Mrs Janet Barlow

Bridge House

Inspection report

43-45 Bridge Street & 12 Bridge Gardens
Barnsley
South Yorkshire
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Tel: 01226292680

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21 February 2018

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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

Bridge House provides accommodation for up to seven people with mental health needs. The service comprises of three domestic properties, two on Bridge Street and one on Bridge Gardens. The houses are close to each other in a residential area within walking distance of the town centre of Barnsley.

This comprehensive inspection took place on 15 and 21 February 2018 and was unannounced on the first day.

At the last inspection in November 2015, the service was rated Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Bridge House' on our website at www.cqc.org.uk'

The service had a registered manager in post at the time of our 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 continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

Staffing was not provided continually over a 24 hour period; staff were in the service for six hours each day. The commissioners were aware of the staffing arrangement, which they confirmed met the needs of the people who used the service. Robust recruitment processes continued to be in place.

People continued to receive their medicines in a safe manner and received good healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met.

Infection control systems were in place. However, we found not all the houses were well maintained or kept clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People told us they had good relationships with the staff. They said they were caring and kind. Staff respected people's privacy and dignity and promoted their independence.

The service had an open culture which encouraged communication and learning. People who used the service, health care professionals and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

We saw that the registered manager who was also the registered provider continued to monitor and audit the quality and safety of the service and that people who used the service were involved in the development of the home and were able to contribute ideas.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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. This inspection took place on 15 and 21 February 2018 and was unannounced on the first day. The membership of the inspection team comprised of one adult social care inspector.

Before the inspection, we asked the provider 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.

We spoke with five people who used the service. We spent time observing how staff interacted with people they were supporting. We spoke with the registered manager, organisational manager and two care staff. We also spoke with two health care professionals by telephone following our inspection, to gain their opinion of the care provided to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Our findings

People who used the service continued to feel safe with the support they were receiving. We asked people if they felt safe and they told us they definitely felt safe. One person said, "I am safe and happy." Another person said, "I always feel safe here."

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. People told us they felt confident to raise any concerns that they might have about their safety. One person told us, "I am happy talking to staff if I have any problems."

Staff we spoke with knew how to recognise and report abuse. Staff told us they had received appropriate training and were aware of the correct procedures to follow. Staff told us there was a policy in place to protect people from abuse, they knew where to find this and who to report any concerns to.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. This promoted independence and ensured their rights to freedom were respected. One person said, "I go out on my own, I tell staff when I leave and where I am going."

Risk assessments also included financial management to ensure that people were protected against the risk of financial abuse. Measures included obtaining staff signatures and the signature of the person who used the service when monies were used to make purchases. This ensured that monies were safely managed.

Environmental risk assessments had been completed, so any hazards were identified and the risk reduced. Checks on the fire and electrical equipment were routinely completed. Staff had been received health and safety training including fire training. We also saw records of staff and people who used the service participating in regular fire drills. One person told us, "I have done a fire drill, we go outside." Another person said, "I check the smoke sensors, to check they are working."

People were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Medicines were stored safely and administered by trained staff. We checked a random sample of medicines and found that stocks were accurate with the records held. We observed administering medications and they followed correct procedures. Staff explained the procedure for people who were prescribed medicines when staff were not in the service. Staff told us, the medication was given to the person before they left and the person stored it in their bedroom until it was time to take

the medicine. Staff recorded it on the medication record correctly, clearly showing the person self-administered their medication.

People received regular reviews which ensured medicines they took were still appropriate for their needs.

Staff told us that staff worked well together as a team to ensure people's needs were met. Staff we spoke with told us that there were enough staff to meet people's needs. Health care professionals told us that there were a stable staff team supporting people, which ensured a consistent approach that helped the person they were supporting.

Staffing was only provided for certain hours of each day. Staff were at the service form 8am until 3pm. After this time an on call system was in operation if the people who used the service required staff they would call for the telephone in each house. We checked this with the commissioners and they were aware of the staffing arrangements and told us this met the needs of the people who lived at Bridge House. People we spoke with were aware of who to contact if they required support. One person said, "I would phone if needed."

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people. We looked at three staff's personnel files and found the recruitment process continued to be followed.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

There were systems in place which promoted infection control. These included cleaning regimes and schedules and training for staff. However, we saw that these were not always effective. We found that bathrooms were not well maintained and not kept clean. Some furniture was damaged and unable to be effectively cleaned. This was discussed with the registered provider who actioned the issues during our inspection and arranged for a new bathroom to be installed and other work to be carried out to ensure the service was well maintained.

Good

Our findings

People received care that was effective. People told us they liked living at Bridge House. One person said, "I like the staff, it is good here." Another person said, "I am a lot better her, I like it."

Staff worked collaboratively across health care services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effective care for each person. We received positive feedback form health and social care professionals'. One said, "The staff actively work to promote [person's name] health and wellbeing."

Staff said they felt supported by the managers and that they continued to receive regular supervision sessions. These were one to one meetings with their line manager. Staff also continued to receive an annual appraisal, where their performance and development was discussed. All staff we spoke with said they were confident that any issues they raised would be death with promptly by the registered provider. One staff member said, "We work well as a team."

People were cared for by staff who had received training to meet people's needs. Staff told us the training was good and they attended regular training and records we saw confirmed this.

We saw that people continued to be offered a nutritious and balanced diet, which met their individual needs and preferences. People contributed to the menu choices and these regularly changed depending on what people fancied to eat. One person said, "I choose what I want to eat, I try to eat healthy food." People usually had their main meal at lunchtime and all eat together. People from the three houses would come to one house to eat. Staff told us then people would prepare a snack themselves in the evening when staff were not available. One person we spoke with said, "I make my own tea, there is always plenty of food."

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under The Mental Capacity Act 2005 (MCA). The application procedures for this in care homes 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.

The 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.

The registered provider met the requirements of the legislation. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

Good

Our findings

All five people that we spoke with who used the service told us they staff were kind and caring. One person said, "The staff are very good, I am very happy here. I am much better since I have been here."

Our observations showed that staff treated people with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered people's bedrooms or bathroom. The people who used the service and the staff looked comfortable together. There was a lot of laughter, joking and friendly healthy banter between them. One person said, "I am happy here."

We looked at two people's care plans. The plans detailed what was important to that person including their preferences, choices and goals. People told us they were involved in their care plans if they wished. One person who spoke with us showed us their care plan, they were aware of what it included and what decisions had been made and documented in the plan. They told us they wanted to eat healthy and this was in the plan of care. However, it could be more detailed to show the persons aspirations and goals. The registered manger agreed this would be beneficial and on the second day of our visit this was being implemented with the person.

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links. One person told me their family visited regularly and could visit whenever they wanted. There was also pictures of peoples family around the service, which made it very personalised. One person said, "My family visit regularly, they can come when they want."

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. One person showed us their bedroom. They shared with another person and told us they liked sharing. Their bedroom had also been personalised with photographs and objects of interest.

Staff we spoke with understood the needs of the people they supported and were committed to ensuring that people they supported received the best possible care and support and to maintained their independence.

Good

Our findings

People who used the service continued to receive care that was personalised. People were involved in making decisions about their care and support. We saw evidence of this in the care files we looked at.

People we spoke with told us they were involved in their care planning. One person showed us their care plan and was fully aware of what it contained. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people in line with their care plans.

Health care professionals confirmed that staff were responsive to people's needs. One health worker told us, "There is good dialog between staff and myself, which ensures people's needs are met."

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

People were supported to engage in a varied range of activities and hobbies. Activities people took part in were socially and culturally relevant and were appropriate. People told us they went out most days. Some people went out on their own, others were supported by staff. One person said, "I prefer to go out with staff and I am able to go out most days if I want." Another person said, "I go for a walk on my own every day." The registered provider also organised regular events at the head office including, Christmas parties, social activities and craft work. A health care professional said, "The people have plenty of social activities."

Complaints received were fully investigated and responded to by the registered manager. People told us that they knew how to raise concerns and these were actioned by staff and the registered manager. We saw that the complaints process was available for people their relatives and visitors.

Good

Our findings

There was a registered manager. 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 management continued to demonstrate effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. From talking with staff, it was evident that the registered provider who was also the registered manager was committed to providing care that was tailored to the people who used the service.

We saw evidence that people were involved and consulted about the quality and running of the service. From meeting minutes and speaking with people it was clear that their thoughts and ideas are acted upon. People we spoke with confirmed that they attended regular meetings and contributed to how the service was run.

The quality assurance system continued to ensure that the registered provider had a good overview of how the service was operating and that the service was of good quality. Audits completed by the staff were for areas such as medication and care plans. However, there was no formal procedure for infection prevention and control. This was discussed with the registered provider and they were implementing new systems on the second day of our visit.

The registered manager continued to demonstrate clear leadership throughout the home and staff were aware of their role and responsibilities. Staff we spoke with felt they worked very well as a team.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.