

Mr Akintola Olapado Dasaolu

Bridlington House

Inspection report

4 Bridlington Avenue
Hull
Humberside
HU2 0DU

Tel: 01482217551

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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

Bridlington House is situated in central Hull and is within walking distance of the city centre, shops, local community centres and churches.

The service is registered with the Care Quality Commission [CQC] to provide care and accommodation for up to 22 adults who have mental health needs.

There are six single and eight shared rooms; four of the single rooms and two shared rooms have en-suite facilities. The home has communal sitting rooms, bathrooms and a shower room. There is a garden at the rear which is accessible and a parking area at the front of the building.

This inspection took place on 19 January 2016 and was unannounced. At the time of the inspection 17 people were living at the service.

The service was last inspected in March 2015 and was found to be compliant with the regulations inspected at that time.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained in how to recognise and report abuse; this training was updated regularly. They knew the importance of protecting people and upholding their rights. Staff had been recruited safely, and were provided in enough numbers to meet the needs of the people who used the service. People's medicines were handled safely and they received these as prescribed by their doctor. Staff had received training in how to safely handle medicines and this was also updated regularly.

People received food which was wholesome, nutritious and of their choosing. People were able to choose where they ate their meals and their dietary needs were monitored by the staff who involved other health care professionals when needed. People were supported by the staff to lead a healthy lifestyle and were enabled to access health care professionals when needed.

Staff had received training in how to ensure people's human rights were protected so they could make informed decisions about their chosen lifestyle. People were supported to make informed choices and decisions which were in their best interest. Systems were in place to make sure people were protected and did not take any unnecessary risks. Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the use of Deprivation of Liberty Safeguards. Staff had received training which equipped them to meet the needs of the people who used the service. We saw the training was updated when required and

staff were supported to gain further experience and qualifications.

People who used the service had good relationships with staff who were kind and caring. The interaction was relaxed and informal with lots of laughter and general friendly banter. They had been involved with planning their care and reviews were held on a regular basis to discuss this. Staff understood the importance of respecting people's fundamental human rights and knew how to uphold people's dignity. They also understood the importance of respecting people's wishes and not to judge people's chosen lifestyles.

Staff had access to information which described the person and their preferences. People who used the service could raise concerns and complaints and these were investigated where possible to the complainant's satisfaction. Activities were provided for people to participate in if they wished and they were supported by staff to access the local community and to keep in contact with family and friends. People were also enabled to access local facilities independently.

Systems were in place which gathered the views of the people who used the service and others who had an interest in their wellbeing. Staff were also consulted about the running of the service. Regular audits were undertaken to ensure people lived in a well-run, safe and well-maintained environment.

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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Is the service effective?

Good ●

The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people with their care and ensured they had an input into any decisions made.

Staff respected people's privacy and dignity and upheld their rights.

Is the service responsive?

Good ●

The service was responsive.

Activities were provided for people to choose from.

The care people received was person centred.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Is the service well-led?

The service was well-led

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Good ●

Bridlington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams, and the local NHS, were contacted as part of the inspection to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with four people who used the service. We also spoke with four staff including the registered manager.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Comments included, "The staff check up on me to make sure I'm ok", "They keep me safe when we are out and about" and "They take me to the shops as I don't like being out on my own." They told us they felt there were enough staff on duty. Comments included, "There's always someone around", "They spend a lot of time with you" and "I can always find someone if I need them."

When we spoke with staff, they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring.

Staff were able to describe the different types of abuse they may witness or become aware of which they stated included psychological, sexual, physical and emotional. They were aware of changes in people's behaviours which may indicate they were subject to abuse, for example becoming withdrawn or low in mood. They were also aware of physical signs which may indicate people were being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect people.

People's human rights were respected and they were not discriminated against because of their race or cultural beliefs. Staff understood the importance of respecting people's rights and ensured they were treated with dignity and respect at all times. People's right to lead a lifestyle of their own choosing was respected by the staff and they were supported in this. For example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People's care plans contained risk assessments which had been undertaken to keep people safe. These were individual to the person and contained information about how staff were to support people within the service and when going out into the local community. The risk assessments detailed what level of independence people had and their ability to undertake activities alone. Care plans contained contingency plans which people had agreed. For example, a few of the people who used the service could access the local community independently and plans were in place if people became distressed or felt threatened in any way while away from the service. The plans included emergency phone numbers and contact details of the service.

Assessments were in place which instructed staff in how support people who may display behaviours which could challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure people were safe and did not harm

themselves or others.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in a timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people's safety if the premises were flooded or services like gas and electric failed. People's care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency.

We saw the registered manager kept a record of all accidents and incidents which occurred at the service; these included any altercations between people who used the service or any other safeguarding allegations. The records showed what the incident was, however there was no record of what the registered manager did about the incident, who they contacted or what the outcome was. There was no analysis made of the incident or any record of learning. During conversation, the registered manager told us they had contacted the local authority safeguarding team and had followed their advice. When we spoke with the safeguarding team they confirmed the registered manager consulted them and our records showed the proper notifications had been sent to the Care Quality Commission. The registered manager agreed to develop a system which showed an audit trail of how the incidents were actioned and who had been contacted. This will be checked at the next inspection.

Following the last inspection, we made a recommendation about staffing levels and how these did not always effectively meet the needs of the people who used the service. During this inspection we found staffing numbers had been increased at certain times of the day and staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. Staff told us they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels. They told us, "The staffing levels are much better now, we don't seem as rushed" and "We get all our work done and have more time to spend with the customers."

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience of caring and supporting people. The files contained evidence of references obtained from the applicant's previous employer where possible, and evidence of checks undertaken with the Disclosure and Barring Services [DBS]. This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an ongoing stock control was kept. We looked at the medicines administration records and these had been signed by staff when people's medicines had been given; staff used codes for when medicines had not been given or refused. Unused or refused medicines were returned to the pharmacist, however these were not recorded. This could have the potential for some medicines not being accounted for and does not provide a good audit trail. This was discussed with the registered manager and they assured us staff would be instructed to use the medicines return book to record all returned medicines.

Is the service effective?

Our findings

People told us they enjoyed the meals. Comments included, "The meals are great, we always get plenty to eat", "The best meals you can get" and "I have put on weight, the meals are so good." People told us they felt the staff had been trained adequately. Comments included, "They seem to know what they are doing" and "They seem to understand my needs."

Staff told us they felt they received training which equipped them to meet the needs of the people who used the service. They told us they received training in health and safety, safeguarding adults, fire and infection control. Records we saw evidenced this.

Newly recruited staff received an induction and the registered manager told us they were developing this in line with good practise guidelines. Staff told us their induction had lasted for one week and they had covered all areas of the service. They said this included fire drills, health and safety and people's individual needs. They told us they had shadowed more experienced staff until they felt confident. Records we looked at showed staff received regular supervision and an annual appraisal to set goals and learning development for the next 12 months.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

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 were being met. The registered manager told us no one who used the service was subject to a DoLS and all could make informed decisions and choices. They told us, "Everyone here can make their own decisions but we keep a close eye out for any signs which might show any of the customers are having problems. We would do an assessment and hold best interest meetings."

People were provided with a wholesome and nutritious diet which was of their choosing. People's preferences had been recorded in their care plans as to what they enjoyed eating. The cook told us they had a good knowledge of people's likes and dislikes and made every effort to accommodate these within the menu. There was a choice of meals at both lunch and tea-time. The meal provided on the day of inspection looked appetising and well-presented. People's weight was monitored and referrals were made to dieticians when required. The lunch time experience was relaxed and informal with people sitting at the dining table talking with each other and the staff. Staff offered people choices and plenty of food was available if they

wanted more. Drinks were offered to people throughout the day.

People's care plans showed they had access to health care professionals when needed and were supported to attend appointments at their GPs and hospital when required. The outcomes of any appointments were recorded in people's care plans and changes made where necessary.

Is the service caring?

Our findings

People we spoke with told us they thought the care they received was good and they had good relationships with the staff. Comments included, "The staff are great, you won't find better", "They help me a lot and make sure I'm well cared for, I can go to them with anything" and "I think the staff are very kind, they're the best I've had." They told us they were involved with their care plans and attended meetings about their care. One person said, "I have meetings and I tell them about how I've been cared for."

We saw people who used the service had good relationships with the staff. We heard lots of conversations, general laughter and good natured banter. People were seen to approach staff for advice and other aspects of daily life. We saw staff approaching people sensitively and discreetly asking them if they needed any assistance. We heard staff asking people about their wellbeing and how they were feeling that day. Staff showed genuine interest in people and concern for their wellbeing, advising and talking to them about the best strategies to achieve their plans for the day, for example, visiting friends.

People's care plans showed their wellbeing was monitored on a daily basis. Staff recorded every time they undertook an activity with the person; this included all personal care tasks. Staff recorded any changes in the person's needs and if they had involved any health care professionals, for example GPs or district nurses. Charts were used if a person had a particular need that required more detailed monitoring; this included amounts people ate and drank throughout the day.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people's rights and upholding people's dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and they respected their right to say no. They told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

We heard staff asking people what they would like to do and how they would like to spend their day. There was an emphasis on keeping people active and supporting them to pursue individual hobbies and interests which staff supported them to achieve. People's preferred daily activities had been recorded in their care plans and they had been involved in this process. Staff recorded what they did to support people to lead their chosen lifestyles, for example, access the local community, keeping in touch with friends and relatives and maintaining their independence. People had signed their care plans to indicate they agreed its content and how they needed to be supported by staff.

The registered manager told us they had used an advocacy service in the past and this would be made available to people who used the service if they needed it. Staff told us they understood the importance of maintaining confidentiality when dealing with people's personal information.

We saw and heard staff knocking on people's doors around the building and they told us how they would maintain someone's dignity by keeping them covered while undertaking any personal care; they also made sure all doors were closed. We saw and heard staff encouraging people in a gentle way to keep mobile and undertake personal care tasks they were still able to do. Some people spent time in their rooms and staff respected their wishes and maintained their privacy, but also checked the person periodically to make sure they were safe or if they needed anything.

Is the service responsive?

Our findings

People told us they were involved with their care plans. Comments included, "I have seen my care plan and we have meetings about my care", "I get to sign my care plan and I know what's in it" and "I tell them I'm fine and have no problems." People told us they can undertake activities both inside and outside of the service. Comments included, "I go where I please really, we have had more activities and we made Christmas decorations" and "I go out a lot and there are some games we can play, I like being in my room and watch the television a lot." People told us they knew they had a right to complain and who these complaints should be directed to. Comments included, "I would see [registered manager's name] if I had any complaints" and "I know I can complain if I want to."

Care plans we looked at contained information about the person and their likes and dislikes. They also contained information about how the person's needs were to be met by the staff. Assessments had been done by the placing authority prior to the person moving into the service to ensure their needs could be met by the service. From these assessments a care plan had been developed. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person's needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed staff in what to monitor and what action to take to keep the person safe.

People's care plans contained a record of reviews undertaken which involved the person, staff and the health care professional involved with the person's care. The reviews recorded the opinions of all those involved, including the person, about how their care was being provided and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people's needs had changed rapidly, for example, deterioration in the person's mental health needs.

The staff supported people to access the local community and to keep in touch with friends and relatives. At the last inspection we had made a recommendation about seeking information which would enhance the activities provided at the service. We saw people's care plans documented what activities they had undertaken on a daily basis. These ranged from accessing the community independently to playing board games and undertaking various crafts within the service. The registered manager told us they were trying to introduce people to different experiences and had purchased a car so people could access local amenities and attractions more easily. They told us they had taken a group of people to The Deep [a local aquarium attraction] and they had enjoyed the experience. They had also taken people out to a pub for a meal before Christmas and this had also been enjoyed.

Some of the people who used the service chose to spend time in their room. Staff told us they were aware this could lead to social isolation and made efforts to engage people on a regular basis. Key worker notes showed staff spent time with people in their room talking or pursuing hobbies and interests. Staff also made sure people were offered to opportunity to participate in activities with others, for example, going out to local attractions, playing board games or pool. They told us they respected people's choices and

understood if they did not want to join in communal activities. One member of staff told us, "We try and help people join in but at the end of the day, if they don't want to it's their choice and we have to respect that."

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language. They told us they would read and explain the procedure to those people who had difficulty understanding it.

The registered manager told us they received very few official complaints, however, there was a system of recording these which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the Local Authority and the Ombudsman.

Is the service well-led?

Our findings

People who used the service told us they were consulted about how the service was run. One person said, "We have meetings and [registered manager's name] asks us if there's anything we want, or if we want to change anything." They told us they could approach the staff for guidance and advice. Comments included, "I ask the staff for advice, they sorted out my benefits for me" and "I can go to the staff or [registered manager's name] if I need any help." Another person said, "I love living here, it's the best place I've ever been; the staff are friendly and they help me a lot."

Staff told us they felt the registered manager was open and approachable. They told us they could ask him for advice and guidance and he was always willing to help. We saw the staff had good interactions with the registered manager. The registered manager had a good rapport with the people who used the service and had a good working knowledge of their needs.

Meetings were held with the staff on a regular basis; we saw minutes of these had been recorded. These showed various topics had been discussed, for example, new working practises, changes to any policies and procedures and the needs of the people who used the service. Staff told us they found the staff meeting beneficial and a good way of communicating. They felt the meetings gave them a good forum for discussion and the registered manager was open about the service and transparent.

The registered manager told us the deputy manager had left and they were actively recruiting a new one. The offer of the post had been made to senior staff and they were waiting their responses. They told us it would be a good developmental opportunity for some of the senior staff as they felt they were more than capable of taking on the role. Staff we spoke with understood the chain of command and that senior staff were available for them to approach to report any problems or incidents. They also felt the registered manager was accessible.

The service had links with the local church and other community facilities. People who used the service accessed these on a regular basis both accompanied by staff and independently. They were also encouraged to partake in local community events and use local facilities, for example, pubs and clubs.

The main aims of the service were to support people with mental health needs to lead as normal a life as possible. The service also kept people safe and took steps to ensure they were not put at any undue risk. People were encouraged to maintain their independence and to access the local community independently but knew they could depend on the service if they needed support or felt vulnerable.

The service operated within the restrictions of its regulated activity and the registered manager was aware of the necessity to inform the Care Quality Commission of any incidents which impacted on the welfare or wellbeing of the people who used the service. They were also aware of the importance of communicating with other agencies who had an interest in the wellbeing of the people who used the service; these included the local authority and health care professionals.

The registered manager undertook audits of the service to ensure people lived in a well-maintained, safe environment. These audits included medicines, care plans, staff training and the environment. We saw that any repairs were undertaken promptly and decoration of the premises was undertaken as required.

The registered manager had a system in place which sought the views of the people who used the service and others who had an interest in their welfare. Views were mainly gathered using surveys. The results of these were collated and a time-limited action plan put in place to address any shortfalls or issues raised. The registered manager also held meetings with the people who used the service and actively sought their views and opinions about any changes.