Care Quality Commission

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Bridlington House

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 19 January. The service was last inspected in March 2014 and was found to be compliant with the regulations inspected at that time.

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

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

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

At the time of the inspection 19 people lived at the service.

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

Summary of findings

People who used the service were at risk of not receiving the care attention they needed to meet their needs due to the low staffing levels. We have made a recommendation about staffing.

Staff could identify abuse and knew who to report this to, to ensure people's safety. Staff had received training about how to keep people safe from harm and how to recognise the signs of abuse. People were cared for by staff who had been recruited safely and had received training about how to meet their needs. Medicines were handled safely and staff had received training about this.

People were provided with a wholesome and nutritional diet of their choosing. People's dietary needs were monitored by staff and referrals made to health care professionals when required. People were supported to make decisions where required and systems were in place which ensured people were provided with and understood important information, so they could make informed choices. People could access health professionals when they wanted and they were supported by the staff to lead a healthy lifestyle.

Staff understood people's needs and treated them with respect and dignity. People were involved with the formulation of their care plans and attended regular reviews about their care. Personal details and care records were kept locked away safely and staff understood the importance of maintaining confidentiality.

Some people pursued individual hobbies and interests, however, not everyone who used the service was provided with opportunities to take part in meaningful activities or access the local community. We have made a recommendation about activities and accessing the local community.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. People's needs had been assessed and staff had information about how to meet these and what to monitor, so people were safe and their welfare maintained. Assessments were updated regularly or as and when people's needs changed. People knew they had the right to raise concerns and complaints and to expect these to be investigated and to be taken seriously. The registered manager had systems in place which showed how complaints had been investigated and the outcome. Complainants had the opportunity to make comment about their level of satisfaction about how the complaint had been investigated.

People were consulted about how the service was run, however, we have made a recommendation about collating the views expressed by people who used the service and the setting of action plans and goals for improving the service.

The registered manager had meetings with people who used and staff about how the service was run and this was documented. The service provided for people was audited by the registered manager and action was taken to address any environmental issues identified. Equipment used to help people was serviced regularly.

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?
Not all areas of the service were safe.

Staff were not always provided in sufficient numbers to keep people safe and to meet their needs.

Staff understood and had received training in how to recognise abuse and knew how to report this to ensure people were safe.

Staff were recruited safely and medicines were appropriately managed.

Requires Improvement

Is the service effective?
The service was effective.

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

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

Staff received updated training to meet people's needs.

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

Good

Is the service caring?
The service was caring.

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

Staff involved people with their care and people who used the service had an input into any decisions made.

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

Good

Is the service responsive?
Not all areas of the service was responsive.

People were not always provided with meaningful activities.

Staff assessed people's needs and information was available for staff to follow to make sure these needs were met.

People could make complaints and these were investigated to their satisfaction wherever possible.

Requires Improvement

Is the service well-led?
Not all areas of the service were well led.

Requires Improvement

Summary of findings

People's views were sought but these were not collated and analysed with actions set to address issues raised.

The registered manager undertook audits of the service and made repairs and environmental improvements where need.

The registered manager took into account people's and staff's views about the running of the service.

Bridlington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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 was unannounced and took place on the 19 January 2015. The inspection was undertaken by one adult social care 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.

The service was last inspected in March 2014 and was found to be compliant with the regulations inspected at that time.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with nine people who used the service and five staff; this included care staff and the cook. We also spoke with the registered manager and the deputy.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and documentation pertaining to the management and running of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. Comments included, "I do feel safe here more than at the other place I used to live at", "Staff talk to me, they ask me how I'm doing, they make me feel safe" and "I like it here everybody is friendly." Others told us "I can lock my room and keep all my things safe."

We found the staffing levels at some times of the day posed a potential risk to people who used the service. In the afternoon two members of care staff were on duty. However, one of the people who used the service required two members of staff to assist with their personal care; this therefore left the rest of the people unattended and potentially at risk. **We recommend the registered provider asses the needs of the people who used the service and using a recognised assessment from a reputable source provides staff in enough numbers to meet their needs.**

Staff were able to describe to us how they would protect people from harm and report any abuse they may witness or become aware of. They were also able to describe to us what they may see if someone was subject to abuse, this ranged from low moods to physical signs like bruises. They told us they would report any abuse to the registered manager and they had received training about how to recognise abuse and how to report it to the proper authorities. We saw training records which confirmed this. Staff we spoke with told us they understood the importance of respecting people's right to lead a lifestyle of their own choosing and would support people in this. During discussion with staff they told us, "We act as advocates for the residents and try and encourage them to express their individuality and be themselves."

Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service to ensure their safety. They were also aware they would be protected by the registered provider's whistleblowing policy and all information would be treated as confidential and their identity protected. We saw records which showed the registered manager had responded to staff concerns and taken the appropriate action.

The registered manager had undertaken audits of the environment which identified areas for improvement and repair; they had also completed an environmental risk assessment and a fire risk assessment. This ensured people lived in a building which was safe and well maintained. People's care plans contained information for the staff to use about how to safely evacuate people from the building in the event of any emergencies, for example fire. This was personalised to the individual and took into account their mobility and level of need.

The registered manager kept a record of all incidents and accidents which occurred at the service. They had analysed any safeguarding incidents and implemented changes to ensure people were not put at further risk, for example, changes in staff working practices. The registered manager had involved the investigating authority and complied with actions recommended by them. They had also informed the CQC by way of notifications of all safeguarding incidents and the outcome of any investigations.

We looked at staff recruitment files and saw evidence of references sought from previous employers where possible and checks being undertaken with the Disclosure and Barring Service (DBS). The files also contained an application form asking for the experience and qualifications of the applicant and a health check. This made sure people were cared for by staff who had been recruited safely and had the right qualifications and experience to meet their needs.

We saw people's medicines were stored safely and staff understood the importance of accurate recording and the safe handling of medicines. Records we looked at were up to date and demonstrated people had received their medicines as prescribed by their GP. The temperature of fridges used to store some medicines had been recorded on a daily basis. Staff liaised with people's GPs and medicine reviews had been held. Records we looked at showed staff had received training in how to handle medicines safely and this was updated annually.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the meals provided, comments included, "The food is really good you can have what you want", "The cook makes sure I get a good meal" and "The food's ok I need to stick to a diet." They also told us they could see their GP and were supported by the staff to seek medical help when they needed it, comments included "I go to the hospital quite regularly and the staff make sure I get there on time" and "If I fell ill they just call the doctor, he was here the other day."

People who used the service were provided with a varied, wholesome and nutritious diet. The cook told us they knew what people liked and discussed menus with them on a regular basis. They had recently discussed options with one person who used the service who was a vegetarian and worked out a menu for them so their meals were varied. Hot and cold drinks were available for people during the day. The meal times were relaxed and staff served food promptly to ensure it was hot, the lunch provided on the day of the inspection looked appetising and well presented.

The cook told us there was a menu which changed weekly and choices were provided at every meal times. We heard people telling the cook what they would like for lunch and tea during the inspection. People's dietary intake was monitored by care staff and this was recorded in their care plans; people were also weighed on a regular basis. Staff used monitoring documentation which had been developed by reputable organisation to monitor people's dietary needs and made referrals to health care professionals when required.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us all of the people who used the service had the capacity to make informed decisions and choices; however, due to one person's recent deterioration they were considering making an application to the local authority for a Deprivation of Liberty Safeguard (DoLS). This would ensure the person would be protected by law. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and understood when the use of DoLS should be applied. The registered manager was reminded of the need to notify the CQC of the outcome of any DoLS applications.

Staff told us the training they received was relevant to their role and equipped them to care for the people who used the service and meet their needs. They told us they had received training about mental health needs, how this affected people and the behaviours they may display. Staff had received further training which the registered provider had deemed as essential, this included health and safety, moving and handling, fire, safeguarding adults and safe handling of medicines.

We saw staff received regular supervision and annual appraisals which offered them the opportunity to develop their learning and experience. Induction training was based good practice guidelines and systems used had been developed by reputable organisations. The registered manager kept a log of all staff training and this was updated as staff undertook training, this also alerted them as to when staff training needed updating. Staff were supported to undertake further qualifications and learning and the majority had achieved nationally recognised vocational qualifications at level two and three.

People's health was closely monitored by the care staff and referrals were made where needed to health care professionals. People were able to access their GP when required and they attended appointments either on their own or with support from care staff. Staff also worked closely with clinical psychologist and psychiatrists. Care plans showed where changes had been made to the person's care and how staff should monitor this and support the person, for example, if there had been any changes in the person's medicines.

Good

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the level of support they received from the staff and how the staff treated them, comments included, "The staff are good they will help you as much as they can", "They ask me if I'm ok and if I need anything" and "They will sort stuff out if you need it." They also told us they attended reviews and were involved with their care plans, comments included, "I have had meetings about my care plan and I know what's in it" and "I do have a say about my care and I go out quite a bit on my own."

We saw staff had good relationships with the people who used the service. They were heard talking to people in a respectful manner and addressing them appropriately. They were heard asking people how they were, how their day was going and if they needed support with anything. We also observed people who used the service approach staff and ask them about various things, for example, hospital appointments or other aspects of their care and welfare. There was a relaxed informal atmosphere and we heard lots of laughter and good humoured banter between staff and people who used the service. The staff were caring in their approach to the people who used the service and treated them with dignity and respect.

Staff told us they always respected people's wishes and choices and never judged anyone because of their chosen lifestyle. People were encouraged to lead a lifestyle of their own choosing and staff supported this. Staff respected people's right to privacy and we saw staff knocking on people's doors and waiting to be asked to enter. They also respected when people did not want to be disturbed. Staff told us people who used the service were independent; we saw examples of people going out alone. People who used the service were encouraged to take responsibly for their own rooms; staff told us this was sometimes a struggle due to people's differing priorities.

People's care plans contained information which indicated they had been involved with its formulation. They had signed to demonstrate they had read and understood their care plans and had agreed its contents. People were involved with their reviews and records documented their opinions and input. Care plans also stated the reasons why some restrictive aspects of people's care had been agreed, for example, some negotiations had been undertaken with regard to the amount people smoked. agreements had been reached, because of health and cost implications, staff would monitor people's smoking and keep their cigarettes safe; people had also agreed they would ask staff for a cigarette when they wanted one. We saw this during the inspection this did not cause any conflict and the staff responded quickly so as not make people wait.

People's wellbeing was monitored closely by the staff, they recorded on a daily basis the care people had received and how they had been supported. Records pertaining to the care and treatment people received were kept locked in the office and staff only accessed these when the needed to, for example, to update the daily notes or record GP visits. Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for staff to follow. During discussion staff told us they would never discuss people's personal details with anyone other than the person or any health care professionals involved with their care and wellbeing.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with knew they could make complaints, comments included, "I know I can complain I just don't have any", "I would see (the registered manager) he sorts things out for me" and "I would see the staff they are good with things like that." People told us they were not too happy about the level of activities at the service, comments included, "I go out a lot but there's not much to do here really", "I would like more to do" and "I find it a bit boring sometimes."

Key worker notes demonstrated what time had been spent with people on a one to one basis and what activities had been undertaken, for example, going to the local church or to the centre of the town shopping. Some of the people who used the service pursued their own hobbies and interests unsupported by the staff, for example, one person liked crocheting; another had a car and motorbike and liked to play the guitar. However, a lot of the key worker notes indicated people spent a lot of time in their room watching TV or lying on their beds; this was observed during the inspection. **We recommend the service finds out more from a reputable source about how to involve people who have mental health needs in meaningful activities and how to involve them in their local community.**

People's care plans described the person and their likes and dislikes; they also stated how the person liked to spend their days and what a good day looked like. The care plan also described what a bad day looked like and how staff were to support people when this happened, for example, contact families and health care professional for support. Care plans contained a pen picture and some information about the person's past and how they had lived prior to moving into the service.

Care plans contained assessments which had been undertaken by the placing authority and the service which described the person's needs and how these were to be met by the staff. Assessments had also been completed about potential risks people faced, for example, mobility, behaviours which may challenge the service and others, tissue viability and nutritional intake. We saw these assessments had been updated as people's needs changed and were reviewed on regular basis.

The registered provider had a complaints procedure in place which informed people of their right to complain and their right to have these complaints listened to and investigated to their satisfaction. The complaints procedure was displayed around the service; the registered manager told us this could be provided in different formats to meet people's needs, for example in a different language. The registered manager kept a record of all complaints received and there was a form which they used. This documented what the complaint was, how it had been investigated and if the complainant was happy with the outcome. However, the form did state the complainant could contact the CQC to make further complaints, this was discussed and it was explained to the registered manager the CQC did not investigate complaints, they agreed to amend this.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us they had been consulted about the running of the service, comments included, "(The registered manager) always asks me how things are going", "We had a meeting not so long ago" and "I have filled out surveys about the place, they ask us what we think all the time."

We saw evidence of registered manager undertaking surveys to gain their views about how the service was run, however, these results had not been collated or analysed to establish any links or patterns or show how concerns had been addressed. **We recommend the service finds information from a reputable source about how to effectively collate views of people who use the service and set action plans to address issues raised by the quality monitoring systems.**

Staff told us they felt well supported by the registered manager, they told us they could approach them if they needed any guidance and advice. They also told us the registered manager shared with them any new ways of working and any current or updated information. Meetings were held with the people who used the service and the staff; we saw minutes of these meetings had been recorded. Minutes of meetings with people who used the service demonstrated the registered manager discussed the way the service was run and any proposed changes, for example refurbishment and decoration of the environment, they also reinforced some routines, for example, the importance of keeping their bedrooms and the environment clean and the potential for cross infection; they had also and discussed plans for outings.

Staff meeting minutes showed us the registered manager discussed current working practices and any changes to the service. They also discussed changes in work loads and learning from incidents, for example safeguarding incidents and what should be done differently.

Staff understood there were clear lines of accountability; they told us they would report all matters to the deputy or the registered manager. Staff had emergency numbers to contact if anything were to happen out of hours.

The registered manager told us they undertook audits of the service and we saw evidence of environmental issues being addressed, for example, replacement of heating boilers. Equipment used at the service was maintained and serviced in accordance with the manufactures' recommendations.

The registered manager analysed the outcome of all incidents and accidents, this included any safeguarding incidents. We saw evidence people's care plans had been audited as there were notes in them drawing to the attention of staff shortcoming in reporting or format, however, we saw no formal method of reviewing these to ensure these matters had been addressed. This was brought to the attention of the registered manager who agreed to address this.