

# Second Step Housing Association Limited

## Wellbridge 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

Wellbridge House is registered to provide personal care for people in accommodation where the service is run from. Second Step are the lead organisation and other organisations are partners. The service provides care to up to 10 people with mental health needs. There are also services run by the women's mental health organization Missing Link, Avon, and Wiltshire NHS Partnership Trust (AWP) from the same location. There were nine people using the service on the day of our visit. People stay at the service for around 12 months.

The inspection took place on 24 March 2016 and was unannounced. This was the first inspection of the service since it was registered with us.

There was a registered manager for the service. 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's privacy was respected however, people told us that staff entered bedrooms without permission to do room checks. This could compromise the rights of the people who occupy those rooms. However the registered manager told us after the inspection that staff do not routinely enter clients rooms without prior notice. Room checks were completed on a weekly basis. The time and day was agreed with the client in advance between the client and their assigned worker. Clients were written to in advance to state the procedure that was followed.

People were supported to stay safe by the staff. Staff were competent in their understanding of the subject of abuse. Staff were able to tell us what to do if they were concerned about someone. They had attended training to help them understand what abuse was and knew who to report concerns if they had them.

People felt they were well supported with their mental health needs and they understood the aims of the service. They told us they were there to gain confidence and to recover from their mental health issues. They also said they were achieving these aims during their time at the service.

People were supported by staff with a good understanding of their needs and the care they required. The staff were trained and knew how to provide them with effective support. People knew how to make their views known and there was an effective system in place to receive and address complaints and concerns.

There were systems in place to ensure that people's rights were protected if they did not have the mental capacity. There was guidance in place for staff to follow about the Mental Capacity Act 2005.

There was enough staff to support people with their mental health needs and provide a caring and effective service. People told us they were treated in a kind way by the staff. The staff engaged people in social activities, household tasks and other activities of daily living. Staff had a caring and attentive approach. Staff

knew people well and provided them with a service that met their needs.

Care records set out how people wanted to be supported by the staff in their recovery programmes. Staff encouraged people to make choices and helped them to be independent.

People benefited because the quality of care and service they received was checked and monitored. Audits on the care and service were completed regularly. People were asked for their views of the service as part of this process.

## 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 ●

People felt safe with the staff who assisted them in their recovery from their specific mental health needs.

Staff knew how to keep people safe and how to recognise and report abuse.

There were systems in place to protect people from the risks from unsuitable staff.

There was enough staff to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

People were supported to have enough to eat and drink. Meals were planned based on what people enjoyed.

People were assisted by staff with a good understanding of their mental health needs and they were provided with effective support.

People were assisted to see their GP and specialist health care professionals assisted people to meet their health care needs.

The staff knew about the Mental Capacity Act 2005 and how to protect people's rights .

### Is the service caring?

Good ●

The service was caring.

People felt supported by the staff team and the manager and they said they were caring in their approach.

People were treated with respect and encouraged to be independent.

People were involved in how their care was planned. The staff were competent and knew how to support people in the ways

they preferred.

### Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and support was being provided as agreed in their care plans.

People who used the service made choices in their day-to-day lives and were able to do a range of social and therapeutic activities.

People knew how to make their views known and there was a system in place to receive and respond to complaints or concerns.

### Is the service well-led?

Good ●

The service was well led.

The quality of the support and the service was checked to ensure it was of a good enough standard. People were asked for their views as part of this process.

People and staff knew the aims of the service was to provide person centred care that focused on them as a unique individual.

The staff felt they were supported by the manager. They said they could speak to them at any time about anything.

# Wellbridge 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.

We reviewed notifications of incidents that the provider had sent us. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We visited the service on 24 March 2016. Our visit was unannounced and the inspection team consisted of two inspectors.

We observed care and support in shared areas, spoke with seven people in private and looked at the care records for two people. We also looked at a number of different records that related to how the service was managed. We spoke with six people as well as the registered manager and five support staff.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe when they were being assisted by staff. One person said, "I get on with staff". Staff were able to explain how they assisted people to remain safe and the action they would take if they felt someone was at risk of abuse.

Staff told us that they would immediately report any concerns that someone was not being treated properly to the registered manager. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this. We saw posters in staff areas with the procedures they should follow if they were made aware of suspected abuse. Staff were aware of the professionals they would need to inform if they were dissatisfied with how a case of suspected abuse was being managed by the service. One staff said, "I would go above the manager and make my own referral to the safeguarding team". This meant that people were protected from the risk of harm.

Staff were able to explain how they assisted people to reduce risks whilst they promoted peoples' independence. One staff member said, "The risks depend on the person. Some might be at risk of falling. Some at risk of harming themselves. We need to be aware of the risks just in case they happen". We viewed records that set out people were assessed for risks to their health and wellbeing. These included people who were at risk of falls and risks due to self-neglect. The risk assessments were regularly reviewed and changed when required. One staff said, "As staff we have to react to new things that crop up." The assessments gave staff sufficient information and guidance on how people's individual risks should be managed.

Accidents which occurred whilst people were using the service were recorded by staff and checked by the registered manager. Staff analysed accidents by reporting them, explaining the immediate action which was taken and then an explanation of the subsequent, follow up action taken. This helped protect people and ensured that the appropriate actions were taken to lower the risk of a further occurrence. The registered manager told us after the inspection that the service was now using the electronic reporting system called 'safeguard' which is used across 'Bristol Mental Health'. All staff have had training in this to ensure they were competent to use it.

People we spoke with told us that there was enough staff available to support them. When we visited staff were preparing to support one person with a community visit which was important to them. One person said "I can go to the gym on my own but staff come along just for fun" and another said "staff are around if you need them." People in this service had access to a minimum of two staff at all times. Staff told us "The minimum staffing at all times is two members of staff, with waking nights and a built in handover period at the end of each shift."

Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "There is enough staff available". Another member of staff said, "I have enough time to do my job to my level of satisfaction. We work a 24 hour service here". The service was also responsive to people's changing needs. One staff member told us "We are always being listened to. If we don't have enough staff we get helped out."

" Staff told us they worked in a stable team. This meant people using the service were getting support from staff they recognised and who knew them. There was a range of staff working with people which included community nurses, psychologist, occupational therapists and care support workers.

Checks were undertaken on the suitability of all potential new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were taken on to work with people who were vulnerable.

One person told us that staff helped them with their medicines. Staff told us they felt competent to support people with their medicines. One staff member said, "We support clients to take their medicines at the right time". People were also given medication by visiting community nurses who kept their stock in the onsite clinical room. The clinic was locked and medicines were inside a locked cupboard.



## Is the service effective?

### Our findings

Every person we met spoke positively about the way that they were being encouraged with their needs. Examples of what people said included "The staff are helping me find a job." Another comment was "The staff are helpful, they ask how I am and my key worker helps me a lot". Another person said, "They try and help me and have been good."

People told us the staff were competent and understood what level of support and encouragement they required. People said staff had been, "Great", another person told us staff had been, "Good ". when they had felt down in mood. Staff were friendly and calm in their approach and talked with people about how they were feeling and how they wanted to spend their day.

Staff were knowledgeable about people's different mental health needs and how they encouraged them. They said they had to know people very well and read the care records regularly to know how to provide people with effective care and assistance. For example, staff told us about one person who required staff support. This was due to their mental health needs affecting their confidence to go out from the service on their own.

People were provided with sufficient food and drink to stay healthy. People were mainly self-catering with some skills support individually and in groups and also support was given to prepare and cook communal meals. People's diets and fluid intake were monitored and their needs addressed when required. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people to ensure they were provided with a suitable and varied diet. Two people told us staff helped them to buy, prepare and cook their own food. The other people we spoke with told us they cooked with staffs help at least once a week.

Care records clearly showed how staff should support people at meal times. Dietary information was kept in the kitchen to assist staff to meet people's needs. Risk assessments were written in relation to how much people were eating and drinking. This information was used to help protect people and were encouraged in the most suitable way to eat and drink enough to stay healthy.

Staff understood about the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider's policies available to staff.

People were effectively encouraged to meet their physical health care needs. The registered manager told us whilst people used the service they were registered with a GP surgery nearby. We read information showing staff checked people's health and wellbeing and encouraged them to see their doctor if required. One person had specific health requirements and there was clear guidance for staff about their needs.

Staff were suitably trained and experienced to meet people's needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health

needs, infection control, and food hygiene, safe moving and handling and health and safety.

Staff were provided with a comprehensive induction when they began employment to provide them with information about the service and people's needs. Staff told us they were being properly supervised in their work. We were also told that each member of the team was going to have an annual appraisal of their work.

## Is the service caring?

### Our findings

People were positive about the caring attitude of the staff and told us the care was of a good standard. Examples of feedback included, "They are okay" and "they have been not too bad". Another person said, "They alright". Another comment was "They all try their best."

We heard the staff engage with people and interact with them in a caring and friendly manner. People told us how they were encouraged to express their views and actively involved in making decisions about their care. People told us about their care records and said they were involved in writing them. They had signed to verify they were involved in deciding how they wanted to be encouraged at the service.

People's privacy and was respected by the staff at the service. However, people told us that carers entered their rooms. The comments we received from people included; "they come into my room to do room checks". One person told us, "There are no problems with visitors" whilst another told us "It's difficult when my friend visits". The care record showed that staff controlled the length of the visiting time for one visitor and stated it was agreed with them. Another person told us that staff asked where they were going when they left the premises "I can leave anytime I want and staff ask me where I'm going." The registered manager told us after the inspection that this practise was not policy, people were free to come and go. They said it was an indication of personal interest from staff and of a caring attitude.

The diversity of people was respected by staff in a number of ways. Care records included information about people's faith where they had religious beliefs. Care records also included information that explained why people would prefer care from staff of the same gender due to their beliefs. Information was also displayed about faiths and what they meant to people. People who had a particular faith were able to practise this either at the service or in the community.

Independence was promoted in a number of ways while people lived at the service. Menu planning and cooking was encouraged for each person. People were also encouraged to look after their own finances and to look for suitable employment or vocational work. Care records showed that staff encouraged people to be as independent as possible in these different areas of their daily lives.

The staff told us they were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was discussed at team meetings and during supervision meetings.

Information about independent advocacy services was on display for people to read about. These organisations offer independent support to people to help them to have their views properly represented.

## Is the service responsive?

### Our findings

People told us that their preferences were taken into account. One person said, "I don't have too much time to talk to you as I have planned to go out with the staff today". Staff we spoke with knew people's preferences. Staff were able to describe how people liked to be encouraged to maintain their independence, such as food choices and how they liked their support to be provided.

Staff also understood different people's individual ways of communicating and how they preferred to be approached by staff. The care records we viewed contained people's preferences such as; working towards having goals such as part time employment. A detailed summary of the care plan was shared with the person who it belonged to. The care records identified the challenges to the person's wellbeing, what they hoped to achieve and what others required to do to support them. The care records showed people were able to make their views known about how they wanted to be supported.

People told us they were involved in the reviews of their care and changes were made to their care as their needs changed. The care records showed that people were being regularly reviewed and individual daily entries recorded their lives. The changes were recorded electronically and produced a detailed summary of the care support package agreed. The entries that we read were focussed on promoting people's independence and taking more responsibility for their own lives. The support records also made clients aware of the potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk. For example, one person who was not eating sufficient amounts of food had their care plan updated to ensure that staff knew how to support this person.

People told us they knew how to complain and that they would approach the staff or the registered manager if they had any concerns. People told us they were given their own copy of provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

People we spoke with said they felt confident they could make a complaint to the manager or any of the staff. There had been one complaint made about the service over the last year. The complaints procedure had been followed. A letter was sent to the person and this told them what course of action was taken to investigate their complaint.

People told us they had been given a folder that contained information about the services provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services offered. This information meant people were able to make an informed choice about whether the service was suitable for their needs.

As part of the review of the first year of the service, the management were in the process of ensuring that people were going to be sent or given a survey form to find out if they had any complaints about the service. If people were to raise concerns in the survey, form actions would be taken by the management to address them.

## Is the service well-led?

### Our findings

The registered manager was open and accessible in their approach with people and the staff. People had positive views to share with us about them. One person told us, "They are helpful". Another comment was "He is OK". Another person told us that the registered manager "is a good guy."

The staff and some of the people we spoke with told us a senior manager visited the service regularly. They told us they came to the service and spent time with people to find out their views of the service they received. A report of their findings and any actions required was then sent to the service after the visit. For example, people had asked to be able to purchase certain foods and drinks that they liked. They told us this had now been provided for them.

The staff and the people using the service knew about the visions and values of the organisation. These included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. The people we spoke with also told us staff took these values into account and treated them in a person-centred way.

The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this.

Staff team meetings were held regularly and staff told us they were able to make their views known about the way the service was run. A variety of topics were discussed at the meetings. These included the needs of people at the service, health and safety matters, and staffing. We saw where required, actions resulting from these were put in place to follow up.

There were systems in place to ensure the quality of service was checked and standards maintained. The registered manager and senior managers undertook regular reviews of the care and systems in place at the service. Audits were undertaken on a monthly basis to check on the overall experiences of people who lived at the service. They also checked on the training, support and management of the staff team. Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example care records had recently been reviewed and updated.