The Bridge Community Care Limited

Westmead

Inspection report

51a Westmead
Castleford
West Yorkshire
WF10 3AF

Tel: 01977329623

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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

51a Westmead is a residential care home in Castleford. The home provides accommodation and personal care for people with learning disabilities, specialising in caring for those who display behaviours that challenge. The building is separated into seven distinct flats, one for each of the people who uses the service. At the time of inspection, the home was fully occupied.

People's experience of using this service:
• The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. Each person had their own individual flat including living space and kitchen which had been adapted to their individual needs and preferences. There was a strong focus on promoting choice, control and independence. People's support focused on taking positive risks to ensure they had as many opportunities as possible for them to gain new skills and become independent.
• People received good care and support which met their individual needs. One health professional said, "I have found the Bridge to be one of the most effective and supportive environments I have ever worked in."
• People, relatives and health professionals praised the home and the way in which care was provided.
• People were supported in a safe environment. Risks to people's health and safety were assessed and mitigated. The service learnt lessons and improved the safety of the service following incidents.
• Restrictive interventions were only used as a last resort and in people's best interests and there was a strong focus on reducing these interventions over time.
• There were enough staff deployed to ensure people received their required care and support. Staff were kind and caring and treated people well. Staff knew people well and had developed good, caring relationships with them.
• Staff had received bespoke training to enable them to care for the individuals living within the home.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• The service was well managed. The management team were well respected and had good oversight of the service. They were looking to continuously improve and develop the service.

Rating at last inspection:
This was the first inspection of the service since it registered in April 2018.

Why we inspected:
Whilst a routine inspection was planned, the inspection was brought forward due to a notification received from the provider where a person had the potential to suffer harm. This inspection examined those risks.

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 Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Westmead

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Whilst a routine inspection was planned, the inspection was brought forward due to a notification received from the provider where a person had the potential to suffer harm. The information shared with CQC about the incidents indicated potential concerns about the management of the risk of abconsion. This inspection examined those risks.

The inspection team consisted of an inspector and a specialist advisor. The specialist advisor was a registered mental health nurse who had experience of working with people who displayed behaviours that challenge.

Service and service type:
51A Westmead is a residential care home providing accommodation and personal care to people with learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection, we reviewed information we had received about the service since its registration in April 2018. This included information the provider must notify us about. We also received feedback from professionals who work in the local authority.

During the inspection we spoke with the chief executive, registered manager, service manager, two deputy managers, a senior support worker and four support workers. We spoke to two residents and observed staff interacting with them. We reviewed parts of three people's care records. We also reviewed records and audits relating to the management of the home. We asked the registered manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was included as part of our inspection. After the inspection we spoke with three relatives and also received feedback from five health professionals who work with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Appropriate systems were in place to help safeguarding people from abuse.
• People, relatives and health professionals said they thought the care provided to people was safe.
• People appeared comfortable and relaxed in the company of the staff who supported them.
• Safeguarding was promoted throughout the service giving people and staff many opportunities to raise concerns. Staff had received training in safeguarding and were able to clearly describe how they would identify and report allegations of abuse.
• We saw evidence safeguarding incidents were taken seriously, fully investigated and action taken to learn from them to further improve the safety of the service. There was a culture of learning from safeguarding incidents.

Assessing risk, safety monitoring and management
• Risks to people's health and safety were appropriately assessed and mitigated. The home had learnt from past failures in risk management and used them as an opportunity to improve safety.
• Staff were alert and vigilant of the risks which affected each person. One relative said, "They are good at managing safety. They risk assess situations and give [person] as many opportunities as possible. I feel comfortable knowing [person] is in their care."
• Whilst clear protocols were in place in most areas, more information needed to be recorded detailing the role of one-to-one staff when supporting one person including regular checks on their welfare. We raised this with the registered manager who adapted protocols and risk assessments to ensure this was put in place.
• The service took positive risks to ensure people's independence and personal freedom was promoted. This included ensuring people had opportunities to go out into the community and live as normal life as possible.
• There was a clear culture of managing behaviour in a positive way. Staff had received training in positive behaviour support and supported people with non-restrictive interventions where possible. Restraint was used as a last resort and instances recorded and analysed to ensure it was always done only where necessary and in people's best interests. We saw instances of restrictive practices had reduced after people had moved into the home, demonstrating the service's approach was effective.
• The home's environment was safe, secure and suitable for its intended purpose. It gave people a good mixture of personal freedom and the security they needed to keep safe. Key safety checks were undertaken on the building to help keep people safe.

Staffing and recruitment
• There were enough staff deployed to ensure people received appropriate care and support. Staffing levels were carefully monitored by the management team and exceeded the contracted hours required for people.

People received the required individualised staff support in line with their assessed needs.
• People were supported by small teams of staff which enabled them to build up the skills to care for that individual.
• Overall safe recruitment procedures were in place. The service was selective about the staff it employed and ensured the required checks took place on staff. However, we identified one staff member had started shadowing shifts before their full Disclosure and Barring Service (DBS) check had been returned. We reminded the provider of the need to do this only as a last resort and following clear risk assessment.

Using medicines safely
• Medicines were managed safely and effectively. Medicines were given out by trained staff who had their competency to give out medicines regularly assessed.
• Medicines were stored safely and securely.
• Medicine Administration Records (MAR) were well completed, indicating people had received their medicines as prescribed. Checking and audit systems were in place so any errors or discrepancies could be quickly identified.

Preventing and controlling infection
• The home was kept clean and tidy and staff adhered to good infection control principals.

Learning lessons when things go wrong
• Incidents were logged and investigated. The service was developing a more extensive tool to analyse incidents over several months to look for patterns and trends.
• There was a culture of learning lessons when things went wrong. For example, following a recent incident, staff had been supported by the management team in a positive way to improve their practice and reduce the likelihood of a re-occurrence. Debriefs took place following incidents for staff to reflect and improve their practice.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The service had developed its own care model, which was delivered effectively and consistently. Relatives and health professionals we spoke with said effective care was provided and people had experienced good outcomes. One health professional said, "I have found the Bridge to be one of the most effective and supportive environments I have ever worked in."
• The management team were very experienced in working in learning disabilities care. They had extensive experience working with behaviours that challenge. This helped ensure effective care was provided to people.

Staff support: induction, training, skills and experience
• Staff told us they felt well supported by the management team and that moral was good. They said they received excellent training and development opportunities.
• New staff received a full induction to the service which included shadowing experienced staff, learning about policies and procedures and completing detailed induction training with a focus on the needs of people with learning disabilities. New staff completed the care certificate.
• Staff received regular supervision. Supervisions were a mixture of personal development and targeted supervisions in subjects such as Mental Capacity to further promote learning.

Supporting people to eat and drink enough to maintain a balanced diet
• People had individual menus based on their own individual choices and preferences. Nutritional care planning was in place to identify any specific needs. People's weights were regularly monitored to identify and act on any changes in weight.
• People had individual facilities to prepare food and drink, making support more person centred. Staff encouraged people to help prepare food and drink to develop their independence and life skills.

Adapting service, design, decoration to meet people's needs
• The building was designed appropriately to enable people to have as much independence and personal freedom as possible. Each person had their own flat complete with living room, kitchen, a secondary living space, bedroom and bathroom. Some of the secondary rooms had been adapted for example one person's had been turned into an arts and crafts room.
• The layout of the building promoted individualised care and support with each person having dedicated space to relax, cook and undertake activities.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care
• The service supported people to maintain good health and to attend health appointments.
We saw evidence people's healthcare needs were met and the service worked with a range of professionals. Health professionals were very positive about the service and said the service had helped them to achieve good health outcomes.
• We identified people did not always have health action plans in place. Health action plans are important for people with learning disabilities to set out how to support them to live healthier lives. We spoke with the registered manager about this who demonstrated they had plans in place to create these working with local health professionals.

Ensuring consent to care and treatment in line with law and guidance
• 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The service had made appropriate DoLS authorisations for all seven people living in the home due to lack of capacity to consent to care and support, the level of supervision and control staff exerted over their lives. Five of these had been authorised with two awaiting assessment by the supervisory body. Conditions associated with DoLS were being met.
• The service adhered to principals of good practice relating to the Mental Capacity Act. Care was delivered in the least restrictive way possible, and where people lacked capacity to make decisions, best interest decisions were recorded.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
People we spoke with said they were happy with the staff who supported them.
• Staff we spoke with demonstrated good caring values and a desire to provide person centred care focused around each individuals' needs and wishes.
• We saw staff interacting positively with people using a good mixture of verbal and non-verbal communication.
• Staff had developed good positive relationships with people. The compatibility of people and staff was closely considered before they worked together and new staff were always introduced to people before they worked with them. Staff received training bespoke to the people they were working with, showing a person-centred approach.
• Staff and the management team knew people very well and their individual needs and preferences. This included the chief executive of the organisation demonstrating the management team were visible and involved in people's care.
• People's diverse needs were taken into account. For example adjustments were made to care and support to ensure people were not discriminated against because of their disabilities, age or race. Care was very person centred with a focus on creating care and support plans that worked for each individual.

Supporting people to express their views and be involved in making decisions about their care
• Staff knew people's individual methods of communication and listened patiently before assisting people in line with their choices. Each person had bespoke communication techniques and staff used aids such as picture boards to ensure effective communication.
• We saw people were put at the centre of care and support and involved in decisions relating to their daily activities, decoration and layout of their flat.

Respecting and promoting people's privacy, dignity and independence
• There was a strong focus within the service of promoting people's independence. People were encouraged to do as much as they could for themselves. This included assisting with cooking, cleaning and personal care. Care and support planning focused on building people's confidence and improving their independence.
• People's privacy and dignity was upheld. The service gave people as much privacy and autonomy as possible within a positive risk taking framework

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People received personalised care and support which met their needs, preferences and interests. We received excellent feedback from relatives and health professionals about the standard of care provided to people. One health professional said, "The Bridge is highly skilled at being responsive to the needs of the individuals. Their problem-solving skills and drive to ensure individuals are not limited by their environment, staff or facilities is second to none and I have frequently seen staff and management finding solutions to enable to people they work with, e.g. adaptations to vehicles."
• People had clear care plans in place which provided staff with detailed information on people's needs. Staff were clear on the plans of care for each individual, giving us assurance they were followed. Care plans were subject to regular review. However, care plans were not always dated, we raised this with the registered manager to ensure it was addressed.
• People had access to a good range of activities and social opportunities. People undertook any activities they wished to participate in. For example, going on woodland walks, shopping, going to the pub or doing arts and crafts. People were supported to go on holidays with staff.
• Staff were dedicated in ensuring people were able to experience activities and events whilst remaining comfortable and reducing distress. For example. one person did not like stairs, so staff had worked hard to find a cinema without stairs so they could participate in this activity.
• The service had developed good links with the local community with people actively participating in events in their surroundings.

Improving care quality in response to complaints or concern
• People's concerns and complaints were taken seriously and fully investigated. We saw evidence of learning from concerns and complaints.
• Information was available to people informing them how to raise a complaint. Compliments were also recorded so the service knew the areas it was exceeding expectations.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• Staff, relatives and health professionals consistently said the service provided high quality care and people received good outcomes.
• There was a clear person-centred culture within the service with care and support focused on each individual and their needs and preferences. Each person had their own living space, routines, bespoke activities and staff team which supported this approach.
• Relatives and health professionals said communication was good and the service was open and honest with them. We found the management team open with us about the service, its limitations and areas for further development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff said management were effective and they felt very well supported by the management team. One staff member said, "Management bend over backwards for staff, they are really helpful."
• Staff and management had clearly defined roles and responsibilities which supported the service's vision for delivering highly personalised care and support. The management team were very experienced and knowledgeable about their area of care and support, caring for people with learning disabilities. They were passionate about providing the best possible outcomes for people.
• Systems were in place to assess and monitor the service. This included a range of audits and checks in areas which included medicine management, health and safety and daily documentation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Meetings took place between management and people who used the service to gather their views on their care and support. These were as regular as people wanted them, for example one person had weekly meetings with the deputy manager. These considered people's diverse needs.
• People and relative's feedback was also sought through questionnaires. A 'You said we did' board was being developed to clearly show actions that had been taken as a result of recent feedback. Feedback was very positive about the service.

Continuous learning and improving care
• The management team demonstrated they were committed to continuous improvement of the service. There had been a clear focus on reducing behavioural incidents, restriction and control since the service

began operating. Now this had been achieved, future plans were in place to further enhance the involvement of people and relatives as well as the opportunities available to people.
• Lessons had been learnt from adverse events and systems and processes were being consistently developed over time.

Working in partnership with others
• The service worked in partnership with other agencies. This included sharing models of best practices with commissioners and delivering training to other organisations.