Cartref Homes UK Limited

Bridge House

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

Summary of findings

Overall summary

Bridge House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, Bridge House was providing care services to four adults with mild, moderate or complex learning disabilities, autism and mental health, some of whom had additional behaviours that challenged services.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager at the service. 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.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice.

People were supported to maintain a healthy diet and all health needs were met with the support from staff.

People continued to have access to healthcare services and were involved in monitoring their health needs.

Staff understood how to prevent and manage behaviours that may challenge the service.

People had developed positive relationships with staff and there was a friendly, calm, relaxed atmosphere within the home. Staff knew people's likes, dislikes and preferences well and supported them to engage in activities of interest.

People continued to be treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Medicines continued to be managed safely and people received their medicines as prescribed.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

People continued to be supported by staff who had the right skills, knowledge and experience.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

There were policies and systems in place that ensured people would be listened to and treated fairly if they complained about the service.

The service was kept clean and hygienic. People were protected by the prevention and control of infection.

There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The organisation's visions and values centred around the people they supported, which ensured their equality, diversity and human rights were respected.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bridge 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 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 was a comprehensive, unannounced inspection. It took place on 11 April 2018.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we spoke with two people using the service to gain their views about the service. We spoke with four members of staff on the day of our visit. They included the registered manager, one acting deputy manager, one acting team leader and one support worker. We also observed the interactions between people who used the service and staff throughout the day.

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative.

We reviewed two people's care files, which included care plans, health records, risk assessments and daily care records. We looked at three staff recruitment files, a selection of policies, procedures and records relating to the management of the service.

We asked the provider to send us more information about staff training. The provider sent the information to CQC in a timely manner.

Good

Is the service safe?

Our findings

People told us that they were supported safely. One person said when asked if they felt safe, "I feel safe here. Staff know me. If I didn't feel safe here, I would tell my parents or my care manager." Another person commented, "I feel that I am safe here. If I felt unsafe, I would speak to the manager or senior support worker."

A relative told us, "I feel Bridge House is safe. Staff do their best to keep [person] safe."

Staff continued to be aware of the safeguarding procedures in place. They had attended safeguarding training and were aware of how to recognise and report abuse. The registered manager and staff demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. A member of staff told us, "If I had any concerns, I would speak to the manager and take action from there." There was also a whistleblowing policy that staff could access. This gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. Staff knew how to raise whistleblowing concerns and one staff told us, "I am confident to whistle blow and would contact senior management, CQC or the local authority."

Comprehensive risk assessments continued to be in place. These were updated regularly to reflect the actions staff would take should the risk occur. For example, contacting the next of kin and emergency services without delay should people abscond from the service. People were supported by staff who were aware of the risks to them on a daily basis. Staff we spoke with were able to describe the risks to particular individuals and how to manage those risks. For example, one member of staff told us, "We have to be aware of any changes in the person. When they are becoming upset, they might be abrupt in their communication and be resistant to any motivational support we offer to them." The registered manager told us that following a self-harm incident, they had reviewed the relevant risk assessments and identified that they had to remove all sharp objects from people's bedrooms to reduce the risk of a similar incident from happening. The lessons learnt were shared with staff and relevant healthcare professionals. We confirmed this with the staff we spoke with and from the records we saw.

People continued to receive their medicines safely from staff who had been trained and assessed as competent. People received their medicines at the prescribed time. We found regular medicine audits had been completed to ensure medicines were stored, handled and administered safely. We saw room temperatures were monitored to ensure that they did not go above the manufacturer recommended temperatures for the safe storage of medicines. We saw records to confirm that regular stock counts were completed to ensure that inventories were correct. We reviewed medicines administration records (MAR) and found them to be accurate. We also saw records to confirm when specialist doctors had reviewed people's medicine to ensure there were on the right doses.

People were protected from the risks of infection and staff followed appropriate guidance. Staff had received infection control training and were observed to be wearing protective clothing and washing hands

before and after delivering support to people. The registered manager completed infection control audits to ensure best practice guidelines were followed. The registered manager told us if any actions were identified, they provided feedback to staff and implemented necessary changes. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

Regular health and safety checks and fire drills took place in order to ensure people were protected from harm. Staff and records confirmed that daily health and safety checks took place and fire drills took place regularly. There were personal evacuation plans (PEEP) in place to ensure staff knew how to support people to evacuate in the event of a fire.

There continued to be robust recruitment checks to ensure staff employed were suitable to work in a health and social care environment. Staff folders evidenced that two references, qualifications, identity checks and Disclosure and Barring Service checks (checks made by the employer to see if staff had previous convictions) were completed before staff started to work at the service. This meant people were supported by staff that had undergone the necessary checks to ensure they were able to support them safely.

There were enough skilled staff to support people. When we asked people if there were enough staff to support them, they responded positively. One person said, "I feel there are enough staff here. Plenty to go around." We observed staff respond promptly to people's requests to go out or to participate in activities. We reviewed rotas and saw that staffing levels were consistent with what staff and the management told us. They showed a mixed skill set with the registered manager, an acting deputy manager and a team leader available every week day. Staffing level was the same over weekend. Absences were covered by other regular staff to promote continuity of care and make it easier for people who used the service as they preferred staff who knew them well.

The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. Accidents and incidents were recorded and remedial action taken, where necessary. For example, staff recorded if medical interventions were required and any preventative measures put in place. They also recorded details of external professionals contacted and advise given.

Good

Is the service effective?

Our findings

People said they were happy with the staff who supported them. One person said, "I get a lot of support from the staff." Another person said, "The staff seem to know what they are doing. I don't need much support. I am independent." A relative told us, "I feel very happy with the support the staff are providing to [person]. They have the right skills and know what they are doing."

People's care continued to be effectively assessed to identify the support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, what people like, what makes people feel unhappy, people that were important in their lives and details of any aspirations and dreams.

Records evidenced that the registered manager worked with the in-house consultant clinical psychologist and assistant psychologist to develop and prepare individual support guidelines, in consistence with people's positive behaviour support principles. These guidelines were based on previous reports on people's life histories, risk behaviours, as well as in consultation with current and previous care teams. The guidelines provided guidance for staff to follow when working with people in the service.

Health care needs were continued to be met in accordance with people's medical needs. For example, from GPs, community mental health teams, clinical psychologist and forensic psychologist. Staff sought assistance appropriately and followed professional advice. Positive health was promoted through healthy eating, regular review of people's prescribed medicines and medical checks. Each person had a health care passport with information relevant to their support needs, should they require admission to hospital. This contained information on things that hospital staff would need to know about the person, things that were important to the person and their likes and dislikes. We saw these were reviewed as part of people's care records review.

At the previous inspection, we found people were supported to access sufficient food and fluids. At this inspection, people told us they continued to have sufficient food and drinks to support their nutritional needs. People were able to prepare their meals independently or with minimum staff support. One person told us, "I cook my own meals here without support. I enjoy cooking lots of things; roast chicken, stir fries, spaghetti bolognaise." Another person said, "I make my own food choices. The staff may suggest I eat a healthier diet, such as less fatty sausages. I do the cooking myself. I do my food shopping with staff support." There was evidence people were supported to make choices about the meals they enjoyed. People had the opportunity to participate in a house meal on every Sunday, with all people living in the service. Each person contributed by helping with the meal preparations, cooking, washing up and tidying up after the meal. The registered manager told us that people's nutritional needs were reviewed regularly and they would make referrals for specialist advice if necessary, for example, from GPs and dieticians.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of

people who lack the mental capacity to make specific decisions for themselves. We found the service continued to work within the principles of the MCA 2005. The registered manager had a good understanding of the MCA 2005 and staff had an understanding of how these principles applied to their role and the care they provided.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had made a DoLS application for people using the service for their protection and legal authorisation had been agreed and put in place to lawfully deprive people of their liberty, for example, to access the community with staff support. The registered manager had a system for ensuring they reapplied for authorisations in good time for them to be reviewed.

Where people had been assessed as having the capacity to understand and consent to issues such as agreeing staff should support them with their medicines or in meetings, this was recorded within their care plans. This consent to care was periodically reviewed. Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear where people had the mental capacity to make their own decisions, this would be respected. One person told us, "The staff ask me before they do something." Another person said, "The staff listen to what we say. The staff always knock on my bedroom door before they come in. I can lock my bedroom door."

Staff had completed an induction when they started work at the service, which included the nationally recognised Care Certificate as required. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. Staff said the induction helped them understand the work and they shadowed an experienced staff member which helped them understand each person's specific support needs. During staff probation regular meetings were held to ensure the correct amount of support was being provided.

Staff told us they continued to have access to training to give them the necessary skills and knowledge to provide people's care and to carry out their roles and responsibilities. Training records showed that staff had completed training courses relevant to their role to effectively support the people they looked after. These included first aid, fire safety, health and safety, mental capacity, safeguarding, autism awareness and positive behaviour support. They also said they were given opportunities to gain qualifications relevant to their roles. One staff told us, "We have the opportunity to develop further; I am currently preparing to run a positive behaviour support workshop for the staff team."

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "I find the supervision meetings very helpful and constructive." Another staff told us, "Supervision is easy going. The registered manager is thoughtful and considerate." Records showed that staff received regular supervision and an annual appraisal during which each staff member had their performance reviewed. Supervisions covered discussions on changes in people's needs, training and development, job role and responsibilities. The registered manager told us that they had recently started to discuss positive behaviour support (PBS) in staff's supervisions. Staff discussed how they implemented PBS during their shift, any proactive strategies they used, what worked well and what did not work so well. This gave staff the opportunity to reflect and share good practice.

People's diverse needs were promoted through the way the premises were used. People had a variety of spaces in which they could spend their time. People's bedrooms were decorated according to their choice and were personalised with posters and pictures. The communal lounges had people's photos on display

and showcased the recent activities they had engaged in, for example, quad biking. People also had access to a garden which was tidy and surrounded by fencing.

Good

Is the service caring?

Our findings

The service continued to be caring. People had developed positive relationships with staff over time as they were supported by the same staff on a regular basis. People told us, "The staff are caring. If I want help after I have bought my food, they help sort out my change in a helpful way. They are very good. When I am doing my job, the staff help me like a mate would, without getting in the way", and, "Staff are caring." A relative told us, "Staff are caring in their approach towards people in the service."

We observed staff working and speaking with people present at the time of the inspection. They spoke with people in a calm, reassuring and respectful manner. People were comfortable and relaxed amongst staff. Staff had good rapport with people and demonstrated they knew about their likes and dislikes when speaking with them. Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. One staff said, "I encourage people to express themselves and we give them choice and opportunities to progress." Another staff said, "The best thing is seeing the progression people have made and the difference in their well-being and quality of life."

Staff told us they had sufficient time to listen to people and spend time with them. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. For example, people's favourite activities, days they like to go out and their food preferences. We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. A staff member told us, "I make sure I keep up to date with any changes in people's behaviours and health needs. It helps prepare for the shift and provide good support to people."

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when providing support. For example, by knocking on bedroom doors before entering, being discreet when talking to people and gaining consent before providing care. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality. One person said, "I use the house phone to phone my parents. The staff let me talk privately to them in the quiet room."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear information explaining how people communicated to express themselves. We saw that people had access to information in alternative formats if this was required.

People's right to confidentiality was respected as their records were stored in a secure office. We also observed staff answering the phone and ensuring they did not divulge any information. Records contained consent details where people had agreed to share their personal information.

Good

Is the service responsive?

Our findings

People continued to receive personalised care and support specific to their needs, preferences and diversity. One person told us, "I have a keyworker who checks my diary with me to ensure I have the support I need. I can go out and do what I want."

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. A person told us, "I volunteer and have a job. I enjoy going to the cinema to watch films. My parents are included in my care plan."

Care files included personal information and identified the relevant people involved in people's care, such as their GP or consultant. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. We saw people were supported to contribute to their care planning, from the pre-assessment process through to regular reviews of their care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. People's care plans provided staff with information not only of people's care needs, but their family history, likes and dislikes, aspirations and included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and reviewed regularly. They were divided into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication and social activities. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. We found that people were allocated a 'key worker'. A 'key worker' is a member of staff that has been identified as a consistent point of contact to support people with the planning and review of their care as well as any other assigned care tasks, specific to that person. This promoted consistency to further enhance the person-centred approach.

We observed that people chose what they wanted to do. Activities formed an important part of people's lives and were led by people. Activities were flexible in order to meet people's needs. Staff told us they took people out into the community. This was confirmed within the daily records and individual activities planner we reviewed. One person told us, "I enjoy going to the cinema, and I go on my PlayStation. I have been on holiday to Ireland and Tenterden. I am going to a Star Trek convention in Birmingham soon." People were encouraged to maintain relationships with their friends and family. People said, "I stay with my parents on a regular basis" and "The staff support me to see my family."

Records we looked at showed that the provider had a compliments and complaints policy which they adhered to. We saw there was a system in place to support people to make a complaint. People told us that they knew how to complain and they were confident that their concerns would be dealt with appropriately. One person told us, "If I had a complaint I would fill in a form." Another person said, "I complained about all the paperwork about me but was informed there is nothing they can do about it. If I had a problem I would tell the manager about it." Where complaints were received they were logged, investigated and where appropriate actions were taken.

There was no one currently at the service who was receiving end of life care. The registered manager told us that where possible, they would have conversations with people regarding their wishes and end of life care and information gathered would be kept under review.

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was visible and hands on. One person said, "I think the house is well managed. I think the service is pretty good."

People, relatives and staff continued to report that the service was well-run and that they could call on the registered manager at any time for support. One relative told us, "The registered manager and staff have been helpful when I have contacted them. They keep in touch." Staff reported an open and transparent culture where they felt involved in how the service was run. Comments from staff included, "The registered manager is approachable and supportive" and "The registered manager is very good. I like to work here; it is a friendly environment." This was evidenced by the amount of time we observed staff and people freely go in and out of the registered manager's office.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The service focussed on maximising people's life choices, encouraging independence and people having a sense of worth and value. This was promoted through the daily personalised support people were provided with.

Feedback about the service was sought through questionnaires and telephone calls, which included professional visitors and people's relatives. The registered manager told us the questionnaires were not always returned and they were currently working on ways to improve this. People's views were sought on a day to day basis, through daily contacts, a monthly meeting and at care reviews.

Staff remained motivated and we saw evidence of initiatives such as employee of the month, a monthly lottery scheme and annual amenity funds, which was available for team building activities, such as Christmas meals and quad biking. Staff were supported through regular supervision and appraisal meetings. Staff said they found these helpful and contributed to their development.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and consultant psychologist. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was evidence of learning from accidents and incidents. Investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks and audits were completed on a regular basis as part of monitoring the service provided. For

example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, advice was sought from people's care managers, clinical teams and care co-ordinators.

The registered manager was complying with the service registration requirements. Appropriate notifications of events, DoLS applications and safeguarding issues were sent to CQC in line with legal requirements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.