

## Bright Futures Care Limited

# Bright Futures Care Ltd

### Inspection report

Bridgewell House  
82 Ackers Road,  
Stockton Heath,  
Warrington  
WA4 2BP  
Tel: 07917898850  
Website:

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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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 23 February 2015 and was unannounced. This location was last inspected in May 2014 when it was found to be compliant with all the regulations which apply to a service of this type.

Bridgewell House is owned and managed by Bright Futures Care Limited. They are registered to provide care and support to young adults who experience Learning Disability, Mental Health Condition or Sensory Impairment. The home is situated in a quiet residential area of Stockton Heath, Warrington. The accommodation

is provided in a large detached property which is equipped to provide residential care and support for five young adults to assist them to develop their decision making and independent living skills.

Bridgewell House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the

# Summary of findings

law; as does the provider. 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.

People living at the home and their relatives and other representatives were very positive about all aspects of Bridgewell House.

We observed how staff spoke and interacted with people and found that they were very knowledgeable about each person and supported them with dignity and respect.

Each young adult living at Bridgewell House was provided with designated key workers who were suitably equipped, experienced and trained to understand the person's individual needs, inclusive of communication, behaviour and development. We found the staff had an excellent understanding of people's care and support needs and we found care plans to be detailed and focused on the individual person.

Staff also understood how to support people if they lacked capacity to include the requirements of the Deprivation of Liberty Safeguards. We found that Bridgewell House had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). None of the five young adults living in the home are subject to a DoLS although some restrictions such as managing sleep patterns, medication management and nutritional issues were being used to minimise the risk of harm.

We noted the service had a complaints procedure, details of which were included in the service user's guide. People living at the home and their relatives said they were confident that they could raise their opinions and discuss any issues with the registered manager or any other staff member who was on duty.

Bridgewell House had robust recruitment policies and procedures in place to ensure staff were suitable to work with vulnerable people. This included standardised application forms, the provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before employing staff.

Staff were provided with monthly structured supervision sessions and regular updated training and development courses to assist them to build on their knowledge and skills.

The provider had robust systems in place to monitor and review the standards of the services provided at Bridgewell House. These included reviews with external professionals, daily staff meetings and handovers and the use of self-assessment tools that looked at the safety, management, residents life skills, education and well-being, environment and nutrition.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were properly recruited, trained and motivated via robust recruitment and induction processes and were provided in sufficient numbers to keep the young adults safe.

The provider had systems in place to safeguard, risk assess and to manage risks to the young adults care without restricting their activities.

Staff managed the young adults' medicines safely and wherever possible worked with other professionals to enable people to be prescribed effective safe medication.

Good



### Is the service effective?

The service was effective.

We saw that young adults and their families were involved in their care and were asked as an ongoing process about their preferences and choices.

Staff were encouraged and supported to build on their training to ensure they had the knowledge and skills to be effective in their role.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The environment had been adapted to suit the needs of the current young adults living in the home. Appropriate facilities had been provided via discussions with the young adults and their families to meet each individual needs.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate and knowledgeable about people's individual needs and treated them with dignity and respect.

When the young adults presented as being distressed staff were able to manage each situation and comfort people whilst retaining their dignity.

There was an effective system in place to use if the young people wanted the support of an advocate.

Each young adult was provided with private space either within their own accommodation or in another area of the home if they wanted to spend time away from other people.

Outstanding



### Is the service responsive?

The service was responsive.

Care plans identified that they focused on each person's individual needs, wishes choices and capability and of how these could be met.

Good



# Summary of findings

Staff planned assessed, monitored and involved external professionals in each person's care to ensure it was tailored to the current need of the individual.

Staff used communication systems such as pictorial and electronic methods to ensure young adults could express their wishes to include complaints.

The registered manager promoted family involvement and where family were unable to visit, staff facilitated in assisting young adults to enjoy visits to their family home.

## Is the service well-led?

The service was well-led.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided within Bridgewell House or the organisation as a whole.

Quality assurance staff monitored incidents and risks to make sure the care provided was safe and effective.

The registered manager used effective staff rotas to make sure that there were enough staff with the appropriate skills on duty at all times to provide effective safe care.

The provider and staff regularly updated their practices in line with local and national standards. These were constantly monitored and reviewed in order to provide a quality service for the young adults who lived at Bridgewell House.

**Good**



# 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.

The inspection was carried out on 23 February 2015 and was undertaken by an Adult Social Care inspector.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised since we completed our last inspection.

During our inspection we observed how the staff interacted with the young adults and other visiting professionals. We looked how the young people were supported during their meal times and during individual therapeutic activities. We also looked at three care plans for the people who used the service.

We looked at a sample of other documentation such as: four staff files showing supervision and training staff recruitment; medication records; menus; complaint records; activity lists; minutes of meetings; risk assessments; quality assurance audits; policies and procedures and maintenance records.

During the visit, we met with five people living in the home to gain their perceptions of the staff and services provided. We spoke with three relatives via the telephone and three local authority social workers. We also spoke with the registered manager, the registered provider, service manager, home manager, quality assurance manager, independent training officer and eight other members of staff. We spoke with people throughout the home and observed how support was provided to people during the day. With people's permission we also looked at their personal living/sleeping areas.

We looked at any notifications received and reviewed any other information we held prior to visiting.

We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Bridgewell House. All feedback was positive.

# Is the service safe?

## Our findings

We met with the five people who lived in the home and with their permission viewed four of their private living areas. They told us that they loved their flats and were very comfortable living in Bridgewell House where they felt safe and supported.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for three people who were using the service. Each of these had an up-to-date risk assessment to include specific condition related needs. These assessments were individual to the person as they reflected their specific risks. Risk management plans were in place for all risk and underlying risk behaviours that had been identified.

Each person's safety and welfare was considered throughout their placement at Bridgewell House. For example, staff had considered the risks associated with people leaving the premises to go about their daily lives, enjoy visits to their family and friends and being driven by staff of the home in transport provided by Bridgewell House. Trained staff were always present during these trips so they could manage any emergency situations. Relatives of people living in the home told us that they felt staff were 'responsible caring people whose main aim was to keep people safe and respect their human rights.' Comments included; "Staff have the confidence in themselves to risk assess and allow choice" and "The home is staffed by a small group of dedicated people who through risk assessment and excellent care enable X to live a life of his choice without fear or discrimination."

Care records, observations and feedback identified that people participated in their preferred activities and staff managed any risks in a positive way. For example, X could become anxious and agitated in unfamiliar settings although it was his choice to participate. If this occurred staff had a clear strategy in place which included noting X non-verbal signals reassuring him and withdrawing him from the situation.

Care files held details to show that the young adults, their families and other professionals were fully involved in the risk assessment process. Staff told us they contacted other professionals, such as social workers, psychologist and psychiatrists to share young people's risks when they were admitted.

One relative told us how they were involved in the assessment and management of the risks from the commencement of the placement. They said that they were "bowled over by the way in which risk assessments were undertaken and appropriate positive actions put in place to maximise Y's life and also that of his family."

Risk assessments were in place for any behaviour that challenged which provided appropriate information to show clear actions as to how they would be safely supported. Each young adult had a behaviour management plan that held extensive information about behaviours and situations including a description of how the behaviour manifested, what the behaviour entailed and preferred supportive strategies used to defuse the situation. The plan detailed any precipitating factors to the behaviour that was challenging and identified de-escalation, diversion or distraction methods which had been discussed and agreed with the person.

Staff were creative in working with and involving people in their own risk management plans. A 'shine therapy' consultation form was in place for each young adult which recorded feedback from any physical interventions that had occurred. The form was in written and pictorial format and asked if the person was aware of the need for intervention, how they felt this had occurred and if any different actions could be taken by themselves or others. Staff told us that this was an effective tool to enable the young adults and staff to constantly re-assess situations which may affect behaviours. Shine therapy involves the young adult working with occupational therapists and physiotherapists, social workers and psychiatrists to enable them to deal with anxiety management build on sensory resilience and engage more widely within the community.

The service undertook an environmental assessment for each person to assess any risk which may influence the safety of the people who live at Bridgewell House. For example a busy road location for young adults who may lack understanding of road safety. Staff looked for new ideas and technology to manage risk and keep people safe. For example, adaptations to the premises included the provision of safety glass, mirrored one way window film, protected TV usage, protected radiator cabinets and mirrors and personal key locks to individual accommodation. We noted that the service had a building security risk assessment in place for all the people who lived in the home. This included daytime and night time

# Is the service safe?

supervision and night time security. Staff told us that the provider was most proactive in ensuring the safety of the staff and the people living in the home and was financially very supportive to ensure systems were in place to ensure the safety of people within Bridgewell House.

The provider had effective procedures in place for ensuring that staff or other people who were involved with the young adults' care could report their concerns about a person's safety. This included behavioural management issues and mood changes. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us that they had been provided with on-ongoing training to ensure they fully understood about safeguarding and of the actions they needed to take if they noticed or suspected abuse was occurring. Staff told us that they had received training in both children's and adults' safeguarding as the young adults sometimes were admitted to Bridgewell House as they transitioned from children's services.

Staff training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. We also spoke with an external training manager who gave us information about the training content in respect of safeguarding vulnerable people. She also told us that training included understanding whistleblowing and the process involved.

Bridgewell House had robust recruitment policies and procedures in place to ensure staff were suitable to work with vulnerable people. This included standardised application forms, disclosure and barring checks (DBS) the

provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before employing staff.

The home was staffed by eight care staff from 7am until 10.15pm with two staff on duty throughout the night. Staff rotas showed that staffing was increased if a young adult needed extra support such as community or social engagement. Comments from social workers who had placed young adults at Bridgewell House were very positive about the staffing levels and support provided. Comments include; "X is proved with needs led flexible staff and support to enable him to develop his life skills in a safe and structured way" and "Staff are provided on a one to one basis but this is increased to meet any changing need in respect of anxiety management issues".

Each person who lived in the home had undertaken a medication management assessment. Currently no one had been assessed as being able to safely store, administer or record their own medication. All medication was stored in a secure cabinet, in a secured room within the home and was administered by qualified staff. Medication records were well managed and identified that medication had been provided as and when prescribed. Care plan notes showed that GPs and other health professionals held medication reviews with care staff within the home to ascertain the effectiveness of prescribed drugs. Staff told us that this assisted health professionals to make a judgement if the correct dosage was being used and if the drug had any positive effect upon the person's well-being.



# Is the service effective?

## Our findings

People told us that they enjoyed living at Bridgewell House and that staff were good. Relatives of people living in the home told us that staff were excellent in providing care that was effective and enabled people to improve their lifestyle.

Each person living in the home had their own bedroom with extra private living space and en-suite facilities. Other facilities were shared and included communal lounges and kitchen/dining areas. The needs of each young adult were assessed and agreed prior to admission to ensure that the design of the private and shared space met their individual requirements. The community location offered the young adults a quiet residential location in which people's safety was paramount and the premises had been adapted to suit each individual needs.

The environment had been adapted to suit the needs of the current young adults living in the home. Appropriate facilities had been provided via discussions with the young adults and their families to meet each individual needs.

There was a flexible menu in place which provided a good variety of food to the people using the service. The staff we spoke with explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. We observed people who lived in the home enjoying a lunch time meal and they told us "the food is fabulous, tasty and plentiful".

The home did not utilise agency or transitional staff to work at Bridgewell House. All staff were employed on a permanent basis and were trained and supported and worked together within the home as a team.

Placements were only offered to people who met the home's criteria. This included ensuring the service had the staff who were trained to meet the assessed social, emotional and healthcare needs in full. As a consequence training records showed that staff were trained so they could provide specialist care for the young adults. All the staff we spoke with had completed a mandatory induction training period. This was followed by on-going training

such as; safeguarding, team teach, first aid, autism, national minimum standards, equality and diversity, medication, mental health awareness, recording and deprivation of liberty.

Examples of subjects covered during this training included care planning, consent, therapeutic interactions and sensory integration. Staff also completed competency-based assessments to make sure that they could demonstrate the required knowledge and skills. Examples of these assessments included medicines and behavioural management. The training file for a new staff member held details to show that they had completed the induction and were completing some e learning prior to being enrolled on an NVQ course. Discussion with the external training provider identified that she worked with each staff member to enable them to achieve qualifications in all mandatory training and encouraged them to further develop their knowledge and skills in other areas of their choice. The registered manager ensured that the trainer understood the differing learning styles of individual staff members and cascaded their training accordingly; such as voice recording responses if required.

Staff spoken with told us that the training was excellent, especially the in house courses. They said that they were able to learn and develop skills to meet the needs of the people who lived at Bridgewell House.

We found that Bridgewell House had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. None of the five young adults are subject to a DoLS although some restrictions such as managing sleep patterns, medication management and nutritional issues were being used to minimise the risk of harm. However we saw that discussions had been held with the relevant supervising body with a view to minimise the restrictions to a level at which the person would not be deprived of their liberty and ensure that any remaining restrictions were monitored closely and kept under review. Records of these discussions highlighted that Bridgewell House had made contact with a consultant psychiatrist and a local authority in relation to a DoLS assessment being untaken for one young adult as it was seen to be in the



## Is the service effective?

young adult's best interests. Staff of Bridgewell House had also consulted with the person's key worker to ensure the use of the appropriate level of differentiated communication was used. Records also held details of updated MCA and DoLS training being undertaken by all staff via the local authority.

Each care plan held individual statement objectives such as; develop and implement appropriate means of communications through increased use of intensive interaction. Develop choice such as; using photographs, objects of reference or picture symbols. Staff told us that this assisted them to enjoy effective communication with the young adults through methods of their choice.

Staff told us they were well supported and were very complimentary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals. We checked records

and staff files and noted that staff had received regular pre-arranged supervision sessions. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training and development needs. Staff told us they were provided with supervision to help with their development within the service and to ensure they provided a consistent level of good quality support to people living at the home.

The registered provider had employed staff with the right mix of qualifications and skills to work at Bridgewell House. The provider had looked at the skills, strengths and weakness of each person and had utilised staff accordingly to make them feel valued as an effective member of the team.

# Is the service caring?

## Our findings

People who lived in the home told us they were happy and well cared for and liked living there.

Relatives of the people who lived at Bridgewell House told us that staff were compassionate and kind. They told us that staff were aware of people's needs and responded quickly when their needs changed. They said they were involved in the care planning process including making decisions about people's care. Comments included; "We have regular meetings to discuss care plans and any changing needs", "I am delighted that X has settled in very well. I cannot believe how well the staff provide care and support. I would not have believed that X could live such a happy and meaningful life but I have seen it with my own eyes, perfect placement which has taken the stress away from us all" and "It is my son's home now; the staff are so caring it humbles me as a parent. People really do care for the people living here and their families".

We observed positive interactions between staff and people who lived at the home. Staff were respectful, for example they addressed people by their preferred names. The atmosphere in the home was warm and friendly. During the day we observed staff interacting with people and we noted they were comfortable and relaxed in each other's company. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw that people's dignity was respected. Staff respected people's privacy by knocking on people's doors before entering and staff showed awareness of the need for people to have their own space if they wished to spend time away from other people.

The registered manager provided all people who considered living in the home and their families, social workers or other professionals who may be involved with their care with information about the service prior to them making a decision to move in. This was provided in a format that met their communication needs and their ability to understand. If a decision was made to move into the home they were then provided with a welcome pack which provided information about the home and the services provided. The information was also available in an easy read format which included pictures as a way of explaining the information to the young person moving into the home.

Each care plan addressed specific needs and detailed how they would be addressed. The plans identified that all the people who lived at Bridgewell House and their families or other representatives had been included in the planning process and where appropriate were given full access to their personal records. The plans held details of contact and supporting relationships such as who the person shared positive reciprocal relationships with and how any changes to this could significantly escalate anxiety and affect wellbeing. Cultural and faith needs were addressed by discussion and records showed that people were encouraged to discuss ethical and moral issues as part of their educational studies.

Staff demonstrated through discussion that they were passionate about the rights of the young vulnerable adults and of how they could ensure their cultural, spiritual, emotional and physical needs could be met to protect them from the risk of discrimination. We looked at three young adults' service user plans and they included detailed information collected from discussions with all people involved with the young adults' care. This included how people's cultural and faith needs, emotional support and physical needs could be met. Monthly measurable outcome targets were held in each care plan to show how the young people had developed in these areas. Records showed that the young adults were also encouraged to discuss ethical and moral issues in a differentiated and meaningful way such as board games and role play.

The registered manager promoted family involvement and when family were unable to visit staff facilitated in providing transport and support to enable the young adults to enjoy visits to their family home. Relatives told us that this was a most useful service as all the young adults family homes are many miles away from Warrington. People told us "We love to see X very frequently but cannot always manage the trip ourselves. The staff drive him here and we are able to spend quality family time with him, much appreciated" and "I don't know what I would do without this amazing service. It enables me to see Z very frequently and he loves being with me in our home. I just don't have words to express how I appreciate their care, kindness and understanding".

Care plans held details of how people would be provided with emotional support to enable them to have compatibility with other people who live in the home. This

## Is the service caring?

included engaging with peer culture and access to independent advocates who were familiar with individual communication skills and behavioural needs and could therefore advocate on people's behalf.

There was an effective system in place to use if the young people wanted the support of an advocate. Advocates can represent the views and wishes of young people who are not able express their wishes. We spoke with two advocates who told us that they were able to discuss the wishes of the young people with staff of Bridgewell House and other professionals with positive effect. They said they had assisted one young adult to make known his wishes for his future care in an area of his choice. They had also advocated for a young adult in respect of his continuing care. This meant that people who were unable to express their wishes were assisted to have their say about their activities of daily life.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

The young adults were invited to express their views about life at Bridgewell House within individualised consultation formats.

Records showed that independent living preparation plans were in place for the people who lived at Bridgewell House. These included an independent living skills programme which assessed people's skills and helped target areas of

future need. Staff told us that wherever practicable and safe, people would be consulted in all areas of their daily life and plans developed accordingly. Relatives of the people who lived at the home told us that they had seen immense improvements in the life skills of the people who live at the home. Comments include; "What a difference this place has made to Y. He is able to do so much more for himself and has become more independent, what a wonderful achievement. It could not have been done without him being here" and "Z has come on in leaps and bounds since being here. He is a totally different boy now. He has gained independence and is much happier than he has ever been in his life."

Staff were able to give examples of how they worked with the young people to enable them to move towards independent living wherever possible. We saw that X responded well to familiarity and as a consequence he had a small group of familiar carers in place who he had established positive relationships with. He required clear and consistent boundaries and a calm balanced approach and his daily routines were designed to support his decision making skills in a safe and positive manner. Staff told us that they offered verbal support and positive feedback. They used short words when giving X instruction or choice and used photographs of real objects and places to enable X to have effective communication. Care records showed that X had developed his skills and was becoming more independent in many aspects of his daily life.

# Is the service responsive?

## Our findings

Relatives of people who lived in the home told us that the care provided was tailored to the needs of the individual and staff were committed to the provision of needs led care. They told us “We are invited to attend placement reviews and comment upon the formulation of Y’s care plan. We also act as an advocate for Y. We also get an annual consultation document and can comment on any areas we wish to include his education and development”.

The young adults and their families confirmed they were involved in the assessment and care planning process. Staff told us that this enabled them to identify people’s care preferences, capabilities and care and support needs and ensure they had the staff who could meet these needs. Comments from relatives of the people living in the home included: “We had a rocky ride before we found this place. We could not have found a better home for X; it is the perfect place to provide needs led care. Since being here he has improved immensely in all aspects of his daily life. This has a positive effect on both X and his family” and “The staff have the skills, knowledge, patience and understanding to provide consistency of care which is effective in enabling Y to develop in all aspects of his young life”. One relative told us that “Bridgewell House is an awesome service one in which I could not ask for more. Staff share information and do not keep anything from me.

We spoke with local authority social workers who were high in their praise of the staff and services provided. Comments include: “High level of commitment from staff who look at the needs of each person and address them to enable people to gain greater independence” and “Z has been living here for some time and his needs have been addressed to include behavioural management issues. I have been most pleased with his progress.”

We looked at people’s care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments

which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people’s needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful education or training, family social contact, relationships, personal care, physical and mental health, emotional support, independence and advocacy. Records also held information about consultations with the young adult and their families. Consultations had been held with healthcare, social care and educational professionals and, key workers. Care plans viewed held details of the areas of vulnerability of the person and the degree of support and boundaries necessary to safeguard each person and promote their welfare. They also detailed the communication skills of the young adult and what systems would be in place to ensure the young adult was able to enjoy effective communication. This included the use of computers, sign language and pictorial methods.

Staff told us that the progress development and achievement of each person who lived at Bridgewell House was monitored and recorded in the care file each day. They said that any concerns would be brought to the attention of the designated key worker or registered manager who would through discussion modify daily routines, risk assessments or service user plans accordingly. The care files viewed held details to show that staff liaised with teachers to assess achievements and ongoing developmental needs/opportunities. Records also showed that the young adults were provided with a ‘my week’ consultation document which allowed the person to share their views and contribute to their future plans.

The home used a daily routine document which identified people’s choices of daily activity and how these choices could be met; such as community links and social interactions. A relative told us that one young adult had a poor sleeping pattern and this was monitored and reviewed and practices were questioned as to how to move forward with this problem. Records showed that multi-disciplinary meetings were held, mental capacity assessments were undertaken by a clinical psychologist and plans were put in place in order to assist this person to enjoy an improved sleep pattern. The relative told us that through partnership working and clear leadership the home were able to greatly assist this young adult to relax for the night and have a better sleep pattern.

In looking at samples of care files we noted daily communication notes were regularly updated and showed evidence of regular involvement and support from the GP.

## Is the service responsive?

One care file showed that staff had swiftly contacted the GP when they noticed the person they supported had become unwell with a slight temperature and wheeze. Each care file also had a section called: 'General Practitioner notes' and 'Community notes.' These records showed good evidence that staff were quick to access clinical staff and continued involvement of other health professionals, including the Community Mental Health Team, District Nurse and podiatrist when needed.

We saw that each person living in the home had a weekly activity programme developed through consultation. Records showed that appropriate risk assessments were in place as necessary. Information about other leisure needs included encouragement to read suitable reading material and awareness of forthcoming appointments and social occasions.

Each person followed an appropriate and progressive Independent Living Skills Programme which was supported and recorded by care staff. This programme included cooking, laundry, cleaning and managing a budget. The young adults were provided with a weekly independent living budget inclusive of activity money to plan activities of their choice within the budget. This enabled them to gain more confidence and independence in all aspects of daily

life. We saw from care records that the young adults had developed their life skills, confidence and personality and after each achievement more goals were put in place to maximise peoples potential.

The registered provider had a complaints policy which was provided to the people who lived at Bridgewell House and their representatives when they commenced their placement. Records showed that the person living in the home was assisted to practice completing complaint forms as part of their Independent Living Skills Development. They were also provided with the opportunity to raise concerns or complaints when completing 'My week at Bridgewell House' form. Staff told us that the young adults were encouraged to have regular dialogue with family members to include direct contact and phone calls. They told us that this enables them to keep in touch with their family and friends and to raise any issues or areas of concern that may arise.

Relatives of the young adults told us that they were fully aware of the complaints process but had never had any occasion to use it. They told us that all they had to say about Bridgewell House was that it was an excellent service which had exceeded their expectations.

# Is the service well-led?

## Our findings

Feedback from relatives of the people who lived at Bridgewell House and local authority social workers was positive about the culture and leadership within the home. Comments from social workers included; “There is great transparency within the home. Everyone is open and honest and takes responsibility for their actions”. Comments from relatives included “The leadership is such that they constantly strive to improve the lives of the people who live in the home” and “They work in partnership with everyone who is involved in the care of X and through discussions, care planning, vision and true commitment they provide a first class service for which I am truly grateful.”

We identified that the registered manager had overall responsibility for the management of Bridgewell House and the service manager held responsibility for the management and supervision of all the services provided by the organisation Bright Futures. This included the supervision and support of registered home managers. The home manager deputised for the registered manager in her absence for the day to day management of Bridgewell House. The quality assurance manager had overall responsibility for monitoring the quality of all the services provided by the organisation.

Discussion with the registered manager and registered provider highlighted their passion to continually improve their service to ensure they could provide positive outcomes for the young adults in their care. Documentation viewed identified that daily audits of the care and other services provided were undertaken and daily meetings were held to ensure any need to know information was cascaded as appropriate.

We looked at seven completed questionnaires dated February 2015 that had been sent to the families and commissioning officers of the people who lived at Bridgewell House and they all contained positive comments. These included; “Y is doing so well at Bridgewell and at college. He is very well cared for by people who understand his very complex needs. Everyone is working hard to help him make as much progress as possible” and “X receives outstanding care from Bright Futures. Thank you for the caring environment you create for him.”

The registered manager held “have your say meetings” where the people living in the home could discuss any issues they may have. They also printed a “Bright Futures Briefing Newsletter” which held information about the service. We looked at the January 2015 edition which held information about the service, their aims and of how they intended to meet them. The provider wrote that to achieve goals staff must be true to the values and beliefs and must learn and share skills and knowledge and be ambitious for the young adults and themselves. Staff spoken with told us that they are motivated, informed, well equipped with training and happy.

There were effective systems in place to monitor the quality of the service. The home was well organised which enabled staff to respond to people’s needs in a proactive and planned way. The registered manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this the manager carried out audits of the service which included checks on the care plans, medication processes, risk assessments, records and health and safety. We saw completed audits during the inspection and noted any shortfalls identified had been addressed as part of an action plan. This meant there were systems in place to regularly review and improve the service. The provider also had robust systems in place to monitor and review the standards of the services provided at Bridgewell House. These included reviews with external professionals, daily staff meetings and handovers and the use of self-assessment tools that looked at the safety, management, residents life skills, education and well-being, environment and nutrition.

We spoke with the service manager whose responsibility it was to carry out additional checks and audits of the service to ensure good standards of care were provided. These audits were additional to those undertaken by the registered manager.

We saw that regular staff meetings were held and the minutes held information to show that the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

Records we looked at showed that the CQC had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. This meant that CQC were aware of any incidents that had taken place and what action the

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home had taken to address any issues that had arisen.

The registered provider monitored and reviewed policies and procedures to ensure that staff understood local and national standards and put them into practice; such as the use of shine therapy, scaling young adult's predisposition

to risk and managing compulsive behaviours. Staff said they constantly updated their policies and practices and training in line with the changing need of each person who lived in the home in order to provide them with "the best care possible".