

# Creative Care (East Midlands) Limited

## Bridle Lodge

### Inspection report







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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Bridle Lodge is a residential care home providing personal care to five younger adults with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The service applied the principles of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were fully supported to achieve their dreams and goals. People were supported to access education and volunteering work. Systems had been developed to give people full control of what activities they wanted to participate in. People were fully integrated into the local community. People who were at risk of becoming socially isolated were now accessing the community. Communication systems in place in the service had empowered people to make decisions and gain independence. People received person-centred care and through effective communication systems were fully involved in the development of their care plans and risk assessments. Complaints procedures were in place and the service had fully ensured people knew how to complain. People's wishes at the end of life were explored in great detail.

Systems were in place to ensure people were kept safe. There was enough staff to meet people's needs. People received their medicines as prescribed. Infection control procedures were fully imbedded in the service.

People were supported by staff who had received an induction and ongoing training to ensure they had the knowledge and skills to meet people's needs. People were fully involved in the development of the menu and the purchasing of food. People were supported with their nutrition and hydration and received positive outcomes from this support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff, who respected people's privacy and dignity. People were empowered to express their views and to be fully involved in decisions about their care.

The management team demonstrated a commitment to provide person-centred, high quality care. People, relatives, staff and visiting professionals were all positive about the leadership of the service and were fully involved in the running of the service. There was an open and transparent culture within the service

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service good (published 11 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Outstanding ☆

# Bridle Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Bridle Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with

five support workers. The regional operations managers supported the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three professionals who regularly visit the service. We spoke with three relatives and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to.
- Information had been provided to people in easy read formats, to ensure people had an understanding of abuse and who to report to.
- Relatives told us, "My relative is safe, they have done wonders with him."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.
- In depth guidance was available for the support people required with their behavioural needs.
- Accident and incidents were monitored and analysed. This enabled trends to be identified and action taken if required.

Staffing and recruitment

- There was adequate staff. Staffing rotas were organised around people's needs.
- Recruitment checks had been conducted prior to people working in the service. The service had recently implemented an online system to ensure recruitment checks were robust.

Using medicines safely

- People received their medication as prescribed.
- Staff who administered medication had their competency assessed.
- Guidance was recorded in people's care plans on how they liked their medication administering.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection.
- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- People had received hand washing training and received certificates for this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training to ensure they were trained for the role. One staff member told us, "When I first started I did my training and three shadowing shifts, I observed all the service users, I had quite a lot of support during the first few weeks. New staff also get a buddy who supports you, it works really well."
- Additional training was sourced when required to ensure staff were trained to meet people's needs. For example, when a person had recently moved to the service used Makaton, this training was organised to ensure all staff could communicate effectively with the person.
- Staff received supervision and felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective care to make sure they had enough to eat and drink. We observed during the inspection people went freely to get food and drinks and staff encouraged people's independence with this.
- Staff had taken proactive steps to encourage people to eat a healthy, balanced diet; they monitored what people had to eat and drink to make sure their needs were met. One relative told us, "The food is nice. [Name] always chooses what he wants to eat. Since the registered manager has been in post he has lost a lot of weight because he was overweight and is eating a lot healthier."
- Staff supported people to devise the menu. Staff held individual meetings with people using pictures to determine people's likes and dislikes. People went with staff to do the food shop and chose the food they wanted to purchase.
- The registered manager had carried out a hydration week to encourage people to drink enough fluids. They developed easy read information leaflets on the importance of fluid intake and people went shopping to choose their own cups.

Adapting service, design, decoration to meet people's needs.

- The premises were designed to provide a homely environment for people. The service was nicely decorated and had personalised photos around the building.
- There was a variety of areas outside, for people to enjoy the outdoors. For example, a seating area, a trampoline area and a park area.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported to be involved in decisions about their care wherever possible; mental capacity assessments and best interest decisions showed people's rights were protected. The service promoted people to make their own decisions using communication systems.
- Applications had been made when necessary to deprive a person of their liberty.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the service, health professionals worked with the service to ensure effective transition.
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. One health and social care professional told us, "People's health care needs are met. One person had recently moved to the service, they promptly arranged all health appointments, for example, opticians, dentist and diabetes checks."
- Information was shared with other agencies if people needed to access other services such as hospitals. Hospital passports were completed and grab sheet summaries to ensure health professionals had all the information required.
- People's needs were assessed and reviewed to ensure they received support that met their changing needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. When asked about the staff people displayed very positive body language. One person told us, " I like the staff, they help me." One relative told us, "Staff are kind, they know [name] very well."
- Staff respected people's equality and diversity; they recognised what was important to people and treated them as individuals when meeting their diverse needs. People had care plans to express their 'identity and individuality'.

Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect. Staff worked in a manner which empowered people to make choices and maintain control of their lives.
- Staff supported people to be fully involved in the development of their care plans and to make decisions about their care on a daily basis.
- Communication systems in place supported people to make decisions and express their views.
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way which maintained their privacy and dignity; staff spoke about people in a respectful way and described how they supported people to maintain their privacy and dignity.
- Care plans recognised what people did for themselves and reinforced the importance of encouraging and supporting with this.
- Staff supported people to develop their skills and encouraged their independence. One relative told us, "[Name] is now doing baking and things, these are all things two years ago he wouldn't have been able to do."
- People benefited from an environment which had been designed to maximise their independence.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was developed around their wishes, preferences and goals and this impacted hugely on their life. For example, we saw one person's dream had been to get a job, they had chosen to apply for volunteering work to fulfil this dream. The service supported them through the full recruitment process to access volunteering work using social stories to help them prepare. Compliments from this person's relative stated, "[Name] has been so desperate to get a job and he looks absolutely chuffed in the pictures. I just wanted to say a massive thank you, this would have not been possible without you. It's very clear that you think a lot of [Name] and it's nice to know he's surrounded by people like you." □
- People were encouraged and empowered to achieve their ambitions. For example, one person had ambitions to help the homeless, they were fully empowered and supported by the service with this work. This person received community hero awards for their charity work, this had a huge impact on this person and gave them a great deal of pride. Other people were supported to achieve goals they had set, for example, one person who was unable to obtain a driving license but wanted to learn to drive like their peers. The service sourced safe driving lessons meaning this person was able to achieve their goals.
- The service supported people to be fully integrated into the community and to avoid social isolation. This had started with coffee mornings and developed into neighbours working with the people living at the service on their garden projects. People who lived at the service delivered the local parish magazine, this got them engaging with the local community and again had huge impact on people's confidence and integration with the local community. One relative told us, "[Name] hadn't been out for a number of years, the registered manager and team never gave up on him, they did lots of work to get [name] to go out in steps. Now he goes out daily, it's had a massive positive impact on his life."
- People had full control over their social life's. We saw examples, where the service had supported people to access activities which had developed this skill. For example, one person wanted to achieve the physical aim of learning to swim. The service supported this, and this person received recognition for this which he was hugely proud of.
- The service went above and beyond to support people to develop and maintain relationships. People who had made friends at social clubs were supported to develop their relationships outside of the clubs and in the local community and had establishing meaningful friendships from this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their careers.

- People had in depth detailed communication plans in place using innovation and technology.
- For example, one person used an iPad to communicate. The service had worked with the local pub to enable this person to communicate effectively with them using technology. This meant they now had full control of ordering his food and drink and this had massively increased their independence. Social stories were used with people in preparation of starting new activities and visiting new places, this reduced people's anxiety and encourage them to try new things.
- Communication systems had a huge impact on people's life's and empowered people to take part in tasks they had not previously done. For example, people who wanted to participate in political votes, information was provided using social stories to ensure understanding, and to tell them the process of voting to reduce any anxiety when they attended to vote.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People had detailed and completely individualised care plans, developed in partnership, using innovation and technology. People choose how they wanted to spend their time and what they wanted to do, communication systems had been developed to give people full control.
- The development of communication systems had empowered people to share their views. Using social stories encouraged one person who would not previously engage in key worker meetings to start engaging. This person was now empowered to share their views and make decisions about their care.
- One health professional told us, "The service has done things that have been far beyond what other services have done, they have developed talking mats to determine the persons likes and dislikes. They have looked at all different ways to ensure [name of person] is fully involved in their care plan and risk assessments, and it has worked I have never seen them so happy."

Improving care quality in response to complaints or concerns

- Complaints procedures were available and fully followed.
- The service had easy read in the service including easy read formats and people were fully supported to understand these.
- Communication methods developed in the home, meant people were given regular opportunity to raise any concerns.

End of life care and support

- Nobody was receiving end of life care at the time of inspection. Peoples wishes at end of life had been fully explored with them including their cultural and spiritual needs.
- Detailed booklets had been completed which covered all aspects of people's care and wishes. This included how people wanted to be remembered and who they wanted special memory items to go to.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leaders and managers demonstrated a strong commitment to provide person-centred, high quality care by engaging with people and stakeholders. Staff demonstrated and were committed to the provider's ethos for the service and they worked as a team to deliver these.
- People, their relatives and health professionals told us they believed that the service was very well led, and people received person centred care. One health professional told us, "People receive a person-centred service, the registered manager goes above and beyond to make it a home for the clients. She's making it their home not a residential home, she is doing a fantastic job." One relative told us, "The way they run the home is fantastic, the staff are brilliant. If anything wants doing they do it. Management and staff stick with each other it's one big happy team."
- Staff were highly motivated and extremely positive about the management team. One staff member told us, "The registered manager is brilliant, all of the management team are brilliant. The registered manager has made this people's own home not a service. The service users are very happy." Another staff member told us, "When the new management team took over they really had their work cut out, they have really turned it around. [Name] is a good manager, they have done a really good job. The operations managers are always on site and very are approachable. All the management team listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Innovate ways were used to ensure people were fully engaged in the service and empowered to have their opinions heard. The service had supported one person to become a 'champion' with staff this person had been supported and now conducts some of the health and safety checks for the service. People did the food shopping for the service and communication systems ensured people gave their opinions on all aspects of the service.
- Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses. The service used a 'You said, we did' approach. Peoples feedback and the action taken was on display in the service. Regular meetings were held to gather people's feedback.
- A huge amount of work had been done to develop links with the local community. Neighbours and members of the community were regularly invited to attend fundraising events and coffee mornings.
- The service was developing their own project of Seed to feed, they were raising money to develop a poly tunnel where people could grow their own fruit and vegetables, and the remaining would be sold to raise money for the services chosen charity. People, family, staff, neighbours, local councillors had all taken part

in the service event and this was reported in the local paper.

- The service had a chosen charity, which was picked and voted by the people who lived at the service. The service had chosen a homeless charity and held numerous events to raise money, and to collect items to donate such as food and clothing.
- The registered manager and staff shared effective working relationships with professionals and worked collaboratively to meet people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy.
- We saw the registered manager communicated effectively with all stakeholders and kept them up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a solid structure of governance embedded in the service. The registered manager monitored quality and compliance with regular audits, meetings and surveys. The registered manager had a 'hands on' approach to their involvement of the service.
- The operations managers completed regular audits and they produced a report and action plan to identify and drive forward any areas for improvement.

Continuous learning and improving care

- The registered manager received updates from national organisations to keep up to date with best practice.
- The registered manager and other registered managers within the organisation shared good practice and any lessons to be learned.