Bridgewood Trust Limited

Southlees

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Southlees took place on 14 and 21 April 2016. The first visit was unannounced and the second visit was announced.

Southlees is a small care home providing accommodation and support for up to six people with learning disabilities. It is part of the Bridgwood Trust; a charity organisation which provides residential, domiciliary and day services to people with learning disabilities.

The service is required to have a registered manager. 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. The service had a registered manager.

Staff had a good understanding of safeguarding adults and who to contact if they suspected any abuse. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Medicines were managed in a safe way for people, although minor errors in recording were evident.

There were enough staff to provide a good level of interaction and the registered provider had effective recruitment and selection procedures in place.

Staff received induction, supervision, appraisal and specialist training to enable them to provide support to the people who lived at Southlees. This ensured they had the knowledge and skills to support the people who lived there.

People's capacity was considered when decisions needed to be made.

People enjoyed the food and were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

We observed staff interacting with people in a caring, friendly, professional manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

People were able to make choices about their care. Care plans detailed the care and support they required and included information about peoples likes and dislikes and people engaged in activities which were person centred.

Individual needs were assessed and met through the development of personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews and people's needs were reviewed as soon as their situation and needs changed

People told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

The culture of the organisation was open and transparent. The registered manager was visible in the service and knew the needs of the people who used the service.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was of a high standard.

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

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs and keep them safe.

Is the service effective?

Good

The service was effective

People's consent to care and treatment was sought in line with legislation and guidance.

Staff had received specialist training to enable them to provide support to the people who lived at Southlees

People were supported to eat and drink enough and maintain a balanced diet

People had access to external health professionals as the need arose

Is the service caring?

Good

The service was caring

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Is the service responsive?

Good

The service was responsive

People were supported to participate in activities both inside and outside of the home.

People's needs were reviewed as soon as their situation and needs changed and people were involved in the development and the review of their support plans

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well led

The culture was positive, person centred, open and inclusive.

The registered manager was visible within the service

The registered provider had an effective system in place to assess and monitor the quality of service provided.

Southlees

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.

This inspection took place on 14 and 21 April and was unannounced on the first day and announced on the second day. The inspection was conducted by one adult social care inspector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were six people living at Southlees. We used a number of different methods to help us understand the experiences of people who lived in the home. Some people who used the service were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We spent time in the living areas observing the care and support people received. We spoke with four people who used the service, two members of staff and the registered manager. We looked in the bedrooms of four people who used the service with permission. After the inspection we received feedback from one relative.

During our visit we spent time looking at four people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the services audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and the relative we spoke with told us they felt confident their relative was safe at Southlees.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "If I saw bad practice I would report it to the manager. They would act on concerns, but if they didn't, I would go above and they would act on it. I would call safeguarding myself if it was an emergency." We saw safeguarding incidents had been dealt with appropriately when they arose. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. We saw in the care files of people who used the service comprehensive risk assessments were in place. For example, keeping a key, answering the door, falls, managing money, moving and handling, alcohol, staying at home alone, and accessing the community. We saw these assessments were reviewed regularly, signed by staff and people who used the service and were up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. One staff member said, "People here are safe, but they are supported to do risky things." The registered manager told us one person who used the service who was visually impaired, liked chopping vegetables. The person was supported to do this and they had introduced brightly coloured knives as a visual aid. This showed us the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the home.

There were enough staff on duty to meet people's individual needs and keep them safe. The registered manager told us each person who used the service was allocated staffing according to their assessed needs and we saw this was reflected in their care records and tallied with the number of staff on the duty rota. Staffing was adjusted when people's needs changed, for example, following a stay in hospital. People who used the service received staff support to enable them to access the community and engage in activities outside of the home. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. The registered provider had their own bank of staff to cover for absence. This meant people were supported and cared for by staff who knew them well.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The registered manager told us all staff at the home completed training in the safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed annually. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home, as well as some boxed medicines. A new pharmacy was being trialled and this had led to some confusion about medicine administration times which the registered manager had rectified with the pharmacy. We checked medicines for people and saw medicines were checked and signed as received by members of staff. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered except one box of PRN (as required) analgesia where 40 tablets were present and 41 were recorded as present, The registered manager told us they had considered daily audits of medicines and they would implement this straight away.

We saw one person's allergy to penicillin was not recorded on the MAR sheet. This meant there was a risk this person may be prescribed or administered medicine which may be harmful to them. The registered manager rectified this with the pharmacy immediately.

People's medicines were stored safely in a secure medicines cupboard. This meant we could be assured medicines were stored securely with only authorised care home staff having access to them.

Care plans contained detailed information about medicines and how the person liked to take them, including an individual PRN medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The home was well maintained with a spacious living area, kitchen and dining room. Appropriate equipment was in place to meet the needs of people who used the service and had been properly maintained and serviced. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT).

People who used the service we spoke with knew what action to take in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported in the event the building needed to be evacuated. A fire training sheet was signed by all staff and fire drills occurred regularly. This showed us the home had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

Staff were provided with training and support to ensure they were able to meet people's needs effectively. The registered manager told us new staff completed a four week induction at the home and then completed the care certificate. The induction included two days of training at head office and two to four weeks shadowing more experienced staff before being included on the duty rota. We saw staff had completed induction training when they commenced employment with the service. This demonstrated new employees were supported in their role.

We saw evidence in staff files and training records, staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training included topics such as safeguarding adults from abuse, infection control, moving and handling, behaviour and de-escalation techniques, first aid and food hygiene.

Staff we spoke with told us they felt appropriately supported by managers and said they had regular supervision and staff meetings. Staff said, "The manager is approachable." "I feel very supported." This showed staff were receiving regular management supervision to monitor their performance and development needs.

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. We saw two applications for DoLS authorisations had been submitted for people who used the service and a mental capacity assessment had been completed prior to the application. This meant the human rights of people who used the service were protected.

One member of staff said, "Everyone has the right to make choices. It's not always the right choice, but if it's what they want to do, we support them." Where people did not have capacity to make certain decisions we saw individual mental capacity assessments and best interest decisions had been made in particular areas such as going out in the community unsupported, managing money and the use of a bedroom door sensor.

This meant the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental Capacity Act (2005) and guidance.

People enjoyed their meals and were supported to eat a balanced diet. We saw staff cooked and some people who were able to do so helped with meal preparation. Staff told us people who used the service did the food shopping with staff if they wished to.

People made choices in what they wanted to eat. Staff sat with people to choose the menu for each week using recipe books as a visual aid and healthy options were encouraged. On the day of our visit we saw in the evening people were offered a choice of toppings for their pizza and a choice of drinks were available.

We saw individual dietary requirements of people were catered for. One person who used the service was a vegetarian and had meals individually prepared. The registered manager told us two people had been found to have high cholesterol levels during a health checks and they were encouraged to exercise and were offered healthy diet options. "We try to give people the tools and knowledge to make a healthy choice." This had resulted in gradual weight loss for the people concerned, as advised by the GP.

People had access to external health professionals as the need arose. Staff told us systems were in place to make sure people's healthcare needs were met. They said people attended healthcare appointments and we saw from people's care records a range of health professionals were involved. This had included GP's, hospital consultants, community nurses, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

The home was comfortably furnished, homely and personalised with photographs, trophies and other personal items. One person's bedroom was based downstairs and appropriate adaptations were in place to promote independence.

Good

Is the service caring?

Our findings

People who used the service old us the staff were caring. One person who used the service told us, "The staff are nice." A relative said, "The staff are definitely caring. They all seem friendly and helpful."

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. People told us they liked the staff and we saw there were good relationships between staff and the people who lived in the home. We heard staff asking people what they would like to do and explaining what was happening. Staff told us they enjoyed working at Southlees and providing support to people who lived there. One staff member said, "I love it. I like just making residents happy."

People's individual rooms were personalised to their taste. For example one person had a huge key ring collection arranged on the walls. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. We saw staff gave good explanations to people to help them understand how they were being supported.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter and had good knowledge of how to maintain people's dignity when supporting them with personal care. Personal support plans included a section on, sense of self, privacy and dignity, which for one person recorded, "(Person) gets angry if others invade their personal space. Prefers to shower with shower door locked."

People were supported to make choices and decisions about their daily lives. Staff told us people who used the service had a choice of outings, meals and bedtime; people we spoke with confirmed this. One person showed us the colour they had chosen to have their bedroom painted in. We saw staff used body language, gestures and pictures if appropriate, to help people make decisions where people had communication or sensory impairments. One staff member said, "You know when (person) is unhappy. If they are upset (person) won't eat. If (person) refuses to do anything it is usually an illness, so we call the doctor or district nurse."

People were supported to express their views and were actively involved in making decisions about their care and support. Meetings were held for people to attend and give their views on how the home was run and they commented on aspects of care such as food choices, with action plans devised following the meetings. When discussing choosing a holiday for this year one staff member said, "They all went to Wales last year and rented a house with a hot tub. Everyone loved it. It's trying to top that."

One person who used the service attended church regularly and people were encouraged to invite friend round if they wished to do so. This showed people were supported with religious and social needs.

One person who used the service said, "I have to clean my own bedroom. They help me because I have a bad back." People were encouraged to do things for themselves in their daily life. One member of staff said, "They have all definitely got their independence." People were responsible for cleaning their own bedrooms with support and some people were supported to bring down their washing and complete jobs around the house. This showed people living at the home were encouraged to maintain their independence.

Good

Is the service responsive?

Our findings

People were supported to participate in activities both inside and outside of the home. People who used the service said, "I like music and going out." "I have been colouring at craft."

Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. On the day of our inspection there were no people who used the service at home until after 3pm. People were out on a variety of activities such as craft and knitting and attending day services. One person went to a walking group at the weekend. Another person who enjoyed growing vegetables had been supported to plant cabbage seeds at the weekend and they told us they were supported by staff to maintain their vegetable plot. Staff said, "(Person) loves their gardening. We have raised beds because they can't get down to do it." "Three people here like baking. Whatever they want to do we make sure they do it."

Some people were going to attend a social club the same evening to meet with friends. Staff told us they supported people with important issues, such as phoning family and friends and visiting their relatives. This meant staff supported people with their social needs.

We saw care for people was person centred and staff were led in their work by what people wanted to do. We saw in the care files of people who used the service that support plans were in place covering areas such as personal care, physical health, finances, decision making and accessing the community. Personal detail was included for example, support with hair and make-up. We saw these assessments were reviewed regularly, signed and up to date. Daily records were also kept detailing the activities each person had undertaken, as well as a daily support record tick sheet.

People's needs were reviewed as soon as their situation changed. Goals the person wished to achieve were set at reviews and progress toward the goal was recorded. For example, one person's goal was to get a memory box and a memory board for their bedroom due to emerging issues with their memory. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

Through speaking with staff and people who used the service we felt confident people's views were taken into account. There was evidence people had been involved in discussions about their care and support. We saw the format of the reviews considered the person's capacity. This meant the choices of people who used the service were respected.

The people we spoke with told us if they felt unhappy they would speak with staff and they knew how to complain. We saw there was an easy read complaints procedure on display for people to see. A relative said, "I'm certain the managers would act on concerns if I ever had any." Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

People who used the service told us they liked the registered manager. A relative said, "The manager seems very good. I have never had any problems. I have always been happy with the care provided at Southlees." Staff we spoke with were positive about the registered manager and told us the home was well led. One member of staff said, "I can go to the manager for anything. The area manager is good and approachable. When you ring the office you feel in a family organisation."

The registered manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said they operated an 'open door policy' and staff were able to speak to her about any problem any time. Staff we spoke with confirmed this.

The registered manager said the homes aim was, "For people to be as independent as they can possibly be in their lives, happy healthy and fulfilled." The registered manager told us they felt supported by the registered provider and could call their manager any time. They told us they attended managers meetings twice a year and occasionally attended good practice events. They said the registered provider sent them good practice updates, as well as providing formal training. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. We saw the minutes of service user meetings, which were held around every three months. Topics discussed included holidays, activities, health action plans, DoLS and meal choices. The registered manager told us they had agreed to go to a furniture show room with people to choose the lounge furniture in person, rather than using a brochure, as that is what people wanted to do. Questionnaires were sent out to family members before each person's review. Feedback from families was all positive.

Staff meetings were held every one to two months. Topics discussed included staff training, individual resident's needs, reviews, health, family feedback, care standards, procedures and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people who used the service.

We saw audits were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medication were completed weekly and the registered manager also did spot checks on MAR sheets, however they were planning to introduce daily audits to improve minor administrative errors.

Service users' money audits were conducted on a daily basis and care plans and documents were also reviewed regularly. This showed staff compliance with the service's procedures was monitored.

A manager's report was sent to the registered provider every two weeks with details of topics such as audits, incidents, training and supervision. The area manager visited the home regularly to ensure compliance with the registered providers' policies and procedures. This demonstrated the senior management of the organisation were reviewing information to drive up the quality of the service.