

Vogage Limited 1

Bridge Court Bungalow

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected Bridge Court Bungalow on 10 and 22 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Bridge Court Bungalow is a modern purpose-built property located in the grounds of Bridge House. The home accommodates up to six people with learning disabilities.

The home had a registered manager in place who commenced working at the home in February 2014. 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 living at the home required staff to provide support to manage their day-to-day care needs; to develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences.

Summary of findings

We found that the manager had taken appropriate steps to ensure staff reviewed their behaviour; analysed what worked or not; and provided consistent responses when people's needs changed to ensure that staff could continue to meet the individual's needs.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and the manager understood the requirements of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions. The provider had not developed appropriate MCA records and staff remained unclear about the legislation. The registered manager was aware of this shortfall and had developed the necessary records as well as providing staff with additional support to ensure they understood the legislation.

People had difficulty discussing complex and thinking about the future but were able to share their views about day-to-day life at the home. People told us they liked living at the home and that the staff were kind and helped them a lot. We saw there were systems and processes in place to protect people from the risk of harm.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. All relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We found that staff worked to assist people to lead ordinary lives and looked at how to assist individuals to reach their full potential. People were supported to go out and about in the local community and routinely went out with staff.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as managing epilepsy and other physical health needs. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that four to five staff routinely provided support to people who used the service during the day and two staff provided cover overnight.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We observed that staff had developed very positive relationships with the people who used the service. We saw that the staff effectively assisted people to manage their anxiety. Interactions between people and staff were warm and supportive. Staff were kind and respectful. People told us that they made decisions about what they did throughout the day.

We saw that people had plenty to eat. We saw that each individual's preference was catered for and staff had ensured that each individual's nutritional needs were met. Staff monitored each person's weight and took appropriate action if concerns arose.

We saw that people living at Bridge Court Bungalow were supported to maintain good health and had access a range healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as consultants and community nurses.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to create them.

People told us how staff encouraged them to develop their daily living skills and supported them with their courses, hobbies and leisure interests inside and outside of the home. During the visit we saw staff joined people doing creative work and identified activities people would enjoy doing.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

The provider used a range of systems to monitor and improve the quality of the service provided. We saw that

Summary of findings

the manager used them to critically review the service. This had enabled the manager to identify areas for improvement and make the necessary changes to the provision.

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 knew what to look for as signs of potential abuse and how to report any concerns. Staff were able to assess situations and take action to reduce potential risks.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and people were supported to live ordinary lives. The staff discreetly supported people to deal with all aspects of their daily lives.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. People were appropriately supported to make decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were continuously assessed and care plans were produced, which identified the support each person needed. These plans were tailored to meet each individual requirements and regularly checked to make sure they were still effective.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities both in the home and the local community.

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff undertook the complaint process and were strong advocates for the people who used the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered a good service. We found that the manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Bridge Court Bungalow

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 checked 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.

An adult social care inspector completed this unannounced inspection of Bridge Court Bungalow on 10 and 22 December 2014.

The provider was not asked to complete a provider information return (PIR). 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we spoke with the four people who used the service. We also spoke with the registered manager, two senior support workers and two support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the home.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home.

People said, “It is good here.” “The staff are good to me.” And, “They are a good bunch.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond to any concerns. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in October 2014. We found that the manager had taken appropriate action to raise issues with the relevant agencies when this was needed. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all of the staff had completed e-learning safeguarding training this year. Staff had also completed a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. We saw that dates were already set out for when refresher training needed to be completed in 2015.

The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff outlined to us what they needed to do in the event of a fire or medical emergency. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed three people’s care records and saw that staff had assessed risks to each person’s safety and records of these assessments had been regularly reviewed. Risk

assessments had been personalised to each individual and covered areas such as how to assist people to deal with their anxiety and deal with behaviour that challenges. The accompanying support plans ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with told us could readily outline the contents of the plan and the actions that needed to be taken to minimise risks. All of the staff were very familiar with the actions and this knowledge meant they worked in consistent manner. This helped people who used the service to understand how to manage their emotions and reduce impulsive behaviour.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. There were four to five staff on duty during the day and two staff on duty overnight.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people’s medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people’s care records, which informed staff about each person’s protocol for their ‘as required’ medicine. We saw that this written guidance assisted staff

Is the service safe?

to make sure the medicines were given appropriately and in a consistent way. We saw that there was a system of

regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service about the home. People were able to share their views about day-to-day life at the home. People told us they liked living at the home; the staff were good and kind; and they felt the staff cared about by them.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who displayed behaviours which may challenge. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for a wide range of courses such as health and safety, safeguarding vulnerable adults, physical interventions, and various conditions such as epilepsy.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found that these staff only started to work on a one-to-one basis with people when both were confident that the staff member knew how to effectively support the individual.

Staff we spoke with during the inspection told us the manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The manager told us that they carried out supervision with all staff on a bi-monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervisions and appraisals had taken place.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured, that where appropriate Deprivation of Liberty Safeguard

(DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with thought one person had DoLS in place but were not confident that this was right. This was correct but the manager was also applying for more DoLS as a number of people lacked capacity to make major decisions and because of their needs were under constant supervision both inside and outside the home.

The manager was aware that staff needed more support to fully understand the principles of the MCA and how to make 'best interest' decisions. We found that the provider had not assisted staff to develop the skills to apply the requirements of the MCA, as none of their care record documentation referred to any part of the Act. Therefore no templates had been designed to assist staff to undertake capacity assessments and record 'best interest' decisions. The manager had developed these records for the home and was in the process of ensuring all staff knew how to apply the MCA and record the information. The manager knew which family could legally make decisions for people because they had been appointed a deputies by the Court of Protection.

Staff and the people we spoke with told us that they worked together to plan each week's menu around what each person decided they would like to have to eat. Staff told us that people would go with them to do the shopping. We heard people could alter what they had picked throughout the week and would choose different meals. We heard that some people would make snacks but on the whole staff cooked the meals. One person told us they had been unwell and lost weight. Staff had noticed this and a dietician visited them. They told us the dietician prescribed them food supplements which had worked and they were now back to a healthy weight. This meant staff made sure people nutritional needs were met.

The meal time we observed was very relaxed and people told us they enjoyed the food that was provided. We saw that the meals looked very appetising and was plentiful.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that people were all within healthy ranges for their weight.

Is the service caring?

Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. They told us staff were helpful and kind.

During the time of the inspection we met and spoke with four people who used the service. People told us that they had lived at the home a long time. Staff told us about the admissions procedure and how they ensured people were involved in making the decision around who was to live at the home and who worked at the home. We heard that prior to people coming to stay, they were given the option to come for visits to help make an informed decision about whether they wanted to move in. The people living at the home were also consulted about whether they were happy for the new person to move in. Staff told us that they completed full assessments so that they could ensure the home was a suitable placement for the person.

During the inspection we spent time with people in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways and used techniques such as distraction and going to quieter areas

of the home. The techniques the staff used effectively reassured people. We found staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

The people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw that the staff were very effective at supporting people to manage their impulse control and emotions. We saw that staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

People also told us that they were involved in a wide range of activities both inside and outside the home. People said, “I go to out every day.” And, “I like going places.” Staff told us that people use day services, have regular trips and outings; go bowling and on holiday. We heard that people left the home each day and would also go to clubs on a night.

We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, behaviour that challenges and going out.

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people’s needs.

We reviewed the care records of three people and found that each person had a very detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We saw that interactive care planning sessions took place using accessible formats, which allowed the person to communicate their wishes.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose staff made contact with relevant healthcare professionals. For instance one person behaviour had changed so the staff had contacted the GP and community nurses who assisted staff to design different approaches, which resolved the issues.

We saw that people had been supported to make decisions about going for annual health checks and any treatment options. Some of the people disliked seeing medical professionals and staff had developed effective ways to enable individuals to become comfortable enough to have the checks they needed. This meant that people who used the service were supported to obtain the appropriate healthcare that they needed.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints made in the last 12 months. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

Is the service well-led?

Our findings

People we spoke with during the inspection spoke were very complimentary about the staff and the registered manager. From the information the people shared we gained the impression that they thought the home was well run and completely met their needs. We found that the registered manager was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. We saw that the registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service. We found that the manager was the driving force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with very complex needs lead ordinary lives.

Staff told us , “It is great here, the manager is excellent and I think we are working well as a team. We, as a team have made sure people get the best possible care.”

The staff we spoke with described how the registered manager since coming into post had made a lot of positive changes and all of them were aimed at giving people the best quality of care. Staff discussed how the registered manager worked with them to review the service to see if they could do anything better. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. They had reviewed staff practices and taken action to assist staff work in line with current best practice guidance.

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable

raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. The manager had ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at the home. For example staff introduced behaviour models that critically analysed events to determine triggers and had used this to successfully assist people reduce outbursts and displays of aggression. We found that the manager was skilled and knowledgeable and this combination had led them to take appropriate action to ensure the home remained compliant with the regulations. For example the manager had identified the gap around staff appropriately implementing the MCA. They had taken action to produce relevant templates and ensure the staff gained the skills needed to make and record ‘best interest decisions. The registered manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service, such as medication and infection control and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. Twice a year the provider commissioned an independent assessor to review practices at the home. Strong governance arrangements were in place.