

Bridgewood Trust Limited

Yews Hill / North Rise

Inspection report

75 & 77 Yews Hill Road
Lockwood
Huddersfield
West Yorkshire
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Tel: 01484430329

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13 September 2017

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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 ●

Summary of findings

Overall summary

Yews Hill/North Rise is a care home providing accommodation and support to people with a learning disability. Accommodation and support is provided in two houses next to each other. Yews Hill/North Rise is part of the Bridgewood Trust; a charity organisation which provides residential and day services to people with learning disabilities. At the time of inspection there was 14 people at the homes.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People received support which was individual to their needs, and risks were minimised wherever possible. Staff received training and support which helped them be effective in their roles. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. This was evidenced in their care and support plans. The service provider's policies and systems supported this practice. We observed a good atmosphere in the service, and saw people were free to decide how and where they spent their time. The registered manager and staff ensured the quality of the service was monitored, and improvements were made when required.

Further information is in the detailed findings below.

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 ●

The service remains Good.

Is the service effective?

Good ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Yews Hill / North Rise

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. This was a comprehensive inspection which took place on 13 September 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience with knowledge of people with a learning disability. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

We contacted the local authority and Healthwatch, to ask if they had information about the service they could share with us. Healthwatch is an independent consumer champion that gathers feedback from people about health and social care services in England. Neither they nor the local authority shared any information of concern.

We looked at support plans and medicines administration records and stocks relating to the people using the service. We also looked at other records relating to the running of the service including: three staff recruitment files, records relating to training, supervision and appraisal of staff and quality monitoring. We observed interactions throughout the day of inspection.

During the inspection we spoke with the senior member of staff on duty due to the registered manager being on annual leave. We also spoke to two care staff on duty. In addition we spoke with three people in both houses. We spoke to three relatives on the phone on the day of inspection.

Is the service safe?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Each person has specific risk assessments and some generic risk assessments. Each person has a care plan in place which is person centred. The manager checks the care plans every four weeks and identifies the changes and if shredding has taken place, where and when it has taken place. Risk assessments and care plans are reviewed as required but fully reviewed during the review process which takes place every 6 months or earlier if required or change occurs. Staff are aware of changes to care plans and risk assessments and have a thorough knowledge of people's needs'. We saw evidence during the inspection which confirmed this was the case.

People told us they felt safe. One person told us, "Yes I feel safe here." Another person said, "This is my home I like it here." We spoke to a relative who told us, "I don't get there very often now but when I do they are so welcoming the staff make you feel so welcome it's lovely."

Recruitment checks were completed prior to staff commencing employment.

We observed enough staff on shift to support people how and when they would like to be supported in and outside the home. One relative told us, "When I have been there always seems enough staff."

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way. Some creams were not labelled on opening, which meant these could have been used after their use by date. The senior member of staff told us this would be dealt with at the next cycle of medication. People told us they received their medicines on time.

Accidents and incidents were reported and actioned appropriately. Staff were aware of safeguarding and the importance of reporting these to the manager. Lessons learnt were in place through a monthly audit by the registered manager and area manager.

Is the service effective?

Our findings

The registered manager had a training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety. In addition some staff was in the process of completing or had completed National Vocational Qualifications. We saw evidence staff members had received an individual observation check, an annual appraisal and had completed a yearly appraisal in 2016 and 2017.

Staff received a full induction consisting of taught classroom based sessions and shadowing within the service before starting as part of the planned rota. A training record was in place for staff. New staff completed the Care Certificate.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Needs relating to nutrition and hydration were recorded in care plans. Dietary requirements for health or culture needs were provided for when required. One staff member told us, "We discussed healthy ways of eating and people have agreed to a healthier eating regime."

People told us they enjoyed the food, and we observed staff actively involving people in the preparation of food in the home.

People told us staff contacted health professionals when they needed this support. One person said, "My doctor is down the road staff help me to go to appointments."

Care plans showed people's day to day health care needs were being met. Relatives told us they were kept up to date with any changes. One relative told us, "They get the doctor when she needs one, arrange appointments for hospital and keep me informed as to what goes on." Another relative told us, "I am kept up to date with everything when she is unwell this can be phone calls twice a day I can't fault them on communication."

Is the service caring?

Our findings

People told us they liked living at Yewshill and North rise. One person told us, "We talk about things and if I'm happy and stuff." Another person said, "Its sometimes boring here and I fall asleep." Another person said, " Yes I like it here."

During our inspection staff were attentive to people they were caring for and demonstrated they knew people very well, including people's family members and visitors. They were able to explain how they supported people individually and knew how to approach people in a way which would ensure best possible outcomes for those people. For example, We saw staff gave encouragement to help people try new activities and experiences.

People said they were involved in making decisions about their care and support. We saw people had input into their care plans and were involved in their reviews. Where required, staff were respectful of people's cultural and spiritual needs. One person said, " I'm having my review next week with my keyworker my social worker will be there too. We talk about things and if I'm happy and stuff."

People told us staff respected their privacy and dignity. Their comment included, "Staff knock on my door and ask if they can come in." We observed staff were respectful when talking with people and they knocked on people's bedroom doors before entering. The wishes of people who preferred not to be disturbed were respected.

Is the service responsive?

Our findings

Each person had a care plan tailored to meet their individual needs. We saw people had been involved in creating their care plan and any subsequent reviews of their care. We saw involvement from relatives and outside professionals. Staff kept daily records which gave sufficient information about people's daily lives. Care plans we looked at contained information on people's preferences, likes and dislikes, and how they wanted to be supported in and out in the community.

People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. One person told us, "Sometimes I have a one to one meeting and this is about once a month. Sometimes I may not have one and that's my choice." We saw evidence which supported this.

People were supported in promoting their independence and community involvement. One person spoke of outings and activities, other people we spoke with said they went out to do personal shopping and went on holidays. Staff told us where possible people were encouraged to visit and keep in touch with family either in person or by phone. One person had travelled abroad every year to stay with relatives. This was actively supported by the home.

People we spoke with told us they knew how to complain. One relative told us, "I have never had a real problem from the place, the staff know [name of person] well. To be honest if there are any issues they ring me and inform me of what's happened, like if [name of person] has had a little issue and needs to have it sorted they keep me informed all the time. Another relative told us, "When we do get over we are welcomed and treat with the upmost respect from staff we have never had reason to complain." At the time of inspection there had been no complaints.

Is the service well-led?

Our findings

At the time of this inspection the service had a registered manager, however on the day of inspection they were on annual leave. The senior member of staff supported us with 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.

People spoke positively about the registered manager. One person told us, "I feel listened to; they help me with my money." Another person told us, "She is real nice and organised." One relative told us, "They excel themselves and go over and above to maintain a good quality of life for [name of person]."

The registered manager sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. The senior member of staff told us, "We do send out surveys, we don't get a lot back." The senior member of staff told us, "We do send a newsletter out informing relatives, people and staff of what is happening in and outside of the home. We saw the last newsletter which was dated October/December 2016.

We looked at records of staff meetings and saw these were well attended. They covered business from the last meeting and looked at standing items, for example, health and safety, maintenance and fire safety were discussed. Each meeting looked at items discussed and objectives were recorded, where staff were unable to attend, the minutes were visible in the home for staff to read.

We saw a monthly quality audit for July 2017 which included medication, maintenance of the building, people, staff handovers, training and accidents and complaints. All policies and procedures we looked at were found to be up to date.

We found relevant notifications had been submitted to the CQC by the registered provider.