asset to the recruitment of new employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

Staff were supplied with appropriate equipment to help keep them safe. They all had work mobile phones to enable them to communicate with the office should they need to do this. They also had access to Personal Protective Equipment (PPE), such as gloves and aprons, to help ensure prevention of the spread of infection.

There were monthly rota meetings to ensure all the young people who used the service had the correct level of support in place for the following month. Arrangements were made in a timely way to cover for any sickness and absences. We saw examples of the rotas which



Is the service safe?

demonstrated that all those who used the service had their needs met in terms of staffing. The skills, knowledge, experience and training of each staff member was considered when rotas were being devised in order to ensure the correct level of support for each young person and family. For example, the service was committed to encouraging staff to access specialised training to help them support young people with particular health conditions and requirements. Complex training, such as tracheostomy care, tracheostomy basic life support, oral suctioning, gastrostomy feeding and total parenteral nutrition (TPN) for young people were unable to take nutrition through eating, was delivered to staff and planned for regular six monthly delivery. There was, therefore, a range of skills, expertise and knowledge amongst the staff and the service could then match the skills of the support workers to the specific needs of each person who used the service. This helped the young people and their relatives feel confident that their support worker had the correct level of proficiency to deliver care safely and to a high standard.

One support staff member told us they felt staffing levels were good and there were sufficient staff to deal with the current number of people who used the service. The staff member explained that, in the event of a member of support staff being off sick, the registered manager would do a ring around of staff to ensure all visits were covered. Additionally, the registered manager took an active role in delivering care and support and could be called upon to fill in if a staff member was off sick. Other staff members confirmed that this was the case. Another staff member told us that flexible working was actively encouraged. This helped provide a good work/life balance for staff and to meet the needs of every individual young person who used the service.

Risk assessments were undertaken for all the young people and were regularly reviewed, up to date and complete in the seven care files we looked at. These included general risk assessments as well as person-centred risk assessments that were specific to each young person and their family's particular needs and lives. Where young people displayed behaviours that challenged the service they were supported by appropriately trained staff who used various techniques and strategies to help minimise the impact of the behaviours. Staff worked closely with the young people to help them gain control of these behaviours, for example, working with other agencies to

help the young people to communicate effectively to reduce the levels of frustration they may feel when unable to express themselves. In addition, we saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective signs, gestures and pictures. This approach supported staff to create meaningful interactions with the people they were supporting in calm and supporting ways.

Accidents, incidents and near misses were recorded appropriately and we saw that accident and incident forms were discussed at a recent team meeting to ensure they were appropriate and meaningful. Efforts were made by the service to ensure risks of accidents were kept to a minimum, whilst ensuring they were not restricting people's lives. The service ensured lessons were learnt from the analysis of the accident and incident audits, to help ensure continual improvement to the service delivery.

We saw that the service went to great lengths to try to ensure that the young people they supported could access activities they wanted to take part in, whilst minimising the risks as much as they could. For example, there was a young person who used the service who wished to join a wheelchair football team. The young person had been told this would not be possible due to the risks involved due to them having a tracheostomy in place and the risk of this being dislodged if they slipped down in the chair whilst participating in energetic activities. The service balanced the risks against the advantages of a young person being enabled to be part of a social activity that they loved. A solution was found whereby the service helped design an adaption to the wheelchair restraint in order to keep them safe from slipping. This demonstrated the service's commitment to finding solutions, whilst minimising the risks so that young people in their service could be enabled to participate in an activity that they gained a great deal of enjoyment from.

Another young person had never been able to participate in school trips due to their health difficulties. The young person's individual goal was to participate in a school trip with their friends. School staff felt the risks of an acute medical emergency were too great and did not feel able to take responsibility for this but, as a response to the goal being identified by the young person, the service arranged for a member of their support team to undertake advanced training in order to provide the support required. This



Is the service safe?

young person recently participated in their first ever school trip and saw this as a massive positive achievement. This meant the service was committed to continuous improvement by using innovative ways to overcome obstacles, and in doing so promoting and enabling and people's dreams and aspirations.

We saw that all staff were required to undertake medication level 1 training as part of their induction. Within their first six months of employment they were required to complete medication policy training and competency programmes. Competence in this area was regularly

checked via observation of practice. We saw that some staff had undertaken further training, such as tracheostomy care, oral suction training, gastronomy training and epilepsy awareness to ensure they were equipped to provide the correct level of care and support for all the young people who used the service. This meant staff had the specialised skills required to ensure that young people received their medicines at the time they needed them, always in a safe way and in line with the Royal Pharmaceutical Society Guidelines.

Is the service effective?

Our findings

One young person we spoke with told us, “They [support workers] always turn up on time. We saw evidence of positive feedback from young people within their care files. Some feedback, dated February 2015, consisted of a range of smiley and unhappy faces. The young people ticked the most appropriate expression in answer to each question. All the files we looked at indicated that the young person in question was happy with their care and support.

We spoke with ten relatives of young people who used the service. One person said, “We receive fantastic support, the team enable me to spend some time with my other children which is really important”. Another person told us, “Staff are really reliable, always keep in touch by phone or text if anything changes like appointment times.” A third person commented, ““They [the service] are there for the whole family; the team keep us regularly updated.” We saw some recent service user and relative feedback and one comment read, “All staff support my children very well, very child friendly and focused”.

We spoke with seven health and social care professionals, who were all extremely positive about the service. One professional said, “I have absolutely no negative comments to make, people thoroughly appreciate the service, the team are excellent and highly professional”. They went on to say, “The team are very well trained to a high standard, we have every confidence in the staff”. Another person told us, “They [the service] are really good at sharing information and keeping us informed”. A third professional commented, “The work the team do is just fantastic; I’ve never had any cause for concern about the service.”

All staff were required to undertake a two week induction programme with the local authority, which included a range of mandatory training. They were then expected to take part in a service induction which included shadowing experienced staff members, undertaking briefing sessions and familiarising themselves with the local policies. Each new staff member was buddied with another member of staff to ensure they had access to an experienced person when they needed it. Although the service had not used agency staff recently, when they were used in the past they were required to undergo the same induction programme

as regular staff, to ensure their knowledge and skills were up to the required standards. New employees were given a staff handbook and a statement of purpose to refer to as required.

We spoke with three members of staff who were all able to describe their role and responsibilities very clearly. One worker said their induction period was “very good”, describing two weeks of formal induction, then a period of service specific induction, including opportunities to shadow and familiarisation with policies and procedures.

Staff attended regular on-going training throughout their employment and had regular updates of policies, procedures and guidance. This was disseminated via team meetings and individual supervisions as required. Staff refreshed mandatory training as required. We saw that there was a training matrix for each individual staff member kept within their personnel files. Training was regularly evaluated by the management to ensure it remained appropriate to the needs of the service.

The service employed a paediatric nurse who delivered some training and supported staff and families with health related issues. The nurse was also responsible for contributing to health related policies and procedures. One parent told us that their child used to hold their breath and how this would worry them and they would sometimes call an ambulance. They told us that the service had facilitated first aid training for them and they said “I now feel more confident about how to manage this situation.”

Supervisions were undertaken on a regular basis and all three support staff we spoke with told us they felt these sessions were useful and supportive. One staff member said that supervisions were planned for the year and held on a monthly basis, usually lasting for approximately two hours. The staff member told us the sessions were “incredibly valuable” and they described the support provided by the registered manager as “excellent.”

Personal Development Reviews were completed annually with each staff member. This helped the service identify further staff training and professional developmental which staff required.

The service arranged a home visit to each potential new user of the service and their family to assess and agree the needs of the young person and the way these could be addressed. They then completed a service agreement

Is the service effective?

which was signed by both the service and the family. A three monthly initial review of service was held to ensure the correct level of support was being provided and the person's needs were being met appropriately.

We looked at seven care files and saw that they contained a range of health and personal information about each young person. Regular contact was maintained between the service and health care services and we saw evidence of letters, referrals and other correspondence within the files. We saw that people were accompanied to health appointments when required and specialist services, such as Speech and Language Therapy (SALT) were accessed as required. There were examples within the care files of when the SALT team had worked closely with the service to secure a positive outcome for a young person. The service contributed an in-depth knowledge of the person and the

problems they may be experiencing with, for example, swallowing. The SALT team could then offer solutions and techniques based on a thorough understanding of the individual, ensuring the care plan was person centred.

The consent forms on care files we looked at had been signed by the parent or guardian of the young person referred to in the file. However, staff used appropriate communication methods, such as using simple sign language to ensure as much participation in decisions as possible. Documents such as care reviews were produced in easy read format, where appropriate, so that the young people could contribute to these.

We saw evidence within the care files that the young people's capacity to make their own decisions was considered and they were encouraged to express their views with whatever communication methods they used. All staff undertook basic training in Mental Capacity Act (2005) (MCA) as part of their induction.

Is the service caring?

Our findings

We asked the young people we spoke with if the support workers were kind. One young person said, "All the staff are nice, really nice". Another told us, "Staff are funny, they keep me entertained and they are kind to me". A third young person commented, "The staff are always kind, they do whatever I want". All the young people we spoke with said they had been involved with the decisions about their care and support.

We asked relatives if they felt the service was caring. One person told us, "Two of my children use the service it's really good, they are there for the whole family." Another said, "I am very happy with the service and I get on well with all the staff." We asked if people were kept up to date with their child's progress. One relative we spoke with said, "We get provided with a booklet that has pictures of how my child is developing and this is a really lovely thing the service offers, it gives me lots of comfort."

One of the professionals we spoke with told us, "We work really closely with the team and communication is very good, we never have any issues." Recent feedback from relatives included the comment, "I like the way my child has been treated, with respect and consideration."

We saw that families were provided with a Family Support Guide at the initial visit, to ensure they understood what support to expect and how to comment if they wished to. There was also a Children's Guide which was in easy read format and included information about the team, help and fun at home, days out, play and sports. There was information on who to contact if the young person was unhappy.

Young people and their families were introduced to support staff prior to commencement of the service and efforts were made to ensure consistency with support staff. This helped young people and their families to feel comfortable with the people around them.

Following the monthly rota meetings, letters were sent out to parents to let them know which staff would be supporting the young person on any given day within the month. Relatives we spoke with were happy that they always knew who to expect and said they were told in good time if any changes had been made to the rota.

The service followed the local policies around confidentiality of information and staff were able to explain the importance of this in their work. Respect and dignity were referred to by staff members we spoke with and their understanding of the need to respect the families they were supporting was apparent.

We looked at five care files and saw, within the documentation, that consultation took place with the young people and their families prior to commencement of the service. We saw evidence that independence was promoted and that the young people were encouraged and enabled to use their strengths and build their confidence. It was clear from review documentation that consultation and participation from the young people and their families was supported. Much of the information in the care files was also in easy read format, where appropriate, so that the young person could be as involved as possible in discussions and reviews about their support needs.

We saw that the service had access to advocacy services to help families who may be experiencing difficulties and need extra support. We saw an example of this service being used to assist a family with some legal issues. The family felt supported by the service and appreciated the help with this issue.

The service responded to comments made by families and the young people. Comments had been made at the monthly coffee and comments forum that people preferred to make their comments during a fun day out. As a response to these remarks the service used an annual festive fun day, at which people were asked to fill in comments/feedback forms. This had worked very well and people were happy that their suggestion had been taken on board.

We saw that service user feedback could be completed by the young people, as there was a section with a range of smiley to unhappy faces. The young person could tick the appropriate expression for each question. This helped them feel included and that their opinions with regard to their care provision were valued.

The service had three Champions of Service amongst the staff. One focused on files, one on complex health needs and a third on consultation and participation. These individuals shared their skills and expertise with other team members to enhance their knowledge and help them work to the best of their ability.

Is the service responsive?

Our findings

We asked people about the responsiveness of the service. One young person said, “They take me to football and help me to make friends”. Another told us, “They treat me really nicely, let me choose what I want for tea and what I want to do”. A third commented, “They always have time to play as well as helping”. A relative told us, “The service is very flexible, they often ask if we need extra help and will offer this if we need it”.

One professional told us, “The team is very person centred, they go above and beyond.” Another said, “When a new young person is referred, staff from the Bridges will come here and really get to know the young person before formally accepting them onto their books, this is a fantastic thing that they do.” A third professional commented, “Without the skills and training that the staff have, such as suction training and use of oxygen, we would not be able to transport the children with complex needs, they really do enable children to get to school and participate.”

We saw that the service attended a weekly multi agency resource allocation meeting. This helped to ensure that referrals were responded in a timely and appropriate way with the correct level of support to meet the family’s needs.

The care files we looked at included initial assessments, service agreements, an outline of support needs, staff guidance, work plans, running records, reviews, risk assessments, consent forms, positive outcomes, significant events, health profiles and personal information. All records we looked at were up to date and complete. The care files were easy to follow and clear. Running records within the files were comprehensive and included descriptions of activities, health issues, behavioural issues, discussions with family and any concerns.

The files were completely person centred, setting out the individual goals, aspirations and achievements of each of the young people who used the service. Each file included details of people’s “positive outcomes”, which reflected achievements made by the person. For example, one young person had an interest in drama, but did not have the confidence to join a drama group. Over a period of time the person was introduced to a drama group to watch; then

joined in wearing a mask or sunglasses, until they had found the confidence to manage without these aids. The person was eventually able to attend and fully participate in the drama group without any support.

It was clear from looking at people’s files and talking to families and other professionals that the service had a ‘can do’ attitude and made every effort to ensure people who used the service got as much out of life as they possibly could. For example, the young person wanted to join a wheelchair football team was facilitated to do so with the help of the service who designed an effective wheelchair restraint. This allowed the young person to participate in a sport they enjoyed and gained fulfilment from.

The service’s commitment to being person centred came through very clearly where there were siblings who both had the same disabilities, were a similar age and were both supported by the service. On looking at their care files we saw that it was documented that they did not always wish to be together or enjoy exactly the same pursuits and pastimes. It was clear from the personal information recorded that these two young people had very different personalities, aspirations and preferences. The service ensured that each young person was sometimes supported with an activity that was personal to them and that they spent time away from each other as well as sometimes being together. This demonstrated very plainly that the service saw these two young people as individuals.

We saw that the service listened to the young people and their families and tried to facilitate their wishes if possible. For example, one parent said they and their children had never been to a pantomime. The service responded to this and obtained tickets for a pantomime so that the whole family could enjoy the experience.

Staff had completed ‘three faiths’ training which is inclusive of people of all faiths and cultures, as well as those who are non-religious. Three faiths programmes work to build good understanding and relationships between all people and helps encourage tolerance and acceptance of other people’s beliefs. This helped promote good working relationships between the staff and families they supported.

The service followed the local authority policy and procedure on comments, complaints and compliments. All

Is the service responsive?

the families we spoke with said they had no complaints, but would know how to raise a concern if they needed to. One relative said they had, "Absolutely no complaints about the service, they are really very good"



Is the service well-led?

Our findings

There were robust management systems in place to ensure the service was well-led. We saw the registered manager was supported by a senior management team and there was regular monitoring of the service. This showed us that the registered manager and senior managers had oversight of the quality of the service offered.

The culture of the service was positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service.

The young people who used the service that we spoke with told us their families could get in touch with the service whenever they needed to. We asked the professionals we spoke with if they felt the service was well-led. One person described the service as, “Fantastically well managed and led by [the registered manager]”. They went on to say, “They [the service] always work in the best interest of the children and their families.” Another professional said, “They [the service] are creative... they value opinions and suggestions and are not prescriptive”. A third told us, “[The manager] should be very proud, they [the service] are second to none regarding reliability and commitment”.

A relative told us, “Staff are very approachable and very friendly; if it wasn’t for them I’d be really stuck”. The registered manager told us that all the families had their direct telephone number and could ring any time if they needed to. They told us, “When this happens we always respond promptly to any concerns that people have, offer advice and provide people with reassurance.”

This showed us that relatives were listened to, supported and the registered manager showed concern for their wellbeing.

We asked staff whether they felt the management was supportive and approachable. All those we spoke with said they felt fully supported by the management and one staff member described the registered manager as “fantastic”. All staff felt comfortable to raise issues and concerns or put forward suggestions and said they would be listened to and responded to. One staff member commented that support was really good and they considered Bridges an

“excellent place to work”. This approach demonstrated that the registered manager promoted an open and transparent ethos within the service and staff were encouraged to make their views and concerns known.

Staff meetings took place every month and the agendas were planned in advance and circulated in order for staff to add what they wanted to them. Minutes were distributed via e mail following meetings and any non- attendees were required to sign hard copies of the minutes to ensure these had been read. We saw minutes of recent meetings where discussions included policy updates, customer voice, accident and incident forms, comments and compliments, positive outcomes, review reminders, total parenteral nutrition (TPN) training and file updates. This showed us that the registered manager enabled open communication with staff by promoting an open and fair culture within the service, involving staff in developing the service.

We saw that the registered manager also used the meetings to share best practice with the staff team. We saw examples of the service using RGN guidance on complex health, All Policies Guidance, Person Centred Care and National Institute for Health and Care Excellence (NICE) guidance on a range of issues. A professional who worked closely with the services said, “Their person centred approach is a model; creativity is embedded in the service. The manager should be very proud, she commands respect, is very visual and very approachable”. This meant the service used recognised models of best practice, resources and support to develop and drive improvement.

We saw evidence that the service was not afraid to challenge other agencies or partners on behalf of the people who used the service where they felt necessary. For example, the service had managed to secure funding for an adapted bed for a young person who used the service. The application had originally been refused, as the bed was extremely expensive. However, this was challenged by the service, as the bed helped the individual to be independent and autonomous and this was felt to be hugely important in enabling the person’s self-reliance for the future. The challenge was successful, helping enable the young person to continue to live as independent a life as possible. This demonstrated how the registered manager was constructive in a motivating way by outlining the action others needed to take to promote the wellbeing of people who used the service.



Is the service well-led?

Supervisions were also undertaken monthly and staff described them as supportive, valuable and useful. Staff told us they were encouraged to develop professionally by the registered manager and that training opportunities were always on offer, including working towards Qualifications and Credit Framework (QCF), which is a Diploma in Health and Social Care, a nationally recognised qualification based on the Health and Social Care National Occupation Standards approved by Skills for Care & Development. This helped to ensure their skills, knowledge and practice were current.

The registered manager provided some direct observation of practice to ensure staff were working to the highest standards. Any issues observed were identified and addressed in an encouraging and supportive way via supervision sessions and we saw evidence of this within the supervision notes. The service encouraged staff to become champions in areas of particular interest to them. The registered manager described the Champions as “helping to embed best practice throughout the team”. This meant staff knew what was expected of them because enabling processes were in place for staff to account for their decisions, actions and performance.

Personal Development Reviews (PDR) were used to identify training needs. Away days were facilitated regularly and these enabled the service to analyse development and ensure they were supporting staff in the right way.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were quality assurance systems in place for the registered manager to ensure objectives were met. For example, we saw that a number of audits took place, some monthly and some quarterly. They included hand hygiene, compliments, comments and complaints, file audits, accidents and incidents. Spot checks of files were also undertaken by the management. Results of the audits were analysed and lessons learned from, for example, accidents, incidents and near misses, were shared with the team via meetings. All of these measures meant quality was integral to the service and the measures were used to drive improvement.

No recent notifications had been sent into CQC, but the registered manager was aware of what should be reported. She was also aware of the correct forms and systems to use.

A questionnaire was completed by families and the referring agency at the end of the service and these were evaluated by the service to ensure any concerns, complaints or comments were used to learn and develop the care delivery. Regular formal and informal feedback from consultation with families was also analysed and used to drive improvements within the service. This showed us that the service enabled and encouraged young people and those that mattered to them to provide feedback about their care, treatment and support.

We saw that staff, led by the manager, shared ideas about alternative methods of communication for young people who were non-verbal to help them participate in person centred planning. Staff were encouraged to share particular skills in verbal communication and interpretation of non-verbal communication with the rest of the team. Fraser competencies were used as a guide to help ensure staff were considering the capacity of a young person to make decisions and to encourage them to participate fully in decisions about their care and support by using tailored and inclusive methods of communication.

We saw evidence within care files, of excellent partnership working and all the professionals we spoke with felt the service worked excellently with a range of agencies and services. The service had also built up good relationships with outside agencies such as Bolton Octagon, BMBC Play and Leisure Service, Wildlife Trust, The Bolton Lads and Girls Club, Child and Adolescent Mental Health Services (CAMHS) and the Complex Health Needs team. This helped ensure excellent joined up care and support for the young people who used the service. This meant the service worked in partnership with key organisations to support care provision and service development.