Bridgewood Trust Limited

Ravensknowle Road

Inspection report

128 Ravensknowle Road, Dalton, Huddersfield,HD5 8DN
Tel: 01484536080

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection of Ravensknowle road took place on 28th August and was unannounced

Ravensknowle Road is a small care home providing accommodation and support for up to eight people with learning disabilities. It is part of the Bridgewood Trust; a charity organisation which provides residential, domiciliary and day services to people with learning disabilities.

The service is required to have a registered manager. 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. In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. The current manager had submitted their application to commence registration with CQC. At the time of our inspection this was not finalised.

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Summary of findings

There were enough staff to provide a good level of interaction

The provider had effective recruitment and selection procedures in place.

People's capacity was not always considered when decisions needed to be made. This was a breach of Regulation11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who lived at Ravensknowle Road. This ensured they had the knowledge and skills to support the people who lived there.

People enjoyed the food and were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

Throughout our inspection we observed staff interacting with people in a caring, friendly, professional manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation and needs changed

People were able to make choices about their care. Peoples care plans detailed the care and support they required and included information about peoples likes and dislikes

People engaged in social activities which were person centred. Care plans considered people's social life which included measures to protect people from social isolation.

People told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people in the home.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs and keep them safe.

Good

Is the service effective?
The service was not always effective

People's consent to care and treatment was not always sought in line with legislation and guidance.

Staff had received specialist training to enable them to provide support to the people who lived at Ravensknowle Road

People were supported to eat and drink enough and maintain a balanced diet

People had access to external health professionals as the need arose

Requires improvement

Is the service caring?
The service was caring

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Good

Is the service responsive?
The service was responsive

People were supported to participate in activities both inside and outside of the home.

People's needs were reviewed as soon as their situation and needs changed and people were involved in the development and the review of their support plans

People told us they knew how to complain and told us staff were always approachable.

Good

Is the service well-led?
The service was well led

The culture was positive, person centred, open and inclusive.

Good

Summary of findings

The manager was visible within the service The registered provider had an effective system in place to assess and monitor the quality of service provided.	

Ravensknowle Road

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 28 August and was unannounced. The inspection team consisted of Two adult social care inspectors. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were eight people living at Ravensknowle Road. We spoke with six people who used the service, four members of staff and the manager. We looked in the bedrooms of five people who used the service.

We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at four people's care records. After the inspection we received feedback from two relatives.

Good

Is the service safe?

Our findings

The service was safe

People we spoke with told us that they felt safe and the relatives we spoke with told us they felt confident that their relative was safe at Ravensknowle Road. One person who used the service said, "Yes I feel safe. Staff are quite good. If I'm not happy I go straight to staff. I told them about a problem and they sorted it." Another said, "I've got a key to my bedroom door. I only lock my door when I go home at the weekend. I don't need to at night." One person who used the service told us, "Some people have arguments. The staff try and sort it out. I don't get involved." Another said, "yes" to safe and, "if I'm worried I talk to staff. I like everyone."

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "I wouldn't put up with anything untoward. I would speak up." We saw that safeguarding incidents had been dealt with appropriately when they arose. This showed that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. One person who used the service told us, "There is a switch at the side of the bed. If I press it, it alerts the staff in the sleep in room and they come down to me." They said, "I can go out when I want. I use the buses. I can ring staff here if I need them or if I am going to be late." We saw in the care files of people who used the service that comprehensive risk assessments were in place in areas such keeping a key, answering the door, falls, managing money, moving and handling, alcohol, staying at home alone, and accessing the community. We saw that these assessments were reviewed regularly, signed by staff and people who use the service and up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. One staff member said, "we have to let people take a bit of risk. It is not just danger. For example we are having a BBQ and we explain the risks to service users." This showed us the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the home.

There were enough staff on duty to meet people's individual needs and keep them safe. The manager told us that each person who used the service was allocated staffing according to their assessed needs and we saw that this was reflected in their care records and tallied with the number of staff on the duty rota. People who used the service received staff support to enable them to access the community and engage in activities outside of the home. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. There were usually two staff on duty mid-week and three at the weekend. The provider had their own bank of staff to cover for absence. This meant people were supported and cared for by staff who knew them well.

We saw from staff files that recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The manager told us that all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw that medicines competence was also assessed annually. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home. We checked medicines for people and saw that medicines were checked and signed as received by members of staff. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as

Good

Is the service safe?

received and administered. We noticed that the box of an opened bottle of eye drops was annotated with the date of opening which prevented the person receiving medicine which was out of date. This demonstrated the home had good medication governance

People's medicines were stored safely. There was a secure medicines cupboard. Temperature checks were recorded daily for the cupboard where medicines were stored.

Care plans also contained detailed information about medicines and how the person liked to take them, including an individual PRN medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The atmosphere of the home was comfortable and homely. The home was well maintained with a spacious living area and kitchen. People who used the service told us the dining room was too small. One person said, "We all eat together in the dining room. It could do with being a bit bigger. There is no elbow room." `

Appropriate equipment was in place to meet the needs of people who used the service, for example a stair lift and ramp access to the building. Equipment had been properly maintained and serviced. Bedroom furniture had been altered to enable people who use the service to remain as independent as possible, for example, the wardrobe rails in some of the bedrooms had been lowered to enable people to access their clothing independently. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety, for example the Fire risk assessment was reviewed in August 2015.

People who used the service that we spoke with knew what action to take in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. A fire training sheet was signed by all staff and fire drills occurred every month. The fire evacuation plan was located in the visitor's book by the door to be accessible in the event of a fire. This showed us the home had plans in place in the event of an emergency situation. The fire alarm was tested weekly until 13th July but since that time it had been faulty. The manager of the home showed us they had contacted the fire alarm company on several occasions and they were due to repair the fault on 16th September. This was completed following our inspection.

Requires improvement

Is the service effective?

Our findings

The service was not always effective

One person who used the service said, "I'm happy with the home. I'm not moving again. I want to stay here for good." One person who used the service said, "I like it here." another said, "We are all happy here." A relative said, "It is unbelievable how (X) has come on since being there. Now (X) speaks up for themselves."

People's capacity was not always considered when decisions needed to be made. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff told us MCA and DoLs training was included in the safeguarding adults training they had completed. The manager was knowledgeable about the mental capacity act and DoLs and described how a decision by a person who used the service who may require an operation would be managed considering the person's capacity and best interests.

The manager of the service had submitted DoLs applications for all eight people who used the service. We saw from the minutes of the last service user meeting that the manager had discussed this with people who used the service and why it may be necessary to make an application. However the service had not completed an individual capacity assessment with each of the people who used the service in order to confirm whether they had the capacity to decide whether to live at the home for the purposes of care and treatment and, therefore whether the mental capacity act and DoLs were applicable to the individual decision. The manager felt that the people who used the service did lack the capacity to make the decision, however there was no evidence that an assessment of capacity had been made. This meant people's capacity was not always considered when decisions needed to be made in line with the Mental capacity Act (2005) and guidance.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent

Before people received any care or treatment at Ravensknowle road people were normally asked for their consent and the provider acted in accordance with their wishes. One member of staff said, "Most people here can make basic decisions. They need a lot of guidance and encouragement." Staff we spoke with had an understanding of people's needs in relation to the mental capacity act (MCA). One staff member said, "It is about rights choices and decisions. They all have different levels of capacity." We found staff had a good understanding of the principals to follow to ensure decisions made were in people's best interests.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. One staff member told us, "They are good for training. We get a lot. We have a training manager for the company." The manager told us new staff completed a four week induction at the home and then completed the care certificate. The induction included one day of training at head office, then staff were supported to complete the care certificate and complete two weeks of shadowing more experienced staff before being included on the duty rota. We saw staff had completed induction training when they commenced employment with the service. This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training included topics such as safeguarding adults from abuse, infection control, Moving and handling, behaviour and de-escalation techniques, first aid and food hygiene. The manager held professional qualifications and we saw that they were enabled to maintain these by the provider.

Staff we spoke with told us they felt appropriately supported by managers and they said they had regular supervision and staff meetings. One staff member said, "It's a lovely home here. A good company to work for." This showed that staff were receiving regular management supervision to monitor their performance and development needs.

People enjoyed the food and were supported to eat a balanced diet. The manager told us staff did the cooking. One person who used the service told us, "staff do the

Requires improvement

Is the service effective?

cooking, we help. The food is good. There is plenty of food." Staff told us that people who used the service did the weekly food shop with support. One staff member said, "We promote healthy choices."

People made choices in what they wanted to eat. One person said, "I don't like spicy things. If it is curry for tea they do me something different." Another person who used the service said, "It's lasagne for tea. Sometimes I make a cake for the coffee morning." They said, "We do the menu every time. I like prawns. Not celery or radish." At lunch time people were offered a choice of sandwiches and crisps and a choice of drinks were available.

We saw that the individual dietary requirements of people were catered for, for example, one person had a diet plan due to weight related health issues. One person who used the service had been advised by the GP to consider smaller plate options in order to manage their weight and staff were aware of this and supported the person.

People had access to external health professionals as the need arose. One person who used the service told us, "Staff make appointments for me if I need the dentist. I go to the optician." Another said, "I went to the opticians on Monday. I have to start wearing glasses for the cinema. If I am ill I tell the staff. When I twisted my ankle we went to the doctors."

Staff told us systems were in place to make sure people's healthcare needs were met. They said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, hospital consultants, community nurses, chiropodists and dentists. One person who used the service told us, "We go to the chiropodist, Dr and dentist. I am going to the hospital today about my ear." This showed people who used the service received additional support when required for meeting their care and treatment needs

Good

Is the service caring?

Our findings

The service was caring

People who used the service told us the staff were very caring. One person who used the service told us, “If I am not happy and I get down because I miss my mum and dad staff are good and help me when I feel like that.” A relatives we spoke with said, “The staff are definitely caring.” Another said, “They give a hundred and ten percent.”

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people’s rights and needs. People told us they liked the staff and we saw there were good relationships between staff and the people who lived in the home. One person who used the service said, “It’s good here. The staff are nice and kind.” Another said, “The staff are always nice. I like it here. It’s a nice house.” We observed interaction between staff and the people who lived at the home. We heard staff asking people what they would like to do and explaining what was happening.

People’s individual rooms were personalised to their taste. One person who used the service told us, “I chose my duvet cover, curtains and blind.” Another person had their own bedroom door key and their room contained items related to their hobbies and interests such as model trains and a CD collection. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Staff we spoke with had a good knowledge of people’s individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. We saw staff took an interest in people’s well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs.

Staff were respectful of people’s privacy; they knocked on people’s doors and asked permission to enter. Care plans stated that the values of privacy dignity and respect “must underpin all care and the way in which it is carried out.” Personal support plans included a section on, sense of self, privacy and dignity, which for one person, for example, said, “Listen to me. Give me my own space when needed.”

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. Meetings were held for people to attend and give their views on how the home was run and they commented on aspects of care such as food choices, with action plans devised following the meetings.

People were encouraged to do things for themselves in their daily life. One person who used the service told us, “There is a rota down stairs. I do washing up and cleaning on a Friday. I go to town on the bus on my own.” They said, “I get myself ready and get my breakfast. They help with my bedroom and wash my hair.” Another said, “We have jobs. I clean in the kitchen. I have to clean my own bedroom and change my bed. Staff help me with my washing.” The goal on one person’s care plan was to book their own massage appointment, which they did on the day of the inspection. One person who used the service said, “We sometimes help with cooking. Last week we made some buns.” This showed that people living at the home were encouraged to maintain their independence.

Good

Is the service responsive?

Our findings

The service was responsive

People were supported to participate in activities both inside and outside of the home. One person who used the service said, “massage today, sometimes we go to the pub, meals out. Having a BBQ on Monday.” Another said, “I do drumming. I go to craft on a Monday, Tuesday and Wednesday. We do ten pin bowling, relaxation. We are on a boat trip tomorrow.” Another person showed us the pot they had made that day at the day service they attended. They said, “I do walking on a Monday with staff from the sports centre.” One person who used the service said, “I do like it here. I work in a cafe. I wash up and serve drinks.”

We saw care for people was person centred and staff were led in their work by what people wanted to do. Staff spoke with good insight into people’s personal interests and we saw from people’s support plans they were given many opportunities to pursue hobbies and activities of their choice. On the day of our inspection there were five people who used the service at home and three out taking part in day time activities. Three of the people who were at home went out to appointments or activities during our visit. One person was going to the local beauty salon for a back and shoulder massage. Staff we spoke with knew what mattered to people and spoke about people’s abilities and talents. The manager told us that two people who use the service go to a football fan club in the local community, and another person attends the local church. This meant staff supported people with their social needs.

Staff told us they supported people with important issues, such as phoning family and friends. One person told us, “I can invite someone to the house. Anyone can come. It’s a nice house.” We saw that people who used the service chatted together in the lounge after tea and asked one another about their day. One member of staff said, “I do enjoy working here. The people who live here are like a family. They look out for each other. They are good friends.” One person said, “It’s OK here. I get on with people.” This showed the service was meeting the social needs of people who used the service

We saw staff gave good explanations to people to help them understand how they were being supported. For example one staff member discussed road safety when a person who used the service was going out independently to an appointment.

People were supported to make choices and decisions about their daily lives. One person who used the service told us, “I get up when I want.” Staff told us people who use the service have a choice of outings, meals and bedtime and most people who used the service confirmed this. One staff member said, “People troop down when they want to at weekends.” One member of staff said, “people join in with the shopping. They decide what to buy, what clothes to wear.” One person who used the service said, “Staff get us up at 7am and at a weekend I can’t sleep in.” The manager said this was not the case but they would address this concern with the person.

We saw in the care files of people who used the service that support plans were in place covering areas such as personal care, physical health, finances, decision making and accessing the community. Personal detail was included for example, support with hair and make-up. We saw that these assessments were reviewed regularly, signed and up to date. All the support plans we sampled were signed by the person. Daily records were also kept detailing what activities the person had undertaken, as well as a daily support record tick sheet. People also had a ‘My life book”, containing photos of happy memories, important people, places and activities. This demonstrated staff were able to find out people’s interests to have meaningful conversations and encourage social interaction and communication.

People’s needs were reviewed as soon as their situation and needs changed. One person who used the service told us, “I have reviews. We talk about what we want to do, day centre, family, money.” One person showed us their support plan on the back of their wardrobe door. They said, “My next review is in October. My mum comes.” Goals that the person wished to achieve were set at reviews and progress toward the goal was recorded. For example: one person wanted to take their medication independently and the steps taken toward this goal were recorded until the goal was achieved. Another was to independently make an appointment at the beauty parlour, which had been achieved. Another was “to go out with my boyfriend for

Good

Is the service responsive?

meals." This had been achieved. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

Through speaking with staff and people who used the service we felt confident that people's views were taken into account. There was evidence people had been involved in discussions about their care and support. People who used the service we spoke with told us staff go through their care plans with them. We saw that the format of the reviews considered the person's capacity. This meant that the choices of people who used the service were respected.

The people we spoke with told us if they felt unhappy they would speak with staff and they knew how to complain. We saw there was an easy read complaints procedure on display for people to see. A relative said, "The new manager seems to take concerns seriously." Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

The service was well led

One person who used the service told us, "The new manager is lovely." Another said, "I like her." Staff we spoke with were positive about the manager and told us the home was well led.

The registered manager of the service had retired and applied to CQC to cancel their registration as manager of the home. The new manager had worked alongside the registered manager for around a month to ensure that they knew the needs of the people who used the service. The manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

The service promoted a positive culture that was person-centred, open, inclusive and empowering

The manager said that they operated an 'open door policy' and staff were able to speak to her about any problem any time. Staff we spoke with confirmed this. Staff meetings were held every one to two months. Topics discussed included staff training, individual resident's needs, reviews, health appointments, family feedback, care standards, procedures and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

The manager said the home aimed to promote person centred support an enable people to maintain their independence. The manager told us they attended managers meetings twice a year and occasionally attended good practice events. They told us the provider sent them good practice updates, as well as providing formal training. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. One person who used the service told us, "We have a residents meeting about holidays. We are going to Liverpool. We choose where we want to go." We saw the minutes of service user meetings, which were held around every three months. Topics discussed included room sharing on holiday, activities, health action plans, DoLs, meal choices and the new manager. Another person who used the service said, "we interview new staff. We ask questions i.e. do you like cooking?" One member of staff said, "People come and say if they want to change anything and we respond."

Questionnaires were sent out to family members before each person's review. Feedback from families was all positive. Typical comments were, "The carers always give a hundred percent." "Nothing is too much trouble, but they also promote independence where they can."

We saw documents were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medication and service users' money were conducted on a daily basis and care plans and documents were also reviewed regularly. This showed staff compliance with the service's procedures was monitored. The manager said, "I discuss any improvement that may be needed with the area manager." The area manager visited the home regularly to complete audits and ensure compliance with the providers' policies and procedures. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11 (1) Care and treatment of service users was not always provided with the consent of the relevant person**