

Bridgewood Trust Limited

Grandsmere Place

Inspection report

1-1a Grandsmere Place
Manor Heath
Halifax
West Yorkshire
HX3 0DP

Tel: 01422381775

Date of inspection visit:
03 May 2017

Date of publication:
15 June 2017

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

The inspection took place on 3 May 2017 and was unannounced. There were four people living at the home at the time of the inspection. Three people were present during the inspection, although only two people chose to speak with us. The home was previously inspected in 2016 and there was one breach of the regulations, in relation to safe care and treatment. We found at this inspection, the provider had taken action to address the breach and there were no further breaches.

Grandsmere Place provides accommodation and support to people who have a learning disability. It is part of the Bridgewood Trust organisation; a voluntary organisation providing a range of services for people with learning disabilities in the Kirklees and Calderdale area of West Yorkshire.

The service had a registered manager, although they were on leave at the time of the inspection. 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.'

Staff knew how to support people to stay safe and there was encouragement for people to manage their own risks safely. Staff had a confident knowledge of safeguarding and how to ensure people were protected from abuse.

There was appropriate support for staff and they reported feeling supported by the registered manager. People received their medicines when they needed them and systems for managing medicines were well organised.

Staff were caring and dedicated to their work, with a good knowledge of people's individual needs. People were involved and included in all aspects of their care and support. Staff were respectful and there was evidence of good relationships with people.

Care was person centred with people's needs and preferences central to the running of the home. Staff were mindful this was people's home and showed respect for their privacy.

Staff clearly knew each person well and their unique preferences, with many opportunities for people to pursue their hobbies and interests.

People knew how to complain and there was access to independent advocacy if required. No complaints had been received, only compliments about the service.

Care and support plans showed evidence of regular reviews and people knew these were available for them to look at when they wished to.

Documentation to illustrate the practice in the home was up to date, well organised and filed securely.

The home was well run and people who lived there were supported to lead independent lives.

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 ●

Staff understood how to identify the signs of possible abuse and were confident about how to report safeguarding concerns appropriately.

There was a clear emphasis on supporting people to manage their own risks and there were individual risk assessments in place.

Staffing levels were appropriate to ensure people's individual support needs were met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had suitable opportunities for training and development specific to their work with people.

Staff had a good understanding of legislation around mental capacity.

Individual dietary needs were considered with people fully involved in planning their own meals.

Is the service caring?

Good ●

The service was caring.

Staff were caring and patient in supporting people's individual requirements.

Staff were respectful when engaging with people and it was evident people were fully involved and included in what was taking place in the home and in their own care and support.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and staff placed people's needs first.

People said they knew how to complain should they wish to.

Is the service well-led?

Good ●

The service was well led.

Staff were motivated and clear about their roles and responsibilities and there was good teamwork and staff morale within the home.

The provider had commenced a programme of redecoration in the home.

Systems were in place to illustrate the quality of the service provision and the provider had responded to the concern raised at the previous inspection.

Grandsmere Place

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 3 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we had about Grandsmere Place. We contacted the local authority and safeguarding teams as part of the inspection. We spoke with two people who used the service during our visit and we were given contact details for relatives of two others. We spoke with the service coordinator and three staff. Following the inspection we spoke with the registered manager by telephone. We observed how people were cared for, inspected the premises and reviewed care records for one person with their permission. We also reviewed documentation to show how the service was run.

We reviewed the Provider Information Return (PIR) for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

The last inspection identified a breach in regulation 12 because the service did not have risk assessments in place to support people with epilepsy. At this inspection we saw specific risk assessments for situations in which a person may be at risk of harm during a seizure, such as in the bath.

Staff completed health and safety training and understood safety risk assessments, for the home and for individuals. Staff told us that people's safety around the home was supported through opportunities for independent living and promoting their awareness of potential hazards. We saw personalised risk assessments for identified risks. For example, where triggers for people's behaviour were known, there were details of the help and support a person needed to minimise the risk to themselves and others.

We asked the views of two people who used the service. They told us they felt safe living at Grandsmere Place. They said they knew what to do if they heard the fire alarm and what to do in an emergency. We saw fire alarm tests and drills were routinely carried out and staff had undertaken training in fire prevention and fire evacuation. Each person had a personal emergency evacuation plan which was accessible to staff.

Accidents and incidents were recorded and responded to with the registered manager's overview and action where necessary. Where there were allegations of concerning behaviour this was appropriately investigated, dealt with and responded to. The provider was aware of when to send statutory notifications to the Care Quality Commission. Where behaviour challenged the service or others there were individual charts to monitor this recorded in people's care plans along with person-centred behaviour strategies.

Staff told us they had been recruited in a robust and thorough way, with references and Disclosure and Barring Service (DBS) checks undertaken before they commenced work. We looked at two staff files which confirmed all necessary pre-employment checks had been completed to ensure staff suitability to work with vulnerable people.

We saw appropriate staffing levels were maintained in the home and the staff rotas verified this, although it was difficult to see the times of staff coming on and off duty because the 24 hour clock was not used consistently. Staff told us in addition to the staff on duty, they were able to access advice and support throughout the day and night should this be required. We saw where agency staff were needed to cover for staff leave, these were staff who regularly worked in the home and knew the people well. The home was always staffed when people were present, although where people needed to be accompanied to day activities staff went with them. People received individual support where this was necessary on a one to one basis.

Staff told us, and we saw, the environment was being prepared for redecoration and there was evidence of repainting and samples of new carpet. This meant the home was not presented in a homely way, as curtains had been taken down for cleaning and pictures were taken from the walls for the decorators. However, we saw evidence of wear and tear in the home's décor and we saw in the signing in book appointed contractors had been to quote for work to be done. People we spoke with said they had been involved in choosing the

décor and the carpets and said they were looking forward to the new decoration. Relatives we spoke with were also informed of the plans and we saw this had been discussed at staff meetings and in newsletters.

Policies and procedures were in place in relation to health and safety and there was evidence of routine safety checks, such as premises and electrical safety.

Staff we spoke with were confident in their understanding of the safeguarding procedures and how to identify and report any concerns. Staff said they were aware of the whistleblowing procedure and felt they would be supported to implement this should they have concerns about practice in the home. We saw all necessary policies and procedures were available to staff for them to safeguard people and contact numbers for the relevant agencies and a whistleblowing helpline were easily accessible for staff to be able to report concerns if necessary. We saw in staff meeting minutes, staff had been reminded about safeguarding processes as part of general discussion.

We saw systems and processes for managing medicines were in place. Medicines were stored securely and there were individual medical preference sheets which detailed how each person preferred to take their medicine. For example, which drink they preferred, what were the preferred times, any side effects, the protocol for a missed dose and for 'as required' (PRN) medicines.

Medicines administration records (MARs) were clear and easy to follow. Staff told us that because there were only four people in the service and consistent staff, medicines management was not complex. Staff we spoke with described safe practice that was in keeping with the policies and procedures of the service. There was a medicines sheet which went with people on outings or to other places during the day so people received their medicines when they should. People told us staff supported them appropriately with their medicine and if they had any pains they would let the staff know.

Is the service effective?

Our findings

People we spoke with who lived at the home told us they felt staff 'knew what they were doing'. Staff we spoke with said they had suitable opportunities for training and development and said they felt this enabled them to carry out their roles and responsibilities in line with people's needs.

We saw the training matrix which illustrated staff had undertaken a range of different training. Where training was up to date this was highlighted in green and where training was due, dates were scheduled and the matrix highlighted these in amber. There was no overdue training which would show as red. This gave the registered manager an overview of staff training needs and where refresher training was scheduled. The training matrix highlighted the frequency of the training needed, such as annual, two-yearly, three-yearly and one off training. We saw evidence in staff's individual files of induction, any training they had completed as well as regular appraisal and supervision meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with all had an understanding of the legislation and how it impacted upon their work.

The registered manager told us only one person in the service was subject to a Deprivation of Liberty Safeguard (DoLS). We saw there was a care plan which showed the person was unable to make the decision about their living arrangements and there was an annual review of this, to which the person's family was invited. However, there was a tick beside the question 'does this person have capacity to make this decision?' We discussed this with the registered manager and were assured this was more a recording error than a lack of understanding about the person's capacity. The service coordinator told us they were in the process of reviewing their documentation for mental capacity following a recent audit.

Staff told us they did not use restraint in routine situations. Staff were confident about using positive strategies to de-escalate challenging situations, which they said worked well for people without placing restrictions upon them. People, apart from one person, held their own keys and staff said there was an open door policy in the home for people to come and go, unless there was a DoLS in place.

We saw staff worked closely with people and consulted them about aspects of their care and support. Staff told us they always knocked on people's doors and did not enter without their permission. It was clear that people made their own decisions and staff supported them with their decision making; where people made choices that compromised their safety staff said they discussed the risks with them, but respected their rights to choose for themselves.

Staff told us people were involved in planning and preparing meals and all dietary needs were catered for, as well as support for healthy eating. We saw a sample of menus which showed meals were balanced in

content. We were told people were involved in the grocery shopping and there was regular discussion around healthy eating. The people we spoke with said they always had the food they liked and they never felt hungry. They told us they could access the kitchen to make meals and snacks. We saw fresh fruit was accessible to people should they wish to have it as well as alternative snacks, such as crisps. One person told us they liked to have their lunch out sometimes if they were on an outing with staff and staff confirmed this happened at the person's request.

We saw evidence in care records of other professionals involved in people's care, such as chiropodist, dentist and optician. An individual health action plan also showed the other professionals associated with each person and their care as well as any annual health checks.

Is the service caring?

Our findings

People we spoke with told us the service was caring. They said they felt staff understood their needs. One person said, "I like [staff name] they take me places I like to go". Another person said, "I'm happy here. I wouldn't want to go anywhere else"

We saw staff explained about the inspection process and what it was for and there was respect for one person's views when they objected to the inspection being unannounced. The member of staff acknowledged the person's feelings and gave good explanations about the inspection to help them feel informed and involved in the process.

Relatives we spoke with spoke highly of the service. One relative said, "The staff are very patient." Another relative said, "The staff are very caring with [my family member]".

Staff we spoke with told us their work was based around the individual needs of each person in the service and they used a flexible approach to care, depending upon the needs of a person at any particular time.

We saw when staff interacted with people in the service, this was respectful and there was evidence of good relationships. For example, one person in the service told staff they had an idea about where they might like to go on an outing. Staff listened and affirmed to the person their idea was a good one, and agreed they should carry it out. Another person chose to stay in their room and not come out. Staff respectfully regarded the person's wishes to be in their preferred space.

It was clear from care staff's interaction with people they promoted ways for people to maintain safe and fulfilling lives. Staff spent time discussing with people their needs and expectations.

Staff told us people were supported with advocacy should they wish to have someone to represent them. Information was available for people to access and staff said they would ensure all people had access to the independent advocacy service if required.

People's diverse needs were considered and information was recorded in their care plan about their religious and cultural needs. There was clear guidance in care plans for how staff could support individuals' sense of self and any final wishes where appropriate for their care.

We saw people's individual rooms were personalised according to their interests. One person was enthusiastic about their personal memorabilia and they showed us their room, pointing out all of their special possessions.

In and around the home there were photographs of the people who lived there and one person pointed out who each person was.

Is the service responsive?

Our findings

One person we spoke with told us they were able to do the activities that especially interested them, such as creative arts and visiting places of particular interest to them. They showed us some of the art work they had done in the home and spoke to us about the places they had visited with staff.

Relatives we spoke with said care was responsive to the needs of their family members. For example, one relative said staff knew just how to calm their family member down if they felt upset. They told us they were invited to regular reviews and staff kept them fully informed.

Staff explained to people who was going to be on duty that day and who would be supporting them the following day. Staff told us people liked to know what was happening and for some people they needed the reassurance of a familiar routine.

Staff told us people followed their own preferred activities and we saw there were personal interests being followed. One person was out at a day centre, one person had gone home to visit their family, one person had chosen to stay in their room and another person was planning an outing with a member of staff during the inspection. We saw one person had a personal planner which showed where they intended to go and staff facilitated this.

Care was person centred with people making decisions about their care and support. Staff spoke about adapting care and routines around each person's individual needs and we saw this happened in practice. Care plans were detailed and showed people were consulted and included in all matters about them. Personal support plans were individualised and outlined the support a person might need to achieve their goals, along with a daily activity planner for each day of the week. One person we spoke with said they were aware of their care plan but did not have any interest in this. There was evidence of support plans being regularly discussed with people and reviewed.

Where people had individual appointments the registered manager kept a track of these on a planner in the office as well as in people's individual care files. We saw minutes of meetings at which people and relatives were encouraged to be involved in what was taking place in the home. We saw newsletters which gave topical information, such as the redecoration taking place to improve the home.

The people we spoke with told us they knew who to complain to if they were unhappy with the service, although said they had no reason to make any complaints at all. Complaints information was available to each person in easy-read format and staff we spoke with said they would support people to make a complaint should they wish to do so. We saw the complaints policy and procedure and there were no complaints received, although the system was in place to record and respond to these if necessary. Compliments were also recorded and where visiting managers had come to the service we saw one recorded compliment about how helpful one of the people had been with the audit.

Is the service well-led?

Our findings

There was a registered manager in place and we spoke to them following the inspection. There were systems and processes in place to ensure the home ran well. Staff knew where to locate what they needed and supported the inspection process in the registered manager's absence.

The people we spoke with and their relatives said they thought the home was run well. They told us they knew who the registered manager was and they were always visible in the service. People made positive comments about the registered manager, such as, "[They are] really good, they know me and they help me" and "Yes, the manager is very good here". One relative said, "The service is excellent, we have no concerns whatsoever" and another said "We are kept well informed and if we want to know anything we just ask. Communication is very good".

Staff we spoke with said they considered the home was well managed and there was supportive teamwork within the home. They said the registered manager was approachable to raise any concerns or discuss any aspects of people's care at any time and even if off duty, was available to contact if needed.

All staff were committed to providing high quality care and support and to ensuring the safety and wellbeing of the people who lived there. Staff reported enjoying their work with the people who lived there and they were proud of the work they did.

We saw there were quality assurance systems in place to assess and monitor the quality of the provision. Managers from within the organisation visited regularly to support the registered manager and the staff team.

We saw documentation to illustrate how the home was run, in relation to buildings and equipment maintenance. Records were very well organised, maintained and up to date. For example, we saw utility checks, such as gas, electric, asbestos, waste and water as well as equipment servicing.

Audits took place within the home on a regular basis and there was a range of audit reports done by the registered manager. We reviewed the registered manager's monthly reports and also saw evidence of the area manager visits to the service.

Policies and procedures were in place and staff said they knew where to locate these. We saw information about the quality of the service was gathered and monitored and where there were areas identified for improvements there were action plans in place to address these. For example, the provider identified the need to implement a programme of redecoration and we saw this was underway, although not complete at the time of the inspection.