

Positive Living Limited

Brickbridge House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brickbridge House is a residential care home providing personal care for up to seven younger adults with learning disabilities and autism. The home accommodates six people in one house and one person in a separate building. Seven people were living at the home at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt the service was safe and enjoying living at Brickbridge House. Staff demonstrated a good understanding about people's safety and were aware of how to reduce the risk of harm. There were enough staff to support people both within and away from the home. Staff were safely recruited. Accidents and incidents were reviewed to ensure learning took place and future risk was minimised.

The service was well-led. People, staff and professionals spoke positively about the registered manager. People were given opportunity to feedback about the care they received and staff felt the management team were approachable. Quality monitoring systems included audits, observations of staff practice and checks on the environment. Action was taken to rectify any areas of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 January 2018).

Why we inspected

To assure ourselves the service was meeting people's needs, that staff had the necessary skills and experience and the management processes were effective we completed a focused inspection. We reviewed the key questions of Safe and Well Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Brickbridge House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brickbridge House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Brickbridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioning teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We met and spoke with four of the people living at the home. Some people were unable to tell us in detail about their experiences due to their communication needs, so we observed how staff interacted with them. We spoke with two staff, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional. We looked at two people's care records, medicines records, details of incidents involving positive behaviour support, health and safety and quality assurance records. We also looked at recruitment records for two staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we made a recommendation that the provider sought best practice guidance on covert medication.

- At this inspection we found the registered manager had made improvements to the practice of administering covert medicines. External professionals had been consulted on the use of these medicines to ensure they were safe to be given covertly.
- People received their medicines as prescribed. Staff were trained to safely administer medicines and their competency was checked by the registered manager.
- People's medicines were safely received, stored and administered.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Brickbridge House. One person said, "I am safe. I have a friend here, we get on well and the staff are okay."
- The provider had safeguarding systems in place. Where safeguarding concerns had been identified the registered manager had worked in partnership with the local authority and other professionals to ensure plans were in place to protect people.
- We had been notified of a safeguarding incident which had occurred in the weeks prior to the inspection and the registered manager told us learning from that incident had taken place. Further training had been arranged to ensure all staff were aware of their responsibility in relation to keeping people safe. Staff we spoke with during the inspection knew how to escalate concerns for people safety and well-being.

Assessing risk, safety monitoring and management

- People were supported by staff to manage risks. Where people's behaviours may result in harm to themselves or others, there were clear management plans in place which gave staff guidance on how to safely support the person.
- Where people were at risk from health conditions, such as epilepsy; staff had received training in how to respond to seizures and to administer any prescribed rescue medicines.

Staffing and recruitment

- People received staffing support in accordance with their assessed need. On the day of the inspection visit we saw there were enough staff to support people with their chosen activities. Some people were attending health appointments while others spent time at home.
- People told us staff were available when they needed them. One person commented, "Today staff are

helping me with my washing, which I need to get done."

- Staff were safely recruited. Pre-employment checks were carried out by the provider to ensure their suitability to work with vulnerable people.

Preventing and controlling infection

- Both buildings were clean and tidy and decoration was good overall. We observed some attention was required to the condition of the downstairs communal bathroom, which the registered manager said they would refer to maintenance without delay.
- People were protected from the risk of cross infection. Staff had access to gloves and aprons as required and had received training in infection prevention and control.

Learning lessons when things go wrong

- Staff recorded where incidents and accidents occurred. Forms were completed to ensure details about each event could be reviewed and considered. The registered manager reviewed this information to identify any patterns or trends. Any learning was then shared with staff to reduce the likelihood of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well managed. People, staff and external healthcare professionals shared positive feedback with us about the registered manager. One staff member commented, "Anything you ask for, it's there. [Registered manager] is easy to talk to and approachable."
- The registered manager spoke positively about the staff team and had developed a culture of inclusivity. The main house had the feel of a family home and people were able to speak with staff or the registered manager at a time of their choosing. The person living in the separate building was supported by staff on a one to one basis, and although they did not spend time in the main house, the registered manager regularly spent time with them.
- Staff told us they felt well supported by the registered and deputy managers. One staff member said, "I could go to the deputy or registered manager, they both offer support. I can talk to them about anything."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. Where mistakes were made, they were open and honest with people and families and reviewed incidents so improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and worked alongside staff which enabled them to lead by example. They regularly supported people who lived at the service so had an excellent understanding of their needs.
- Quality audits were conducted by the registered manager, who then acted where inconsistencies or improvements were identified.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in the entrance to the home. This is important as it allows people living in the home, relatives and the public to know how the service is performing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had opportunities to give feedback about the service. One person said, "I can always

talk to [registered manager]."

- 'Your voice' meetings were held regularly and people were invited to discuss any concerns or changes happening within the home. People had been consulted prior to a new person moving in to the home and this had given staff time to answer questions and offer reassurances prior to the person's arrival.
- Staff told us they were encouraged to share their views through one to one meetings or directly with the registered manager.

Continuous learning and improving care

- The registered manager carried out regular quality audits and 'walkarounds' to review various aspects of care delivery. This included checks on the environment, records, staff practice, and people's experiences. Any concerns identified were recorded in an action plan complete with timescales, so improvements could be made.
- A 'colleague award' had been introduced to recognise staff member's contributions and practice. People living at the service, as well as staff or relatives, could nominate staff members for the award which aimed to encourage good practice.

Working in partnership with others

- The registered manager and staff team worked positively with visiting healthcare professionals and other partner agencies. This included working alongside specialist learning disability services to ensure people's diverse and behavioural needs were met.