

Bright Futures Care Limited

# Bright Futures Care Ltd

## Inspection report

Bridgewell House  
82 Ackers Road, Stockton Heath  
Warrington  
Cheshire  
WA4 2BP

Date of inspection visit:  
26 March 2018  
27 March 2018

Date of publication:  
10 May 2018

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 March, 2018 and was announced.

Bridgewell House is owned and managed by Bright Futures Care Limited.

Bridgewell House is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as single package under one contractual agreement. Bridgewell House is registered to provide care and support to young adults who are living with learning conditions, a disability, Mental Health Conditions or Sensory Impairment. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bridgewell House can support up to six people, at the time of the inspection there was five people living at the home.

The home is situated in a residential area of Stockton Heath, Warrington. Bridgewell House is a large detached property which provides accommodation over two floors. Each bedroom comes with en-suite facilities; there are two large communal rooms, two large kitchen areas and a large garden area at the back of the house.

At the previous inspection which was conducted in February 2015, Bridgewell House was rated 'Good' in the safe, effective, responsive and well-led domains. The 'caring' domain was rated 'outstanding'.

At this inspection we found the service remained 'Good', with the caring domain continuing to be rated as 'outstanding'.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had a number of different systems in place to assess, monitor and continually improve the standard and quality of care being provided. This meant that people who were being supported were receiving safe, compassionate and effective care.

'Accidents and Incidents' processes were reviewed during the inspection. Each person had an 'incident' reporting book and the relevant care records were updated as and when an accident/incident occurred. All staff were aware of the incident reporting procedure and the importance of completing and updating records. We identified that an analysis of accidents/incidents was not been carried out to establish trends and patterns.

We have made a recommendation regarding the analysis of accidents and incidents within the home.

Medication was administered by staff who had received appropriate training. Medication that needed to be given 'as and when' (PRN) was being prescribed however, protocols were not in place. Medication protocols outline to staff the circumstances in which this should be given. We discussed this with the registered manager so these could be put in place.

Care plans and risk assessments were in place. They contained up to date and relevant information for each person who was being supported. Each person had a designated key worker who was familiar with the varying levels of support needs and risks which needed to be managed.

Recruitment was safely managed. Staff personnel files demonstrated that safe recruitment practices were in place. All staff who were working for the registered provider had submitted an application form, sufficient references had been obtained and disclosure and barring system checks (DBS) were in place.

The registered provider operated within the principles of the Mental Capacity Act 2005 (MCA). People had been appropriately assessed and the relevant Deprivation of Liberty Safeguards (DoLS) had been submitted to the relevant local authority.

Staff expressed that they were fully supported in their roles. Staff had received the necessary induction training, regular supervision and appraisals were taking place and extra training was provided to further equip staff with specialist skills and abilities.

Staff supported people to make their own decisions around their own nutrition and hydration. Choices, preferences, likes and dislikes were taken into account and extra support was being provided by external healthcare professionals in relation to weight management and balanced diets.

People were treated with a great amount of dignity and respect. The care being provided was regarded as 'outstanding' and people's equality and diversity needs were considered from the outset.

Care plans were individually tailored and a 'person centred' approach to care was evident throughout the inspection. Staff were familiar with people's support needs and always provided care and support in a respectful and dignified way.

The registered provider had a formal complaints policy and procedure in place. At the time of the inspection there were no formal complaints being reviewed. People and relatives we spoke with expressed that they would feel comfortable and confident speaking to the staff team and managers about any issues of concern.

Health and Safety audit tools were safely monitoring and assessing quality and standards of the home. This meant that people were living in a safe and well maintained environment.

Policies and procedures were reviewed during the inspection. All policies contained the correct information and guidance for staff to follow. Several policy review dates had expired however the registered manager explained that there was going to be an overhaul of all policies and procedures in the coming months.

Staff were knowledgeable around the area of 'safeguarding' and 'whistleblowing' procedures. They were familiar with the internal reporting procedures. Staff had completed the necessary safeguarding training and there was an up to date safeguarding policy in place.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Bright Futures Care Ltd

## **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 26 and 27 March, 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Bright Futures Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported at Bridgewell House. A notification contains information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, one site manager, an operational manager, one healthcare professional, three members of staff, one person who was being supported and four relatives.

We also spent time looking at specific records and documents, including five care records of people who were being supported, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents, policies and procedures, safeguarding records and other documentation relating to the management of the service.

# Is the service safe?

## Our findings

We received positive comments in relation to the care which was being provided. People's comments included, "I feel very safe here yes, the staff know me well." and "Yes, it's absolutely safe." We spoke with one healthcare professional who commented "There's no undue risks, they [staff] don't expose people to risks and they prevent harm."

'Accidents and incidents' processes were reviewed. We found that accident/incidents' were routinely recorded and staff were familiar with the reporting procedures. However, we did identify that there was no system in place to monitor or establish trends. We discussed with the registered manager during the inspection that such analysis of accident/incidents could help prevent or further mitigate risks.

We recommended that the registered provider reviews the 'accident/incident' processes as a way of establishing trends and managing potential risks.

Medication was administered by staff who had received the relevant medication training and medication audits were frequently being completed. We did identify that PRN protocols ('as and when needed' medication) were not in place. 'As and when' needed medication is administered when the person requests this or the staff identify medical reasons for the medication to be given. Following the inspection the registered manager provided us with the relevant PRN protocols which were required.

Each person had thorough, up to date and relevant risk assessments in place. Risk assessments had been established from the outset and were tailored specifically to the individual. Risks were clearly outlined, guidance was provided and support measures had been identified.

Safe recruitment processes were in place. Application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Infection prevention control measures were in place. Personal protective equipment (PPE) was provided to staff and the environment was clean, well maintained and odour free.

Each person had a personal emergency evacuation plan in place (PEEPs), which provided relevant details on the support people required in the event of an emergency, for example a fire or flood.

Staff had a good understanding of 'safeguarding' and 'whistleblowing' procedures. Records confirmed that appropriate safeguarding training had been completed and people were protected from the risk of abuse.

# Is the service effective?

## Our findings

We received positive comments from people and relatives about the level of effective care. Comments we received included "Staff know [person] well", "There's enough training and they provide enough support" and "They [staff] become really familiar with [person's] needs."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was effective processes in place to ensure those living at the home were receiving the care and support they needed with the involvement of local authorities, GP's and relatives.

Supervisions and appraisals were regularly taking place and all staff explained that they felt supported in their roles and were made to feel valued on a day to day basis.

The registered provider expected all new staff to complete mandatory training. Mandatory training included safeguarding, medication administration, fire awareness, food awareness and first aid. Staff had also completed MCA and DoLS training, equality and diversity, manual handling and eating and drinking. We received largely positive comments from relatives about the expertise of staff. One relative expressed "There is enough training."

The environment had been adapted to the needs of the people who were living at Bridgewell House. People received the necessary sensory support, bedrooms had been designed and tailored to needs and desires of the person and it was evident that safety and comfort of people living in the home was paramount.

People living at Bridgewell House had access to external health professionals. There was a 'Health File' in place and which contained information about routine health checks, 'health passport', weight management tools and health practitioner visits. This meant that there was a holistic approach to people's health and well-being.

Health care professionals were involved in people's nutrition and hydration support needs and the registered provider ensured that all staff followed any advice and guidance which was provided. People were supported to have nutritious and balanced diets.

# Is the service caring?

## Our findings

People we spoke with during the inspection expressed how the staff provided outstanding care. Comments we received included "It's outstanding, I couldn't speak more highly of them [staff]", "There's an excellent level of care", "I think the care is great", "They [staff] really couldn't do enough and "[Person] was at rock bottom, now [person] is totally different, I can't describe the impact they [staff] have had."

People received a significant amount of tailored care and support from consistent and regular care staff. Each person was supported by a dedicated key worker from the outset. The registered manager explained that the skill set and experience of staff was matched to the care needs of the people who were living at Bridgewell House. Throughout the inspection all staff were able to provide intricate details and specific care needs of all five people who were being supported.

We reviewed care records which had specifically been adapted. This meant that people could understand the support they were receiving and be involved in the care being provided. Care plans had been developed in an 'easy read' format and daily records (My day at Bright Futures) helped people to explore their thoughts, feelings and emotions on a day to day basis. For example, daily records contained pictorial images which encouraged people to explore if they were 'happy' or 'sad'. Staff explained that then helped them to uncover and explore why exactly the person felt a certain way and how further support needed to be provided, if required.

There was an overwhelming sense of warmth, compassion and kindness. Staff positively interacted with people at Bridgewell House, they demonstrated their understanding of specific support needs and ensured that dignity was respected. People were individually introduced to the inspector, people were asked for their consent to explore bedrooms and communal areas as well as being asked if they wished to speak to the inspector throughout the inspection. This demonstrated how people were treated with dignity and respect and made to feel involved in the inspection process.

Relatives and healthcare professionals we spoke with expressed that people were genuinely cared for. One professional expressed "People enjoy an enriched life and the staff are well informed about their needs." One relative stated "They [staff] absolutely care, it's a wonderful service."

Equality and diversity needs were established from the outset. People were protected from discrimination and staff were aware of the tailored care which was required. The registered provider ensured that measures were in place to accommodate people with any cultural, religious, emotional and physical support needs. For example, sensory aids had been introduced to help support people with specific emotional needs and people's bedrooms had been reasonably adjusted to support with any physical needs.

Monthly reviews were taking place with each person who was living at Bridewell House. As part of the reviews people identified 'goals' they wished to achieve and outcomes were then measured to establish level of progress and development. This meant that people were encouraged to focus on certain areas which were important to them and their lifestyle. For example, in one care record we reviewed it stated



'[person] to make positive contributions to others and environment'. When this 'goal' was reviewed it stated 'Providing [person] with opportunities to help other people has proven to have a positive impact on self esteem and self worth'.

We reviewed comments which had been returned from a recent 'Family and stakeholder' survey which stated 'The team are exceptional. They show a fantastic amount of kindness and treat [person] with huge amount of dignity and respect'.

The registered provider encouraged people to remain as independent as possible. People were encouraged to engage in activities which would stimulate, motivate and essentially have a positive impact on their health and well-being. For example, one person was encouraged and supported to remain socially active. Care records indicated that the person attended pet therapy sessions on a weekly basis and socialised with others who were involved in a youth inclusion service.

We reviewed how confidential information was stored and protected. All sensitive information was safely stored in a locked office, confidential information was not unnecessarily being shared and staff were aware of the importance of protecting confidential information.

The promotion of family involvement was a significant factor in the care being provided. The registered provider ensured that where possible transport was provided to help facilitate visits to and from the home. This meant that significant relationships could still be maintained between people who were being supported and their loved ones.

For people who did not have any family or friends to represent them, contact details for a local advocacy service could be made available to them. Advocates can represent people when specific choices and views need to be made in relation to their health and support needs.

## Is the service responsive?

### Our findings

People we spoke with expressed that the staff were responsive to their needs. One person expressed "Staff know me well, I get loads of choice, sometimes I struggle but the staff support me as much as they can." Relatives also expressed "We're [family] all fully involved" and "Staff become very familiar with [persons] needs."

A person centred approach to the care was being delivered. Care plans contained tailored information which meant that staff could provide the care and support which was required. For example, care plans we reviewed stated 'I particularly like days out, especially to the park, the seaside and drinks in the local café or pub', 'I am cheerful, friendly, I enjoy the company of others' and 'I like being outdoors and I really do enjoy swimming.'

Care plans contained detailed information about the different professionals and support services who were involved in the person's care. One healthcare professional commented "There is a multidisciplinary approach to care, whether that be learning disability support, community nurses, occupational therapists, Speech and language therapists, it very much depends on the needs."

Weekly activity timetables were tailored around the person. Staff were familiar with activity preferences of people they were supporting, which meant that people were encouraged and able to engage in activities which they enjoyed. For example, one person was supported with going for a local walk, attending the local ice cream factory, playing football in the garden, watching their iPad and attending the local college.

Each person who was living at Bridgewell House was encouraged to participate in the 'Living Skills Programme'. This encouraged people to develop important life skills such as cooking, cleaning and budgeting skills. Participation in the programme helped to develop confidence, self-esteem and interpersonal skills.

The registered provider had a complaints policy in place. However, this wasn't widely promoted. This was discussed with the registered manager who was responsive to the feedback provided. Relatives expressed that if they had a complaint they would go directly to the registered manager. One relative expressed "There's no information about how to make a complaint if I needed to."

# Is the service well-led?

## Our findings

From our observations and relevant discussions it was evident that there was a positive, open and supportive culture at Bridgewell House. Comments we received included "It's excellent", "Everyone [staff] are all very approachable", "[Registered manager] is approachable and flexible" and "The home is very welcoming, it's like visiting family when I visit."

As of April 2015, registered providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The previous ratings were visibly displayed at Bridgewell House.

Staff we spoke with were very complimentary about the management team. Comments we received included "[Managers] are very easy to talk to, it doesn't matter what the problem is", "I really do enjoy working here, we're all really supported" and "I've worked in a few different places but here is different, it's all about them [people] it's about their needs above all, it's like a family, we all care for each other."

We reviewed quality assurance systems the registered provider had in place. Medication audits, care plan audits, health and safety audits were all routinely being conducted. The quality assurance systems enabled the registered manager to maintain the quality and standards of care being provided.

The registered manager had devised a 'development plan' which identified areas which needed to be focused on, who was responsible for completing such actions and the date the actions needed to be completed by. At the time of the inspection all identified actions had been completed by the deadline dates specified.

The registered manager held team meetings with the staff team but also circulated quarterly 'briefings' and 'memo's. These contained information in relation to recruitment, health and safety, the staff rota, open days and organisational business. This helped ensure staff were kept up-to-date on important information regarding the service.

An annual 'Families and stakeholder' survey was circulated as a measure of gauging the thoughts, opinions and views of others. The feedback received was positive and it was evident that the standards and quality of care being provided was regarded as 'high quality'.

The registered provider had a variety of different policies and procedures in place. At the time of inspection we discussed with the registered manager that some of the policy review dates had expired. We were informed that all policies and procedures were due to be reviewed and updated over the forthcoming months.