Cartref Homes UK Limited

# Bridge House

**Inspection report**

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected this home on 11 September 2015. This was an unannounced inspection.

Bridge House is registered to provide accommodation and personal care for five persons who have a learning difficulty, Autism and /or Mental Health issues. The people needed support to understand their particular conditions; identify triggers for unwanted behaviours and learn life skills to increase their independence. At the time of our inspection, there were five people who lived in the home. Most people were learning the skills needed to become independent, therefore required specific individual support. People were working towards having their own home with support in the community.

There was a registered manager at the home. 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.

# Summary of findings

Staff made sure people were protected from the risk of abuse. People said they felt safe and staff were able tell us about the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's physical and social needs and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff were aware of their roles and responsibilities and the lines of accountability within the home. Staff attended regular supervision, had an annual appraisal and regular team meetings.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role at the home. Staff morale appeared high and staff talked very positively about their roles within the home. Staff told us the management was approachable, very open, and supportive.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful, and were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff. They found staff provided really helpful advice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS authorisations were in place for two people. People who had been assessed as lacking capacity to make decisions for themselves and made sure their best interests were taken into account.

Staff received training in the Mental Capacity Act 2005 and DoLS to enable them to understand the need for referrals and their responsibilities around best interest decisions.

The systems for the management of medicines were followed by staff and people received their medicines safely. People had good access to health and social care professionals when required.

People were very much involved in the care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans.

People were encouraged and supported to pursue activities inside and outside of the home. People were also encouraged to keep active and continue learning.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals. This ensured they received treatment and support as required. Those people who were able made their own appointments with their GP and attend unsupported was encouraged.

Staff meetings and residents meetings took place on a regular basis. Minutes were recorded and any actions required were documented and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

# 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.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good

**Is the service effective?**
The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Good

**Is the service caring?**
The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Good

**Is the service responsive?**
The service was responsive.

People's needs were assessed and care plans were produced with the individual identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities to develop the skills needed to live independently.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Good

**Is the service well-led?**
The service was well led.

Good

# Summary of findings

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The registered manager was open and approachable. Staff were able to have both informal discussions or formal, through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

# Bridge House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 11 December 2015 and was unannounced.

Our inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection, we spoke with five people who lived at the home, four support workers and the registered manager.

We observed people's support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at people's records. These included three people's records, care plans, daily care notes, risk assessments, and behavioural records. We looked at three staff files .We also sampled a number of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home with two people showing us their bedrooms.

The last inspection was 28 January 2014 when they were found to be meeting the regulations.

Good

# Is the service safe?

## Our findings

People who lived at Bridge House told us that they felt well supported and safe.

Staff told us that they had received safeguarding training in the last year and this was confirmed by the training records kept by the home. The staff members were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should that occur. They said they trusted the registered manager to respond appropriately to any concerns. The staff understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed in the last six months. We saw that these policies clearly detailed the information and action staff should take to protect people in their care. They also had an up to date copy of the safeguarding protocols supplied by the local authority. Staff knew how to report abuse and keep people safe.

People were protected from avoidable harm. Staff had all received training in how to deal with challenging behaviour, NAPPI (Non-Abusive Physical and Psychological Intervention) which is about how to restrain without harming the person and how to release yourself from being restrained. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's support needs and possible risks that had been identified. Through talking with the staff, we found they knew people well, and had also understood risks relating to people's individual care and support needs. People were also being supported in accordance with their risk management plans. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example, risk assessments were linked in part to a person's mental health issues and behaviour in the past. One person's medicines had inhibited them to the point where even verbal communication was difficult. However, although they had been aggressive in the past staff had supported the person to find alternative ways to communicate when anxious. This with the reduction of medicines had given the person confidence and they have become more motivated.

The management of risk was discussed with the people. People told us that staff spoke to them about taking risks and what could happen. One person said, "I like to stay up late, this means I do not always get up in the morning. This meant I missed my morning medication. As a compromise we spoke with my GP and I can have my medication when I get up before two o'clock in the afternoon. I know this, so most days I do get up by then". One member of staff told us, "It's important that they get to know the consequences of their actions, what is acceptable and what isn't." People were being helped to understand what risks were and how to reduce any harm to themselves or others.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the registered manager confirmed this. Staff turnover was very low and only one person had been employed since our last inspection. Their file contained the required checks and documentation. For example, there was a fully completed application form, declaration of health and interview notes. The provider had a recruitment policy and procedure which had been followed.

Through our observations and discussions with the people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people.

Staff who administered medicines had received training and their competency had been checked. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. This resulted in people receiving their medication as prescribed.

Necessary checks had been undertaken, such as portable appliance (PAT) PAT testing, there was an in date electrical and gas certificate. There was a fire risk assessment in place. Fire alarms and emergency lighting had been checked and regularly serviced. The staff explained that where issues were found during the audits the registered manager would produce an action plan, which clearly detailed what needed to be done and when action had been taken.

Good

# Is the service safe?

There was a plan staff would use in the event of a fire. This included arrangements for people to be evacuated and the places where they could take the people to keep them safe. There was also a policy and procedure for emergencies outside of normal hours, or at weekends or bank holidays.

They had not yet completed a PEEP (Personal Emergency Evacuation plan) for each person. However much of the information needed was available. The registered manager had started to implement PEEPs during the inspection.

Good

# Is the service effective?

## Our findings

People told us that their needs were well addressed by the staff. One person said, "The staff here are good they help me if I am not sure about anything", another person said "I am doing a lot more for myself now because of the staff here, they got me into college, I am learning brick laying, not long now and I will be looking for a job".

Staff explained that when they have been on training they are encouraged to talk about what they have learnt and put it into practice when they returned to work. They told us courses that they had received training about included safeguarding adults, first aid, fire, health and safety, nutrition, infection control and medicines administration. The training records evidenced that training was also refreshed to keep staff knowledge current. Staff had the skills and knowledge to provide the care and support to meet people's needs.

People were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within peoples care records and support planning documents. People's care and support plans detailed the support each individual had agreed with staff at the home. They had pathways to independence, which specifically looked at how people could achieve further independence. These were discussed and agreed with the people individually. For example, one person who had reached a level of independence where staff felt they would be able to self-medicate. Records evidenced that the person did not agree at this stage, so this had been put on hold.

People talked to us about their aspirations for the future. One person told us, "Once I finish my college I will need to get a job, I think I know where I will be going to work. I don't want to move out at the moment but I know I will need to". Behavioural guidelines were in place. People spoke about their behaviours with staff and together they agreed what was acceptable, and what measures were in place if and when people did not stick to the agreement.

Staff worked with health professionals who supported the people who lived at the home. They also supported people to attend appointments and make sure their other physical health needs were met. People could see a GP when they wanted or needed to. People had health action plans in place. These plans provided advice and health awareness information which supported peoples' health and wellbeing. These had been reviewed at least six monthly or when there had been a significant change.

People had individual health assessments within the care plans and the records were seen of hospital and GP visits. Staff told us that two people could access the GP on their own. Care plans recorded these visits and any instructions for staff to follow to maintain peoples' health and well-being. The care plans were regularly reviewed and updated in line with the person's changing circumstances. Any changes to care plans were discussed during handover of information between shifts. This ensured staff provided care and support appropriately.

Senior carer told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that all staff received monthly supervision. Supervision is a process, usually a meeting, by which an organisation provided guidance and support to staff. Staff explained that at their supervision they talked about any training or issues they had encountered since the last meeting. These were discussed along with future training and development needs.

At lunch time, four people went out for a Christmas lunch with other people living in other Cartref homes. When people returned home from their meal, the home was buzzing with energy, people had obviously enjoyed their meal out.

People were supported to have enough to eat and drink. During our inspection, we saw that the people helped themselves to drinks and offered drinks to others. One staff member said they discussed healthy eating during informal discussions with people. This had resulted in people making better choices when choosing what to buy. Each person had their own menu as each prepared their own meal. They each worked out what they wanted to eat, they then, with the help of staff (if needed) worked out what they needed to buy at the shops. A person said "We choose what we have, staff support us to shop and look after ourselves by sharing ideas on what is bought". Another person told us, "We all together picked the plums off the plum tree as we all help to look after the garden. We may occasionally have the same if something special happens, but as a general rule we make that decision and cook it ourselves".

Good

# Is the service effective?

Staff gained people's consent and people were fully involved in all aspects of planning their day. Staff had a good understanding of each person's likes and dislikes and the things that they wanted to learn or achieve. They understood people's identified risks and what they needed to do to reduce or prevent harm. For example, one person told us, "I trust the staff as they talk to me and help me to do things I like to do". One person told us about their trip to a care museum, where they had visited on the day of the last inspection. Another person talked about going to church every week, "I go to church on Sundays, they are nice people there ever so friendly".

Two people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation which had been approved by the local authority. The registered manager had discussed this with people, there was an easy read copy to show what had been decided and why. There was a mental capacity report which was part of the supporting documentation. The registered manager had set up a monthly review regarding the DoLS and it suitability and stated why it is still required and any behaviour that has been seen in that period.

The registered manager told us about monthly clinic reviews with the psychologist. The psychologist listened to how individuals had been in that time and any behaviour issues were discussed. A record of the discussion was then sent to confirm any change in the way staff should support each person. People also had annual reviews with all the professionals that were involved in their care and treatment. This information was then used by the court when a court order was in place. The courts then with input of professionals made a decision whether a court order was still necessary.

The notice board displayed in the lounge had information about things happening locally. There was a copy of the complaint procedure and had relevant information including content on the Mental Capacity Act. There were also photos of trips people had been on and events which were coming up, plus relevant information for engaging the local area such as local bus timetables.

Good

# Is the service caring?

## Our findings

People told us that they felt well cared for and the staff were all very supportive. We found staff knew people they were supporting very well. They had good insight into the people's individual interests and preferences. We asked people if staff always asked them what they wanted to do each day, one person said, "We have a plan of what we are doing each week, we sort that out with the staff and they give that to us to follow". People told us that they were able to discuss and make choices which promoted their independence. This showed the support staff enabled people using the service to follow their own interests.

Staff were observed to be caring and supportive. The people living in the home were comfortable and relaxed around the staff. This created an atmosphere where people were happy to speak up and express themselves.

People were encouraged to be independent and to have as much choice over their day to day lives as possible. Staff told us that they encouraged and enabled people to be involved in making the decisions about how the home was run. When people came back from where they had been staff asked them how things had gone. People were given time to speak, they were not rushed but encouraged to talk through their morning. Staff were heard discussing opportunities regarding a person's support and the wider social opportunities, the person was fully involved in this two way discussion. Staff made sure that people living in the home were able to make informed decisions.

There was a good rapport between the staff and people which was good hearted and respectful. There was banter between the people and staff. Staff soon made comment if this banter went too far, as this was part of their learning in order to be accepted in the wider community.

Staff told us that people were encouraged to maintain strong links with their relatives. Relatives were made welcome if they visited the home but normally people visited family when possible. One person discussed how they kept in contact with one of their relatives, by sharing time through different forms of social media. The staff encouraged this interaction as a way of keeping in contact. Staff told us about a barbeque that had been put on during the summer which relatives had been invited to this. Staff said this went down well with those who took part.

The staff demonstrated a good understanding of the meaning of dignity and how this could be achieved whilst supporting the people in and outside the home. Staff interacted with people in a respectful way, they gave people time to respond and talk to people in private when necessary to protect their dignity. Staff also knew how to respect people's confidentiality. We saw that all confidential information was kept secure in the staff office.

The registered manager said that advocacy was available if someone did not have anyone to support them maintain their rights. This was discussed for one person at the home that did not have an advocate currently but may benefit from having contact with one. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The registered manager was going to organise this.

One person with staff support and another person went to church regularly. On person explained they liked the atmosphere there, as it was very evangelical. They told us, "I like it because the people are friendly and I like to go as often as I can".

Good

# Is the service responsive?

## Our findings

People were happy with the way staff supported them. One person said, "The staff are all right, they know when I am not happy and my key worker is good at sorting things out for me". Another person told us, "The staff knew exactly how to support me and know the right time to remind me I am getting out of order". People all agreed that staff helped them to be as independent as possible. People told us that they were able to complain about issues relating to care and other peoples' behaviour. People also told us if they were not happy they would complain to the staff or the registered manager. One person said, "If I complain about something the manager has to listen to me, it always gets sorted out".

People were supported to pursue activities that were centred on their interests or giving them the skills they needed to become more independent. Each person had a weekly activity plan that encompassed activities such as going to college or to their week placement. They also included shopping trips when people were encouraged to write a shopping list for the meals they had chosen for the next few days or week. People were encouraged when they went out and about to use public transport. One person told me that they liked to go and watch football matches. The activity plan were fully completed and showed that people were fully active throughout the week. All the activities were individual to the person. They occasionally had events when all the people at the home would be involved such as the barbeque they had in the summer.

Complaints had been responded to appropriately. The staff discussed with us the process that would be used for investigating complaints and we found that they had a thorough understanding of the complaints procedure. We saw that the complaint procedure was also available on the main notice board. The complaints procedure clearly informed people how and who to make a complaint to. The easy to read complaint procedure on the notice board in the lounge did not include the time scale for action. However the registered manager said they would adjust it to include these.

Care records contained a record of people's various assessments, care preferences and reviews. Staff understood people's needs and knew how to respond when things were not going well. For example, one person told us "The staff know I like to stay up to really late, so they do not disturb me. I know if I am not up by two o'clock I cannot have my medicines".

People had a very detailed assessment of their needs, which highlighted the support they required. The assessment had led to a range of support plans being developed. We saw the daily notes written by staff over each 24 hour period. These records showed what choices each person had made regarding what they wanted to do or where they wanted to go. Any issues that had risen and any action that had been necessary. Staff also recorded people's behaviour and any intervention staff had taken when people exhibited inappropriate behaviour. Staff were able to provide a consistent response when people displayed the same behaviour again.

People's care records were updated regularly with them to reflect any changes in their needs. People told us that they had been very involved in writing their care/support plan, and that staff talked with them about it every month. This ensured that staff had access to up to date information and they could respond appropriately to people's changing needs. For example, one plan had been updated when there had been a change in the person's level of communication following a change in their medicines.

The keyworker reviewed the care plan weekly with each person and they completed a contact sheet, about the conversations that they had. For example, one conversation recorded was about the person's computer usage. The time they used the computer was reduced, this decision was made because the person become angry about the game they were playing and had tried to take this out on another person. So the time they could play the game was reduced and in order to monitor the time spent, the computer could only be accessed with staff support. The person told us about this and said they were not happy that the time had been reduced but they did know why, they said "I must learn to not to get wound up and contain my anger when it doesn't go right".

One member of staff had set up jobs for people such as making teas and coffees or some cleaning in head office. They then received supervision as they would in a real job. One person went through the disciplinary procedure, but was reinstated on appeal. The idea was to help people understand what they might face when they got a real job.

Good

# Is the service responsive?

There were person centred assessments which included health needs, personal care, socialisation and recreation needs. Communication needs individual strengths to all of these. People told us that they were involved in planning what support they wanted and needed. They said that staff go through the plan each month. They looked at what had been achieved and talk about what had not gone as well.

One person said “We sit down and talk to our key worker we say about what we have done and how we feel, we can say what we like. I tell them when I am not happy but its ok most of the time”. In this way staff made sure that people were fully involved in the planning their own support and goals for the future.

Good

# Is the service well-led?

## Our findings

People were happy and complimentary about the staff. They told us that they thought the home was well run and met their needs. People found that staff were approachable and listened to their views. They told us staff were receptive to their suggestions on how the service should be run to make it better. One person said, "The staff encourage us to speak up about the home, and tell them what could make the place better".

People discussed the open nature of being able to talk about their issues and concerns and also of issues which had presented challenges for some people. The staff too said that they found the registered manager approachable, that they were open to new ideas, and supportive to staff. The staff felt the service was well-led. Most members of the staff had worked at the service for many years, they stated that they felt they could easily express concerns and they were listened to.

Staff knew the ethos of the home, they explained the importance of people being able to live in a comfortable, safe, and homely environment. Whilst they were supported to develop the skills needed to become independent and live in the community. One staff member said, "We actually support people to do things themselves, with encouragement people gradually grow in confidence and they want to do more". Another staff member told us, "We are guided by the individual needs of the people who live here and their wishes. We try to make this home like a real home, homely and safe. We help people to understand how their behaviour affects other people around them". Our observations during the inspection saw this to be the case and meant that people benefited from the staff following the ethos of the home.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager of the home was supported by the managing director, who visited the home regularly every month for one to one supervision. The managing director also performed unannounced visits as part of the quality assurance process in the home. These visits were recorded and included an action plan of when improvements need to be completed by. At the last visit the managing director looked at the number of staff on shift. They spoke to both staff and people who lived at the home. They checked that staff knew about safeguarding and the procedures and documentation they needed to complete. A person told the managing director that he felt safe. The managing director had also asked people about the cleaning in the home. The managing director also checked that staff had undertaken medicine training and they checked the medicines and found them to be in order.

The registered manager understood the principles of good quality assurance and used these principles to critically review the home. The provider had effective systems in place for monitoring the home, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, infection control, learning and development for staff and peoples finances. Records evidenced that staff ensured that they monitored the temperature of the fridge and freezer to ensure they were working and were within safe temperatures.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent future accidents. Staff told us what incidents they would record and that these would be checked by the registered manager. One member of staff described what accidents would also need to be sent the Health and Safety Executive on the RIDDOR form. We viewed completed forms, these detailed what had happened and the action taken by staff.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents in a timely manner as required. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The provider sought people's and others views by using annual questionnaires to people, staff, health and social care professionals and relatives to gain feedback on the quality of the service. The staff told us that completed surveys were sent to head office to be evaluated and the results were used to inform improvement plans for the

Good

# Is the service well-led?

development of the service. The results were not available when we visited, but surveys had been returned recently. The registered manager also did local surveys for the people living at the home. These were anonymous tick box surveys and gave people the opportunity to say freely what they thought of the service. The results of these showed that people were either satisfied or very satisfied with the service they received.

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.