

# St. Christopher's School (Bristol)

## Hyde Lodge

### 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

The inspection took place on 14 May 2015 and was unannounced. This was the first inspection of the service since registration in June 2014.

The service provides care and accommodation for up to seven adults, aged 19-25 with learning disabilities. At the time of our inspection there were five people living in Hyde Lodge.

There was a registered manager in place. 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.

The service provided safe care for the people living in Hyde Lodge. High staffing levels were maintained in order to care for people safely and meet their needs. These staffing levels were maintained consistently and arrangements were in place to cover unplanned staff absence when required.

# Summary of findings

Clear information was available to staff to support them in caring for people in a safe way. This included risk assessments and clear support plans that showed any risks associated with people's care had been considered and measures put in place to reduce the risks.

People received effective care that met their health needs. Relevant health care professionals were involved when appropriate and their advice followed. Staff were knowledgeable about people's health needs and demonstrated they had the skills to manage them effectively.

Staff demonstrated good knowledge of the Mental Capacity Act 2005 and how this applied to people in the home. Clear records were kept of best interest decision making, when a person had been found to lack capacity to make the decision independently. Family members were involved and consulted when appropriate to do so.

Staff were kind and caring in their approach and the stable and consistent staff team meant that positive relationships had been built.

Staff treated people with dignity and respect and afforded people as much privacy as possible. We received positive comments from relatives who were very happy with the support provided at Hyde lodge.

Families had provided information about people when the service opened in order to develop their support plans. The registered manager told us a priority for the service in the future was to develop ways of involving the person further in their care review.

People had access to an advocacy service to ensure their views and wishes were fully considered and represented. An advocate visited the home on a regular basis.

Staff understood the needs and preferences of the people they supported. These were well described in their support plan. People had opportunity to take part in activities outside of the home such as horse riding and shopping. People were also encouraged to take part in daily activities such as meal preparation and cleaning.

The service was well led. There was an open and transparent culture within the staff team so that staff felt confident discussing and raising any issues of concern. There were systems in place to monitor the quality and safety of the service. The registered manager was proactive in taking steps to continually improve.

# 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 were trained in and knowledgeable about safeguarding adults from abuse.

There was clear information contained in people's care files about how to support them safely.

People received safe support with their medicines.

There was sufficient staffing to meet people's needs.

Good



### Is the service effective?

The service was effective.

People's health care needs were effectively met.

Staff were knowledgeable about the Mental Capacity Act 2005 and followed the principles of this when making decisions on a person's behalf.

People's nutritional needs were monitored and action taken when necessary if concerns were identified.

Staff received support and training to carry out their roles effectively.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring in their approach and treated people with dignity and respect.

Families had been involved in providing information to support the development of care plans. The service was looking at ways to involve the person further in their care review.

Good



### Is the service responsive?

The service was responsive.

Staff understood the particular needs of the people they supported.

People had opportunity to take part in a range of activities outside of the home.

There was a formal complaints procedure in place; however no complaints had been received since the service opened.

Good



### Is the service well-led?

The service was well led.

There was an open and transparent culture within the staff team. Staff felt confident about raising issues of concern.

Systems were in place to monitor the quality and safety of the service.

Good



# Hyde Lodge

## 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 14 May 2015 and was unannounced.

The inspection was undertaken by one inspector. Prior to the inspection we reviewed any information we held about the service including notifications. Notifications are information about important events which the provider is required to tell us about by law.

As part of our inspection, we observed care being provided in shared areas of the home, and contacted three relatives to ask for their views about the care provided. We spoke with the registered manager and four members of staff. We viewed the care plans for two people in the home and viewed other recording relating to people's care such as Medicine Administration Record charts. We viewed documents relating to the running of the service such as quality and safety audits.

# Is the service safe?

## Our findings

People living in Hyde Lodge were safe. The people we met weren't able to tell us verbally about their experiences of living in Hyde Lodge and whether they felt safe. However we observed that people were settled and content in the presence of staff. One relative commented "We feel x feels really comfortable and secure and has the freedom to move around the house - often choosing to socialise in the lounge."

There was clear guidance available for staff to support them in providing safe care for people. This included personalised risk assessments for activities that the person enjoyed, such as horse riding. Clear measures were identified to ensure the activity could be carried out safely whilst still allowing the person to take part in an activity they enjoyed. There was a plan in place for each person on how staff should respond in the event of a fire. These included measures such as ensuring fire doors were closed and informing the fire crew of any particular conditions such as epilepsy.

We viewed records to show that fire drills had been carried out regularly and fire equipment checked to ensure it was working efficiently. There were further records in place to show that the safety of the building had been checked regularly. This included gas and electric checks.

Staff had been trained in safeguarding adults and demonstrated understanding about the appropriate ways to respond and report concerns about the people they supported. Staff were aware of the policies in place in relation to safeguarding and knew where these could be located if needed.

All of the people in the home required one to one support from staff in order to meet their needs and keep them safe, and so staffing levels were maintained at this level at all times. In addition there was a shift leader on duty and the

registered manager. Staff confirmed that these staffing requirements were always met and any unplanned staff absence was always covered. One person needed the support of two members of staff to ensure their safety and wellbeing outside of the home. Staff confirmed that staffing was sufficient to meet this person's needs and enable them to go out regularly.

There were suitable arrangements in place for the management of medicines. These were stored securely so they were only accessible to people authorised to do so. Regular checks were undertaken to ensure that stock levels were as expected. This would help identify any discrepancies or errors and ensure they were investigated accordingly. We checked the stock levels of two medicines and these were correct. When medicines were administered, this was recorded correctly on a Medicine Administration Record (MAR) chart.

There was clear information in people's support files about the medicines they were prescribed and how they should be administered. This included details about where in the home the person would prefer to take their medicines and what level of support they required from staff. Where PRN (as required) medicines were prescribed, there were clear protocols in place describing how and when they should be used. Staff confirmed they had received training in how to give medicines. We viewed records to show that staff underwent checks to ensure they were competent in medicine administration.

There were systems in place to check the suitability of staff and ensure they were suitable to work with people in Hyde Lodge. This included undertaking Disclosure and Barring Service (DBS) checks. These checks provide information about any criminal convictions a person has and whether they are barred from working with children or vulnerable adults. We checked the records for eight members of staff and all had a DBS check in place.

# Is the service effective?

## Our findings

People received effective care which ensured their health needs were met. People weren't able to speak with us directly about their experiences; however we received the following comments from relatives. "He is receiving excellent care, the staff are knowledgeable and caring, they understand his preferences, meet his medical needs, allow him to make choices and ensure that he is given opportunities to socialise and try new things", and "I have no concerns about the care provided within Hyde and know that x is in the best possible place for her particular needs."

Where people had particular health needs, these were well described in people's care files. For example, there was a clear plan in place for one person around a particular medical condition. During our inspection, this person showed signs of this condition and we saw that staff recognised the signs and responded immediately. This demonstrated that this health need was effectively managed. In discussion with staff, it was clear they were knowledgeable about the medicines required for this condition and how it should be managed. Staff confirmed that two members of staff always accompanied this person outside of the home so their needs could be met safely and effectively.

For another person, there had been concerns about their eating and drinking. It was clear that these concerns had been addressed through the involvement of relevant professionals. There was clear information in people's support files about their eating and drinking needs. This included information about their favourite foods and how meals should be presented to encourage the person to eat and enjoy their food. People's weight was monitored so that appropriate action could be taken when necessary to involve the relevant healthcare professional if concerns were identified.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. We saw clear evidence

of best interest decision making, which included relevant staff and relatives. Best interests decisions are made on behalf of a person when it has been assessed that they do not have the capacity to make the decision themselves. It was clear from the records that the issues discussed had been fully considered, including the impact the decision would have on the person concerned. It was also clear from the discussions we had with staff and the registered manager that they understood the principles of the legislation and how it should be applied. However, we did find that one best interest decision had been made, without a specific mental capacity assessment in place, in relation to that decision. Other capacity assessments had taken place; however the Act specifies that capacity assessments should be decision specific.

People's rights had also been protected in relation to the Deprivation of Liberty Safeguards (DoLS). This is the legal framework that is in place to protect people's rights when it is felt that there should be restrictions on their liberty in order to be able to support them safely. Two people in the home had DoLS authorisations in place and others had been applied for.

Staff told us they received good training and support to carry out their roles effectively. An overall record of staff training was kept so that it was clear when training needed to be refreshed to ensure that their skills were up to date. Training included topics such as safeguarding adults, moving and handling and medicines. Staff confirmed they also received a comprehensive induction to the service when they began working there which helped them feel confident about carrying out their role.

Staff confirmed they had opportunity to take part in formal supervisions meetings on a regular basis. Supervision meetings take place in order to monitor and discuss a member of staff's performance and development needs. Staff also felt confident about seeking the support of the registered manager or senior staff when the need arose. One member of staff told us about a specific issue they'd discussed with the manager and told us they were confident their concern had been managed appropriately.

# Is the service caring?

## Our findings

People benefited from staff who were kind and caring in their approach. Comments from relatives included “he is receiving excellent care, the staff are knowledgeable and caring “ and “X has lived in Hyde for almost a year now and I can only speak glowingly about the care they have received. All staff in the house are caring, sympathetic, happy, concerned for every young person and give the best possible care.”

Throughout the day we observed that people were at ease with staff and shared smiles and laughter together. People were treated with dignity and respect. For one person, there was a particular routine required for the care of their hair and it was evident that this had been carried out.

People living in the home required a high level of support from staff in order to ensure their safety and meet their needs. However, arrangements were in place to ensure people had some privacy when it was appropriate to do so. For example, we observed staff waiting outside people’s rooms when the person was resting or asleep. One member of staff told us that during a person’s personal care routine, they would seat themselves in a position that allowed them to monitor signs of a medical condition that may need to be responded to, but that also offered some privacy for the person concerned. Staff were aware of measures such as closing curtains and doors when providing personal care.

People were supported to be independent when they were able to be. For example, in one risk assessment we read that a person could become reliant on staff and they should be encouraged to carry out the parts of their care routine that they were able to. People were also encouraged to take part in aspects of their daily lives such as meal planning and preparation and cleaning their rooms.

The views and opinions of people were sought through regular visits from an independent advocacy service. An advocate is a person who represents the views and wishes of a person who may need support to express their opinions. The registered manager told us the advocacy service had been commissioned for at least the first two years of operation so that they could be assured that the service was working well for the people concerned. Meetings also took place to include all the people in the home. The registered manager told us these had not always worked particularly well because of the varying needs of people, however they were looking at ways to make these meetings more meaningful.

The views of relatives were sought at the time of the people moving in to Hyde Lodge to plan their support and understand what was important to them. The registered manager told us that in future a priority was to look further at how they could include people in planning their own care.

# Is the service responsive?

## Our findings

People were supported by staff who understood their individual needs. People had a team of staff allocated to support them and this provided continuity of care and the opportunity to build positive and supportive relationships. One relative commented “x is encouraged to be involved in everyday activities (e.g. shopping and preparing meals) and also follow his specific interests - he particularly enjoys walks on the nearby Downs and eating out at the pub!” Another relative commented “I have no concerns about the care provided within Hyde and know that x is in the best possible place for her particular needs”.

We observed that staff responded to people’s non verbal communications. One person was being encouraged to take part in an activity and demonstrated non verbally that they did not wish to take part. The member of staff understood the person’s reaction and respected this decision.

There was evidence throughout the home that demonstrated staff were aware of the best ways to support people’s communication. For example we saw symbols (a visual support to written communication) used and in one of the small kitchens there were simple instructions to support one person with making a hot drink. One person benefitted from having a visual timetable in place to support them in understanding and feeling secure about their plans for the day. The advice of speech and language therapists had been sought in relation to the communication needs of people.

People were actively encouraged to take part in daily activities around the home and in activities they enjoyed outside of the home. For example, people worked together to make evening meals for everyone. Outside of the home, people took part in activities such as horse riding. People’s individual rooms were personalised to reflect their own tastes and interests. For example, one person had chosen the colour scheme for their room and another person had decorated their room with posters of their choosing. People were able to follow their routines in relation to when they woke for the day and went to bed.

People had clear and detailed support plans in place which reflected their individual needs and preferences. These described a range of people’s needs including communication, eating and drinking and support required with medicines. There were also details specific to the individual about how they could be supported to settle in the evening ready for sleep. This information would ensure that staff understood how to support the person to feel settled and secure.

There was a complaints procedure in place and standard forms to record concerns; however no formal complaints had been received since the service opened. Not all of the people were able to express their concerns or complaints verbally, however it was evident through our discussions with staff that they understood the behaviours and non verbal communications that might indicate a person was unhappy. During our inspection staff responded appropriately to the needs of a person who had experienced an unsettled night by allowing them extra time in the morning and adapting their daily timetable accordingly.



# Is the service well-led?

## Our findings

The service was well led. There was an open and transparent culture within the staff team with staff reporting they felt confident in raising issues or concerns. Staff reported that the registered manager was approachable and had an 'open door policy'.

The registered manager was supported by 'shift leaders' who had responsibility for managing a small team of staff. One of the shift leaders we spoke with told us they had received specific training to support them in this role. This included training in providing supervision and in leadership. This helped ensure there was an effective leadership structure supporting the registered manager. A senior member of staff was available at all times to provide input if required. For example, at weekends and other times when the registered manager was not on site, staff confirmed they had contact numbers of a senior member of staff if required.

There were systems in place to monitor the quality and safety of the service provided. This had included commissioning a consultant to inspect the service and identify areas for improvement. The report had generated a number of recommendations to improve the service and the registered manager told us they were working through

these. One recommendation had been in relation to monitoring infection control and we saw that a full infection control audit had recently been completed. This demonstrated a willingness to continually improve and act on issues identified. Other audits completed, included a care plan audit and medicines review.

Accident and incident records were completed as a means of monitoring people's safety and wellbeing. This would help monitor any trends in the kind of incidents occurring; however given the small size of the service, staff were also able to monitor people's safety and wellbeing on an informal basis.

Staff had team meetings and this was used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. One member of staff told us about an incident involving a person which had been discussed within the team to find the best way of preventing it from happening again. This demonstrated a willingness to learn from incidents and improve the service as a result.

The registered manager was aware of their responsibilities in relation to their registration with the Commission, for example in making statutory notifications. Notifications had been received from the service when DoLS authorisations for people had been received.