

Leyton House Community Care Ltd

Bridge House

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 ●

Summary of findings

Overall summary

We inspected Bridge House on 19 April 2016. This was an unannounced inspection. When the service was last inspected in June 2014 there were no breaches of the legal requirements identified.

The service provides accommodation and support with personal care for up to 13 adults with mental health conditions. At the time of our inspection 11 people were using the service.

There was a registered manager at the service 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 and associated Regulations about how the service is run.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms 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 was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The registered manager was aware of the responsibility with regard to Deprivation of Liberty Safeguards (DoLS).

People had choice over what they ate and drank and the service sought support from relevant health care professionals.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive. People's health, care and support

needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home.

Is the service well-led?

The service was well-led. Staff told us the service was well managed and they were supported in their role.

Staff spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

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 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed 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.

The inspection team consisted of one inspector, a mental health specialist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with six people who lived in the service during the inspection. We spoke with the registered manager, two of the directors, the deputy manager, and one support worker. We looked at seven care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, three medicines records, two finances records, accidents and incidents, training information, safeguarding information, complaints log, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe here. There's been nothing to make me feel unsafe." Another person said, "I do feel safe here. I came here from [previous accommodation] which was an intimidating environment so I now feel much better here."

Staff members we spoke with all understood the safeguarding procedure and were able to tell us what they would do if they witnessed or suspected any abuse had taken place. They knew about the different types of abuse and how to recognise any potential abuse. The service had a safeguarding procedure in place that all staff understood and followed. One staff member told us, "First thing I would do is tell the manager and the senior worker." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

People were protected from the risks of financial abuse through the clear process for supporting people to manage their finances. Records showed the details of people's accounts, and we saw a clear audit trail for all money coming in and going out, with receipts for purchases. Transactions had been signed by the person using the service and two staff members.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks that were considered, which included medicines, specific medical conditions, mental health, behaviours that challenge and self-harm. For example, one person was at risk of not complying with taking medicines. The risk assessment gave clear guidance to staff how to identify when this person's behaviour changed as a result of not taking their medicines such as confused speech and being more isolated. Records showed what steps needed to be taken to manage this risk. Risk assessment processes were effective at keeping people safe from avoidable harm.

There were systems in place to manage medicines safely. The medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts were completed fully and signed by staff that had completed appropriate training. Medicines were given out individually from the locked medicine cabinet in a locked room dedicated for medicines. A fridge was available to store medicines. Staff followed the medication management policy in relation to medicines given 'as required' (PRN). The registered manager told us a separate part of the MAR had been completed when PRN medicines had been administered and we saw these had been filled in. Records showed the MAR charts were audited monthly to ensure staff completed them correctly. There was a process for recording and returning any unused medicines to the pharmacy and this was monitored by the registered manager.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One person told us, "There is always enough staff on and that makes me feel safe." Staff told us they were able to provide the support people needed. One staff member told us, "I think there is enough staff. The manager will ask someone on the rota to cover for someone. It's usually not a problem." Another staff member said, "I believe for the amount of people we are not short to deliver care."

The home followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. One staff member told us, "I waited four months for my DBS. I couldn't start till it came through."

The premises were well maintained and the registered manager had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge and freezer temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water temperature checks and emergency lighting. The systems were robust, thorough and effective.

The risk of infection was minimised as we saw staff wearing protective clothing during the inspection. The service was kept clean and tidy jointly with staff and people using the service. One person told us, "It is very clean here. They [staff] are always cleaning but it is a good thing I think because it is good to be clean."

Is the service effective?

Our findings

People told us that staff members were skilled and knowledgeable. One person told us, "The staff seem to know what they are doing."

New staff were supported with an induction programme. Newly employed staff had embarked upon the Care certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. The induction included meeting all staff and people who used the service, shadowing more experienced staff, reading care plans and risk assessments, and a range of training sessions. Records confirmed this. One staff member told us, "I got an induction pack and it all took about two months."

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included challenging behaviour, fire training, first aid, food hygiene, health and safety, infection control, nutrition and diet, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and medicines. One staff member told us, "The training supports me and it is a good way of learning." The training was kept up to date and we saw that members of staff were supported to complete Level 2 and 3 qualifications in Health and Social Care, which enabled them to improve the quality of care they provided.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I have had about three or four supervisions. [Registered manager] will ask if I have any issues or concerns about the job." Another staff member said, "Supervision done every couple of months. We can bring anything to the meeting to cover." The same staff member told us, "Supervision is my time and it is for me." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. The registered manager knew how to make an application for consideration to deprive a person of their liberty, but confirmed that there was not anyone who used the service who was deprived of their liberty. We saw that all of the people using the service were able to leave the home when they wanted and had their freedom to do as they wished. People told us they were able to go out on their own. We saw them leave and return to the home later in the

day. People told us they had a key for their bedroom and for the front door of the service. People told us staff asked their consent. For example, one person said, "I know the staff have spoken to my family a few times to update them on my progress. They asked for my permission to be able to speak to my family."

The staff we spoke with did not have a clear understanding of DoLS and how it could apply to people living at the service. Records showed all staff had completed MCA and DoLS training. We spoke to the registered manager about this and we were told this would be addressed. After the inspection the registered manager advised us that all staff have been scheduled for training and DoLS would be an agenda item for the next staff meeting.

Independence was encouraged by people being supported to cook their own meals. The communal area had a healthy eating food chart with guidance on food that was good for people's health. People told us and we saw they cooked their own meals. We also saw people being supported by staff with cooking a hot meal. People were given a weekly budget to buy food. People had their own locked cupboard in the kitchen to store food. We saw people had access to fruit and drinks throughout our inspection.

Staff and people who used the service told us that a Sunday lunch was prepared by staff. One person told us, "The food is really good on Sundays, but normally I get takeaways or make sandwiches and just have snacks."

People were monitored for food intake for health reasons, such as diabetes, this was recorded and staff would ask people what they had eaten or they would observe them. Staff told us and records confirmed they worked with people in their key working sessions to explain the risks of eating unhealthy food and offer alternative ways of cooking the food so that it was healthy. The service also monitored people's weight and blood sugar levels. One staff member told us, "We advise and prompt them for healthy eating but at the end of the day it is their choice."

People said they had support with health appointments. One person told us, "I have seen the GP a few times. I feel that I could go to the GP whenever I want. I can just get the staff to book it for me." Another person said, "I have been referred to psychology and that should be good for me." Records showed that people had routine access to health care professionals including GP's, dentists, opticians, and psychiatrists. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. All health visits were recorded with an outcome and actions. For example, one person had seen the GP about a skin irritation and been prescribed an ointment.

Is the service caring?

Our findings

We saw that people received care and support from staff who were caring and understood their needs. One person told us, "I like it here. I like the vibe." Another person said, "The staff are really cool." A third person told us, "They [staff] ask me how I am and do not give me any problems."

We observed care being provided and saw that people were treated with kindness and compassion. For example, we saw a person being supported to prepare their lunch. The staff member was encouraging the person to help them to have the confidence to prepare the meal for themselves but the person could still ask for additional support when they needed it. We also saw a person who was coughing. The staff member gently rubbed the person's back and asked if they would like some water. One staff member told us, "I really enjoy my job. I like to come to work and take a real passion with the people here." Another staff member said, "We encourage them. We can supervise them if they want, like with cooking. It is a sense of achievement if they have a cooked a meal." The same staff member told us, "All the staff here have a good relationship with the people. It is like a family."

People told us their privacy and personal space was respected by all staff. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "You knock before entering. They can lock their rooms. They all have keys." The same staff member said, "They are free to do what they want to do." A person told us, "The staff always knock on the door before coming into the bedroom." Another person said, "They [staff] knock before coming in my room. That's important when I am praying so it is good that is respected. If I don't answer they come back in 5 minutes because they know I am praying."

We saw a range of ways people were supported to express their views and be involved in decisions about their care. Each person had a key worker they could speak with if they had concerns. This was a member of staff who was specifically assigned to support the person. Keyworkers supported people to achieve individual goals in their care plan. They also developed relationships with the person's family members, health professionals, and supported people to go out. One staff member said, "We have a monthly one to one. It is their time and discussion."

People were involved in care planning and made daily decisions about how they were cared for and supported. For example, people had information recorded in their care records about their religious beliefs, and their personal history, so that staff could support people in accordance with their wishes.

People were supported to live as independently as possible, as the home's aim was to encourage and support people to live independently in the community. One person told us, "They [staff] help out a lot and provide support when I need it. They give me motivation to actually get up and do things and that's what I need before I can move on from here." Another person said, "The staff were really kind and supported me to go shopping. They (staff) were kind enough to actually come out with me." A third person told us, "I wanted to do things in the community so the staff supported me." Staff were available in the communal areas of the home to support people when they wished. We observed people asking staff for their advice and support, and to meet with them. This was readily given.

Is the service responsive?

Our findings

People told us they were happy living at the service and they had been involved in planning their own support and had discussed their support plans.

Before admission to the service an initial assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The initial assessment looked at physical health, living skills, communication, social contacts, spiritual and cultural needs, and mental health.

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section which covered the history of the person including personal, psychiatric and medical history. There was a wide variety of guidelines regarding how people wished to receive care and support including mental health, physical health, daily living, relationships, finances, and medicines. Staff who were not new to the service told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed every three months. These reviews were all signed by the person and a staff member. People told us they were happy with their care plans and their involvement in their care. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection we saw people going out shopping, attending health appointments and playing sport. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I'm going to a place called [day centre] which is really good and now I am also doing English and Maths at college. It's really good." Another person told us, "There are lots of activities here. We play football a couple of days a week. We go to the cinema and the library." Each person had a weekly activities planner in their care file and activities were recorded in people's daily notes. Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected.

Resident meetings were held monthly and we saw records of these meetings. The minutes of the meetings included topics on healthy eating, hydration, safeguarding, complaints, house rules, activities, shopping and finances.

There was a complaints process available and this was on display in the communal area so people using the service were aware of it. People were given a 'service user guide' which explained how they could make a complaint. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt

with quickly. There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. Records showed there had been six complaints since our last inspection. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

Is the service well-led?

Our findings

People told us that they liked the home and they thought that it was well-led. One person told us, "The manager is a friendly guy. You can speak to him about anything." Another person said, "The manager is really cool." The management team encouraged a culture of openness and transparency. People were confident in approaching the management team.

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "He is a great manager. He supports me and teaches me." Another staff member said, "He says his door is always open. I feel supported. He is a really nice guy and is fair and open." The registered manager told us, "We work as a team. We are doing well."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on medicine management, nutrition, safeguarding, complaints, staffing levels, training, key working, and record keeping.

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of regular quality checks. The quality check included inspecting the premises, medicines and people's finances. The registered manager completed regular audits of care records for people.

The registered manager and records showed the provider did a regular audit of the service. The audit looked at complaints, environment, health and safety, accidents and incidents, medicines, care records, training and supervision and appraisals. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the latest audit had identified that the local pharmacy needed to complete an audit on medicines. Records showed this was actioned. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of six monthly surveys to people who used the service, their family members, health professionals and staff. Surveys for people who used the service included questions about food, personal care and support, daily life, key working, premises and management. We viewed completed surveys which contained positive feedback. The service produced a report that analysed the surveys of people and any recommendations and actions. Overall all the surveys for people who used the service, their family members, health professionals and staff was positive. Comments from the staff survey included, "Yes I do feel valued", "I'm usually happy to come to work" and "I get the opportunity to continue my learning and motivated to move forward."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the

information was current and appropriate.