Care Quality Commission

Community Therapeutic Services Limited

Bridgwater Court

Inspection report

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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

Overall summary

Bridgwater Court is a three storey modern property. It offers individual accommodation in single occupancy flats. The home is registered for up to 12 people who have a Learning Disability and/or Mental Health difficulties and who may present behaviours which challenge the service being provided. There is a communal hallway which provides access to all the flats. The ground floor flats are accessible to people who may have mobility or access problems.

This inspection took place on 2, 11 and 12 February 2015 and was unannounced.

There is a registered manager who is responsible for the home. 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.

We last inspected this service on 24 June 2014 and 3 July 2014. Following this inspection we asked the provider to

Summary of findings

make improvements in how they protected people from the risk of abuse and how they assessed the needs of people prior to them moving to the home to ensure they could be met.

Following the inspection in June and July 2014 the provider sent us an action plan to tell us the improvements they were going to make, which they would complete by December 2014. During this latest inspection we looked to see if these improvements had been made.

The service had made the required improvements since our last inspection. People's safety had been improved; the provider now gave greater consideration to the impact of people's behaviours on others living in the home. We saw comprehensive and detailed preparations had been made for one person who might come to live at the home. People who had already moved to the home had a detailed assessment which identified their background, wishes, preferences and support needs.

People said they felt the home was a safe place for them. They were able to take risks as part of their day to day lives. People said staff understood their needs and provided the care and support they needed. One person said "I like living in my flat; I'm happy here. It's good fun sometimes."

The service supported people with diverse lifestyles and care needs. People used many community facilities and were encouraged to be as independent as they could be. People said they were happy with the care they received. One person said "I wouldn't want to move from here."

People had one to one staffing and also received high levels of support from health and social care professionals, both from the provider's own clinical team and externally. Staff provided care to people whose behaviour challenged the service provided in a supportive and planned way. One person said "When I'm like that staff give me time and space to calm down."

People were involved in planning and reviewing their care and support; they spoke with staff if they had any problems or concerns. People knew how to make a formal complaint if they needed to but felt that issues could usually be resolved informally.

Staff had good knowledge of people including their needs and preferences. Communication throughout the staff team was good. Staff were well supported and well trained; there were good opportunities for on-going training and for obtaining additional qualifications. All staff spoken with said the training and support they received was "very good."

There was a management structure in the home which provided clear lines of responsibility and accountability. The management team strived to provide the best level of care possible to people with complex needs. Staff had adopted the same ethos and this showed in the way they supported people.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. One person's relative confirmed communication was "two way." They said the deputy manager and key workers kept them well informed.

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?

Good

The service was safe. People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and to be as independent as they were able to be.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People made decisions about their day to day lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care and treatment. When people displayed difficult behaviour, the staff managed it well.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive. People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People made choices about their lives. They used many community facilities and were supported to follow their personal interests and hobbies.

People shared their views on the care they received and on the home more generally. People's views were used to improve the service.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team. Senior staff led each shift to ensure the quality and consistency of care.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Good community links were being developed.

Summary of findings

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Bridgwater Court

Detailed findings

Background to this inspection

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

This inspection took place on 2, 11 and 12 February 2015 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. This included previous inspection reports and the Provider's Information Return (PIR). The PIR is a return completed by providers giving key information about the service, what the service does well and improvements they plan to make.

We spoke with two people living at the home, one person's relative, six members of care staff, the registered manager, the acting manager and the deputy manager. We also contacted five health and social care professionals who are involved with this service to gather their views on the care and support provided at the home; one responded to us. We observed how staff supported people, reviewed four people's care records and other records relevant to the management of the service.

Good

Is the service safe?

Our findings

When we inspected the service in June and July 2014, we asked the provider to improve how they protected people from the risk of abuse and from the behaviour of others. The provider sent us an action plan, as requested, telling us they would make the required improvements by December 2014. During this inspection, we checked to see if these had been made and found they had been.

The provider now gave greater consideration to the impact of people's behaviours on others living in the home. Prior to the last inspection we had been notified of numerous incidents where people had placed themselves or others at risk due to their behaviours. Following improvements made by the provider, incidents had significantly reduced.

People spoken with said they felt the home was generally a safe place for them. People did display anti-social or aggressive behaviour towards staff and others who lived at the home but there were clear plans in place to help to manage these incidents. One person said "I'm happy here but (a person in the home) shouts at me. Sometimes I shout back, sometimes I ignore them. I've assaulted staff quite a few times. When I'm like that staff give me time and space to calm down." People were aware of the consequences of this type of behaviour. One person told us "If I hit anyone it's assault. I might not be allowed to live here anymore if I hit people or assault them."

Staff had received training in safeguarding adults, how to support people who were displaying difficult or aggressive behaviours and in appropriate methods of restraint. The staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information for staff about safeguarding and whistleblowing available in the main office. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. One social care professional said staff had a good knowledge of safeguarding.

People were able to take risks as part of their day to day lives. People used community facilities such as the local shops, cafes, the gym, cinema and swimming pool. They also cooked for themselves and helped to keep their flats clean and tidy. Some people chose to smoke or to drink alcohol; one person was learning to drive a car. Risks to people had been assessed and measures put in place to reduce or eliminate the risks if this was possible. Some people had personal agreements in place where they were at particular risk; for example one person had signed agreements which allowed staff to monitor their internet access and alcohol intake.

The provider checked staff were suitable before they commenced employment. Staff personnel files showed that new staff were thoroughly checked to make sure they were suitable to work with vulnerable adults and had the appropriate skills to support people safely. People had one to one staffing, although people could ask staff for some time alone in their flat if they wished. For some people staffing increased to two to one when they went out. People knew that staff helped to keep them safe. One person told us "I've run off twice. I don't do that anymore. I know I shouldn't go out without staff." Staff wore personal alarms to summon assistance if this was required. In addition to the care staff on duty, other staff worked in the building such as the acting manager and deputy manager, who could also be called upon if help was required.

Staff spoke with us about how they helped to keep people and themselves safe. They said day to day risk management was a key part of the service. Risks were recorded and reviewed at each staff handover meeting. Staff explained risks could sometimes change during the day; they could be long standing or only considered for a short period as people's behaviours changed. One staff member said "The aim is to balance risks to people, to others and staff with need for people's independence."

CCTV was used in communal and external areas of the home to help to ensure people's safety. Staff told us it was important that they could see when people left their flats (when not supported by staff) and when people were displaying behaviours which may challenge the service. The footage could only be viewed in the main office by staff. The was signage to confirm CCTV was in use. There were suitable arrangements in place if emergencies occurred. There was an on-call system in place so staff always has access to a senior member of staff who could provide advice or assistance. Each care plan contained the person's photograph and contact telephone numbers in the event of an emergency.

Good

Is the service safe?

People had prescribed medicines to meet their health needs. People also took additional medicines when they needed to, for example when people were particularly anxious. Some people would be able to ask for these medicines; for other people there were clear guidelines in place for their use. Medicines were kept securely and medicine administration records were accurate and up to date. Any unused medicines were returned to the pharmacy for safe disposal when no longer needed.

Staff supported most people to take their medicines. Staff said they always checked to ensure the correct prescription and dose was given to the right person. Staff told us they received medicines training from the local pharmacy. This was confirmed in the staff training records. One person told us they were responsible for their own medicines and took them when they needed to. They said “I look after my own medicines. I keep them in my flat. I know what they are for and why I have to take them.”

Good

Is the service effective?

Our findings

People told us staff understood their care needs and provided the support they needed. The staff team were supported by health and social care professionals. Two of the provider's directors were clinical psychologists. People saw their GP, dentist and optician when they needed to. The service also accessed specialist support from a speech and language therapist, a consultant psychiatrist and a community nurse.

There was a high level of input from health and social care professionals, both from the provider's own clinical team and externally. We read that people's needs were discussed in some detail and specific care approaches agreed and reviewed by various professionals.

The home supported people with diverse health care needs. People's care was tailored to their individual needs. For example one person had a severely disturbed sleep pattern which adversely affected them. Staff had therefore provided greater support in this area. We noted that this person's sleep pattern had improved. Another person told us they made their own appointments to see a GP or a nurse when they needed to; they said they "needed to let staff know" which they were "happy to do."

The PIR stated the provider had developed a training plan which included induction, mandatory and specialist training and support for staff to obtain professional qualifications. The staff training records confirmed that all new staff received a thorough induction before they supported people. All staff received mandatory training such as first aid and health and safety. Staff had been provided with specific training to meet people's care needs, such as caring for people who had previously offended. Most staff had either attained or were working towards a Diploma in Health and Social Care. One social care professional said staff had good skills and knowledge.

Staff received regular formal supervision and annual appraisals to support staff in their professional development. There were regular staff meetings and a handover of important information when staff started each shift. All staff spoken with said the training and ongoing support they received was "very good."

Most people were able to make their own decisions as long as they were given the right information and time to decide. Some people were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff showed that they were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. Staff knew that people's ability to make choices could fluctuate. We looked at care records which showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing an individual's ability to make a particular decision. For example, one person did not understand health implications of poor personal care so a care approach had been developed in their best interests. This guided staff to enable them to work in a structured way with this person.

Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We looked at the records for one person who had a current DoLS order in place. These showed that the correct legal process had been followed to ensure this person's rights were protected.

CCTV was installed but the provider did not currently have a policy in place to support its use, although this was being developed. Some people would not have been able to consent to being filmed and there was no evidence that the appropriate best interest process had been followed to protect these individuals' rights. This was discussed with the provider during the inspection. They confirmed discussions with each person's funding authority had already taken place and that the correct documentation would be put in place to show the decision to film people had been made in their best interests.

People had complex care needs and their behaviour could challenge the service being provided. Care plans and risk assessments were in place for people who needed support when they were anxious, upset or aggressive. Staff were able to physically intervene or restrain some people as a last resort if they posed a serious risk to themselves or others. All staff had been trained to use these techniques in

Good

Is the service effective?

a safe and controlled way. Records showed that in the past 12 months staff had to physically intervene nine times. Each of these incidents was reviewed as the aim of the service was to reduce or eradicate the use physical intervention or restraint.

Each person lived in a self-contained flat, which had its own kitchen. People shopped for themselves and decided on the meals they wished to eat. Staff helped people to cook meals in their flats. One person showed us the food they had bought for themselves; a staff member was helping them cook lunch. They told us "I chose what I want to eat and do my shopping. I look after all my own money. I like to do a little cooking. The staff help me though."

Staff tried to ensure people had a varied, balanced and healthy diet, although this proved a challenge at times. When staff became concerned about a person's diet or their weight this was responded to. For example one person's weight had become a cause for concern. Staff had provided advice and support on portion sizes and healthy eating. This person had responded well to this approach and had lost weight.

Good

Is the service caring?

Our findings

People were able to discuss their care and support needs with staff. They were able to make choices and decisions about their lives. One staff member said "It is important to listen properly. Show you want to be there. If a person doesn't want to talk to you then be aware they may talk to someone else at another time if they are offered the opportunity."

People were encouraged to be as independent as they could be. Staff understood that some people made "very small steps towards goals" and they "learn to appreciate small victories for people." Some people were responsible for their own personal care; others needed much higher levels of support and encouragement from staff. Staff provided as much support as each person required. People appeared to have developed good, trusting relationships with staff. One person said "I like living in my flat; I'm happy here. It's good fun sometimes. I like the staff, although I get on better with some than others."

We observed caring and friendly interactions between people and staff. People were able to share a joke with staff; there was lots of good humoured banter. Staff took time to ensure each person knew we were carrying out an inspection of the service. They asked people if they wished to speak with us. People were given the choice of speaking with us privately but those who chose to speak were happy to do so with staff present. People said they were happy with the care they received. One person said "I wouldn't want to move from here."

One relative told us staff were very good at communicating with them. They encouraged the person living at the service to maintain links with their family. They told us they felt the service encouraged and supported their family member.

Staff treated people with respect. The PIR stated staff followed a model of care "based on positive values and modelling and coaching principles." Staff were very positive and encouraging towards people; they discussed issues with people in an honest and open way. One staff member had a discussion with one person who thought some staff "nagged" them. Another person told us they had recently started a 'star reward board' to encourage them to be more independent. Earning enough stars led to them choosing a reward, such as a day out. This person told us they thought this was a good idea; they had achieved enough stars and planned to go ten pin bowling as their 'reward'.

People were supported to maintain their privacy. Each person lived in their own flat so they had their own private facilities, such as a kitchen, lounge, bathroom and bedroom. People had their own keys so they were able to lock their flats. We saw that people answered the door to their flats if they were in and locked their door when they went out. One person showed us around their flat; they said "This is my flat. I know that I can ask staff to leave me for a while if I want them to."

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. Some people had their own mobile phones which they used to keep in touch with others. People were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis. One person had recently visited his mother and sister. Another person told us they speak with their foster parent and their brother on the phone regularly.

Whilst people were mostly able to make their own decisions, an advocacy service was available if people needed additional support. Details of the advocacy service were included in each person's guide to the home.

Good

Is the service responsive?

Our findings

When we inspected the service in June and July 2014, we asked the provider to improve how they assessed the needs of people prior to them moving to the home to ensure their needs could be met. The provider sent us an action plan, as requested, telling us they would make the required improvements by December 2014. During this inspection, we checked to see if these had been made and found they had been.

We saw comprehensive and detailed preparations had been made for one person who might come to live at the home. People who had already moved to the home had a detailed assessment which identified their background, wishes, preferences and support needs. Each person had a transition plan, which explained how best to support people during their move to the home. An initial care plan was developed from the original assessment. This was changed or added to as people settled into the home and staff started to build relationships with them. The care plans we looked at were detailed and had been kept up to date. The provider was in the process of improving the format for care plans when we inspected. The new format appeared to be clearer and more concise which should make them more accessible to staff and easier to update.

People participated in the assessment and planning of their care through regular conversations with staff and meetings with health and social care professionals involved with their care. Each person's key worker reviewed their care needs and preferences as part of a monthly key worker report. The clinicians employed by the provider met weekly to discuss each person's progress. They made any necessary changes to people's care plans; staff were told of any changes and asked to follow the new approach to ensure consistent care and support was provided.

Each person received one to one care and support. They were able to plan their day with the staff member who was supporting them. On all three days of our inspection people were busy, coming and going at various times.

People spoken with told us they were able to do the things they wished to do. One person said "I do lots of things really. I like to go out; staff come with me. I go to the gym, go swimming, I like bike rides, I go to the shops and go out in the evenings as well. There's a disco I go to." Staff were sensitive to people's "health and moods." They knew this could affect what people wished or were able to do so they needed to "re-assess all the time."

The care records showed that people's lifestyles varied. Some people liked to do many activities; others chose to do much less. Staff provided support and encouragement to people to help them do more or try new things. One person said "I like to go out for a coffee every day. I go to church some Sundays and I go to the disco. I don't really want to do much else out. I like gaming so spend time at home doing that. I can knit. I'm knitting a bed cover at the moment so I try to get on with that." We noted that this person did other activities which they had not told us about and had been supported to go swimming which they had not done for some time.

One relative told us how the service had accepted ideas and suggestions to make their family member's days more enjoyable. They told us the staff had worked closely with them and the person to enable their social and recreational needs to be met.

There was a complaints policy and procedure in place. The complaints process was also explained in people's guide to the service. People did not raise any concerns with us during our inspection but they knew they could complain if they were unhappy about their care or the service more generally. One person said "I have complained about things before and it was sorted out for me."

We looked at the records of complains which had been made in the last 12 months. These had been taken seriously and investigated in line with provider's policy. Where these had been upheld appropriate action had been taken. For example one person moved from one flat to another as a result of their complaint.

Good

Is the service well-led?

Our findings

There was a registered manager who was responsible for the home. The home was managed day to day by an acting manager supported by one deputy manager and a small team of senior staff. There was an 'open door policy' where staff could talk with the acting manager or deputy manager informally if they needed support or advice. Staff did this on each day of our inspection.

The acting manager and the deputy manager said they had a really good team who put people first. Care staff were always willing to help out and learn new skills. They felt staff were committed to people and put people at the heart of what they did. One member of staff said "The support is good. We can always discuss things. We also have 'bite sized training' which can be anything from discussing and trying to understand one person's behaviour to exploring an MCA issue."

The PIR stated the aim of the service included "embedding person-centred approaches and the pro-social modelling agenda." To ensure staff understood and delivered this ethos they received training specifically tailored for people with complex care needs. A comprehensive induction programme was in place for new staff and there was continuing training and development for established staff. One staff member showed us their personal development file. This showed in addition to core training they had researched various conditions such as autism, bi polar disorder and ADHD.

The service ethos and practice was reinforced each day at staff handover meetings. Staff had up to one and a half hours to discuss how people had been and be advised of any changes to people's care and support each time they started their shift. The service also used staff meetings and one to one supervision sessions to allow staff to discuss their practice and to identify areas for improvement or where additional training or support may be required.

People told us they were happy with the care and support they received. They found staff easy to talk to and they knew they could speak with the manager or the deputy if they needed to. One person's relative confirmed communication was "two way." They said the deputy manager and key workers kept them well informed.

People shared their views on the service through formal and informal discussions with staff each day. People were also offered the opportunity to complete a weekly feedback form. Some people chose to complete these; others preferred to have discussions with staff. Where people had asked for extra support, as one person had to help them deal with a family issue, this had been provided. The provider had also distributed questionnaires to people, their relatives and health and social care professionals as part of an annual quality review. The review was ongoing when we inspected so we were unable to review the results.

The home was located in the centre of Bridgwater. People had easy access to community facilities and were part of the local community. The provider had strong links with local health and social care professionals. They worked in partnership with them to ensure people received a good standard of care. Other community links were being developed such as with the community police officer. They regularly visited the home to speak with people. Some people in the home historically had a negative view of the police so this was seen as building a more positive relationship with them. One person told us "The policeman popped in to see me. He said well done to me as my behaviour has improved."

The provider had a quality assurance system to check policies and procedures were effective and to identify any areas for improvement. Staff carried out a programme of weekly and monthly audits and safety checks. The local authority contract compliance team had carried out a review of the provider on 1 September 2014. They identified four areas for improvement following this review. A follow up review was carried out and found that all four recommendations had been acted upon.

The provider participated in forums for exchanging information and ideas and promote best practice. These included the Avon and Wiltshire positive behaviour network, the southwest positive behaviour and restrictive practice advisory group and Dorset and Somerset clinical forensic psychology.

All accidents were reported and the reports were checked by the acting manager. These were then sent to the provider's head office for further review. Incidents were recorded and each one was discussed formally at the weekly clinical meetings and informally with the staff at the home. No formal analysis of incidents was carried out to look for trends or patterns.