

# Bridgewood Trust Limited







# Wheatley Lane

## 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 visited Wheatley Lane on 16 April 2015. The inspection was unannounced.

Wheatley lane comprises of three small houses which are linked by a shared garden. Care staff provided the majority of support to people in two of the houses. Due to the high level of independence of people living at Wheatley Lane, staff presence was not required all the time.

There was a registered manager in place. 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.

Safeguarding information and contact details were easy to access. Posters encouraged reporting of potential abuse and the details of who could be contacted were present on notice boards. The service had a safeguarding policy in place. Staff told us they had reported any concerns. Staff felt their concerns would be listened to and actioned. Staff received training on safeguarding and were able to tell us different types of abuse and the warning signs they looked for.

# Summary of findings

People's care records and risk assessments were kept up to date and reflected people's current needs. Identified risks were supported by measures to reduce or remove the risks. Staff told us about people's care records and associated risks.

People's medicines were administered in a safe way. People received their medicines in line with their prescription. One person managed their own medication and received a prompt from staff. Other people had their medicines administered by a member of staff. We found medication administration records were signed correctly. Medicines were stored appropriately in a cupboard. People had 'as and when required' (PRN) medicine. These medicines had a protocol sheet advising staff when these could be administered.

Care records were person centred and reviewed six monthly as a minimum or when someone's needs had changed. People told us they had been involved in creating their own care records and they told us staff had a good knowledge about them. Care plans included people's personal preferences, likes and dislikes. People and their families had signed to say they supported the care records.

We saw people were supported to maintain good health and had access to healthcare professionals. One person had regular contact with doctors. Another person attended appointments and received advice from a dietician.

People were supported to do as much as they could for themselves to improve their independence. We saw people were supported to cook their own food in a safe way. Food was balanced.

We spent time observing care and support being given. Staff were seen to treat people with respect and dignity. Staff had developed relationships with people so they appeared comfortable, at ease and shared discussion and laughter with staff. We saw staff asked people what they wanted to do before they did it. If people refused their decision was respected.

We looked at the complaints procedure for the service. Complaints were recorded, analysed, responded to and learnt from. We saw one complaint had been followed through in line with the policy. Complaints, accident and incidents were monitored to look for trends. The service sent out an annual questionnaire to people and their relatives. Responses were looked at to improve the service and quality of care.

We spoke with a staff member who told us they had confidence in the registered manager and believed any concerns would be listened to, recorded and actioned. People that used the service told us they liked the registered manager and felt issues would be looked into. The registered manager ensured a robust programme of quality assurance was in place. We saw quality audits were completed regularly. These audits fed information into a biweekly report sent to the provider's office. This report identified trends and areas of improvement for the service.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. We saw referrals had been made for people that had been deprived of their liberty.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew what safeguarding was, warning signs for abuse and what action they would take if they suspected abuse.

People received medicines according to their prescriptions. Staff administered medicines for one person at a time and explained what they did.

The provider had safe recruitment procedures in place. We saw staff had received criminal background checks to keep people safe.

Good



### Is the service effective?

The service was effective.

Staff received mandatory and specialist training on a regular basis.

Staff told us they were supported by the management team. We saw people had regular supervisions and team meetings.

We observed people were asked for their consent before staff supported them.

Good



### Is the service caring?

The service was caring.

We observed staff supported people in line with their care records. People told us staff knew them and respected their privacy and dignity.

People were involved in the planning of their care. Records were signed by people and their families.

Family members told us there was no restrictions on visiting the service.

Good



### Is the service responsive?

The service was responsive.

We looked at people's care records. Care records were created from an assessment of people's needs completed before they came to the service.

Care records included people's personal preferences and their likes and dislikes.

The service was responsive to complaints. Complaints had been investigated and acted on in a way that proved an understanding of the complaints policy.

Good



### Is the service well-led?

The service was well-led.

The home had a registered manager in place.

The provider sent out questionnaires to people that asked for their views on the service. These views were understood and changes made to improve and maintain high quality care.

Good



# Summary of findings

We observed the registered manager had a presence in the home and had a good understanding of what happened and what people's roles were.

# Wheatley Lane

## 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 16 April 2015 and was unannounced.

The inspection team consisted of an inspector. Before our inspection we reviewed the information we held about the

home. This included a review of the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission had received about the service. During the inspection we spoke with three people that lived at the service. We spoke with the registered manager and one staff member.

We looked at the care records for three people, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms (with their permission), bathrooms, kitchens and lounges.

# Is the service safe?

## Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Wheatley Lane. We spent time with three people who lived at the service. We looked at records, met with staff and conducted general observations. There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff.

People we spoke with told us they felt safe when staff supported them in and outside of the home. One person told us, "I love living here; I'm safe here, no problems." Another two people told us they felt safe living in the service.

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident. One staff member talked us through the process if they had to raise a concern. Contact details for the Local Authority, Adult protection unit, police and emergency duty team were readily available for staff to refer to. We saw on a notice board a whistleblowing poster with contact information for the Care Quality Commission (CQC). A further Calderdale council poster was on the notice board that indicated the procedure for reporting abuse. One staff member told us they would not hesitate to contact the relevant authority if they had a concern. Staff told us they had referred a concern previously and it was investigated in line with their policy. Staff said they were able to speak with the registered manager if they had a concern.

Arrangements were in place for reporting and reviewing safeguarding concerns and incidents that affected people's wellbeing and safety. These were analysed by the registered manager to identify any trends or patterns to reduce or remove the risk of re-occurrence. We looked at one reported safeguarding concern. The concern had been reported, investigated and the relevant people had been informed. This showed us the service knew how to respond to concerns and how they followed procedure.

We looked at how the home was staffed. Staff told us the staffing numbers were sufficient and extra staff were brought in if people required protected time for further support or taking part in community based events. One member of staff told us the normal daytime work shifts were 9am to 9pm and 3pm to 11pm. If people planned to

do things that cut across these shift times, the staffing hours were varied so people could do what they had planned. We looked at the rota's that covered the previous eight weeks and saw at least one staff member available at all times. We saw people had their needs met in line with their care records.

At night the service was staffed by one staff member who slept at the care home to provide extra support if needed. People who lived in the service told us there was sufficient numbers of staff to support them. Our observations showed people were supported consistently and safely by sufficient numbers of staff; this support was given at a time when support was needed and requested by people.

We saw care files showed staff had completed risk assessments that assessed and monitored risks to people's health and safety. Risk assessments included assessed areas such as daily life activities inside and outside of the service which posed a risk to a person's safety. For example, access to the community, traveling, being dropped off by an escort and unwanted public attention. This helped to keep people safe and support their independence. Protocols were in place for dealing with emergency situations such as a person going missing from the home.

We looked at how staff were recruited. We looked at three staff files. Staff files included copies of applications forms, at least two references and identification of prospective employees. New employees had a formal interview, followed by an interview in the service to meet the people they would be working for. Disclosure and Barring Service (DBS) checks had also been carried out prior to new staff working at the service. DBS checks are a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assisted Wheatley Lane to make safer decisions about the recruitment of staff. We found the appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people.

We looked at how medicines were managed in the service. Medicines were kept secure in a locked cabinet. We checked a sample of medicines in stock against the medication administration records (MAR) and found these were correct. We observed a staff member administering medicines and they signed the MAR after the medicines had been taken. This helped reduce the risk of errors and our findings indicated that people had been administered

## Is the service safe?

their medicines as prescribed. We saw people's medicines were subject to regular review by their GP. People had a plan of care and a medicine pen picture which provided information about people's medicines and the level of support they required. A risk assessment recorded people's agreement and wishes around support with medicines.

One person self-administered their medicine and the risks associated with this had been analysed. As and when required medicine (PRN) was monitored by staff and documents were in place that supported this practice. For example we saw a PRN protocol sheet for staff to follow.

# Is the service effective?

## Our findings

People at the home were supported by staff and external health care professionals to maintain their health and wellbeing. One person told us they were supported to see their doctor when required. The care records we looked at showed people attended medical and social care appointments in accordance with their individual need. For example, we saw one person's care plan indicate they visited the dentist every six months, opticians every two years and other professionals when their needs required. This showed us people received routine health screening when necessary. We saw a number of care reviews had been undertaken by health and social care professionals to monitor people's support and treatment plans. People's daily notes indicated they were supported to access services they needed or wanted. We asked people if they thought the staff had the right skills to support them and they told us they did.

People told us staff always asked them what they wanted before they did it. We observed staff asking if a person wanted to do their cleaning later in the day. We saw staff knocked on doors and called when entering someone's house to announce their presence. We saw staff asking one person if they required support when speaking with us. This person said yes. This showed us staff waited for consent to care and treatment before acting.

We spoke with staff about their training. Staff told us they completed mandatory subjects such as, moving and handling, infection control, food hygiene, health and safety, medicines, safeguarding and emergency first aid. We looked at the training matrix for the four permanent staff that worked at the service. We saw that all mandatory training had been completed by all the staff within the recommended time frames for each training course except for one course for one person. A training and development audit that was completed on the service on 5 July 2014 identified new starters to have Mental Capacity Act 2005 (MCA) training. All permanent staff had completed their MCA training. Throughout our inspection we observed staff obtaining people's consent before providing care and support.

We saw future training courses had been booked and course certificates were evident where training had taken

place. We saw new staff had completed or were in progress with their induction supported by experienced staff. We saw staff attended regular supervision meetings and had an annual appraisal. In these meetings staff discussed their induction, training needs and on-going learning with the registered manager. This showed us the service had an effective training system in place that identified when people required training and if any training had been missed.

Staff told us they received a good level of support with their day to day work and also their professional development. All staff had a NVQ (National Vocational Qualification)/Diploma in Care as part of their formal learning in care.

People we spoke with were happy with the food. People told us they chose and made their own food each day. One person said, "I can make my own lunch" and, "I can get more food if I want." People created their shopping list supported by staff before going shopping. Staff encouraged healthy eating with people. We saw people's care records indicated staff to encourage eating five portions of fruit and vegetables each day. We looked at the weekly menus and found a balanced diet had been planned for. Staff told us this system worked well. People's nutritional needs including weight and cholesterol level was recorded and monitored by the staff.

We observed lunch time during our inspection. This was a sociable occasion where staff supported people to make their meals. People had hot and cold drinks and snacks when they wanted and there was plenty of fresh fruit and vegetables.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff informed us people were encouraged to make decisions around their daily life. People lived across three houses with their own keys and access to the properties. We found people were not deprived of their liberty.



# Is the service caring?

## Our findings

We asked people if they thought the staff were kind and caring towards them and if they respected their dignity. They told us staff were kind and caring and respected their dignity. People's comments included, "I like the staff here", "They are nice to me" and "The staff are good." Two people went on to tell us they thought staff were respectful of their dignity. Interactions we saw between people and the staff were positive and friendly. The service had a friendly atmosphere and staff shared laughter and jokes with people. Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a way which the person they engaged with understood. For example one person wanted to mop the floors, staff were patient and reminded the person that they walked on the floor in the morning and suggested doing it later in the day. Staff were seen to sit next to people and look at people at eye level when talking to them.

People at the home communicated their needs and wishes in different ways and our observations showed us staff understood and responded accordingly. People told us they chose what they wanted to do each day and staff were respectful of this. We asked one person if the staff knew them well and they told us, they did know them well and knew how they liked being supported. We observed support being offered. We spoke with one person who was supported to communicate with us by the staff team. This understanding of the person and their preferred method of communication showed us staff knew people well. We saw staff followed information from people's care records. For

example two people required specific support when working together, the staff member supported these two people in line with their care records. One person told us, "I get on with all staff, they know what they are doing."

Staff were appointed a key worker role. This role provided the opportunity for a staff member to spend time supporting one person to help get to know them and to build up a relationship of trust. A staff member told us how they had regular one-to-one conversations with people around day to day decisions, so that people could express their wishes and views. For example we observed staff spoke with people about their plans for the following week. This included a check to see if the person had enough money to do the activities they were planning and saving money if they were saving up for a trip.

Information about advocacy services and supporting people with their rights was available. One person was supported with important decisions from an advocate. This person had weekly contact with their advocate so they could act on behalf of the person and in their best interest. Family members were free to visit at any time and one family member told us they were always welcomed by the staff when visiting.

People were supported to be independent. We saw staff supporting people throughout the day with daily life skills and tasks. Where possible the tasks were led by the person concerned to help promote their self-esteem and independence. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence. Staff said they supported people verbally as much as possible, but remained present. For example during meal times, people were encouraged to prepare their own food.

# Is the service responsive?

## Our findings

We asked people to tell us if they were asked about the support and care they needed. They told us they were and that staff listened to them and responded to their requests for support. For example, a person told us they liked to go out and get a newspaper each day and the staff supported them with this as it was important to them. One person raised some issues around their current care package. We saw that the person was being fully supported by staff and social services however; we brought this feedback to the manager's attention.

We looked at three people's care records. Their support plans and care records provided detailed information about people's health, social background, their preferences, choices, behaviours, communication and how they wanted their support to be given. Examples of the records held included; medical history, health professionals and medication.

Care records were signed by people (where able) to support their inclusion in the planning and delivery of their care. These were subjected to regular review to report on any changes to the support plan. Annual care reviews were undertaken with people, their relatives, advocates and health professionals to ensure their care needs were being met. Care records were written in a person centred way and talked about people's personal preferences. For example we saw care records included statements written by the person, such as, 'I like going out for meals', and, 'I don't like walking too far.' Another person's care records said they enjoyed lying on their bed with music. This showed us care records took people's personal preferences into account.

People were supported with their rights. For example staff showed us how they supported people with their sexuality and ways in which people were supported to develop and maintain relationships with people that mattered to them. People told us they took part in a range of activities. For example, some people did belly dancing, bowling, knitting, shopping, gardening and attended a day centre. There were many examples of the service having supported people to keep in touch and spending time with family members. Staff told us how important this was to the people they supported. People told us about their holidays they booked each year. We saw planning for one person to go to the seaside.

We looked at the provider's complaints procedure. This was detailed and included timescales for responding to complaints. A copy of the complaints procedure was on the wall for people to look at. Calderdale Council had a leaflet that detailed how to complain about services people received. This made finding information about how to complain easy for the people that lived at Wheatley Lane. People who lived at the home told us they would talk to a member of staff if they were worried about anything. One person said they would complain to the manager and they had confidence the complaint would be taken seriously.

Once a year the service sent a questionnaire out to people. This was to seek feedback about the service. The registered manager told us that data from the surveys was used to listen and learn from people's experiences. We looked at the last questionnaire which listed positive comments.

# Is the service well-led?

## Our findings

The home had a registered manager in post. We received positive feedback about the registered manager from staff and people who lived at the service. Staff told us the registered manager was 'supportive' and ensured quality remained high in the service. Staff said the support was good, and they did not feel uncomfortable approaching the registered manager. A person said, "I like the manager, they listen to me."

The service had a number of systems in place to monitor the quality of the service provided and improve practice. The registered manager told us a number of audits on how the service operated were completed. This included health and safety checks of the environment, financial, cleanliness, incident reporting, training and development, fire prevention and medicines. We looked at the training and development audit completed on 5 July 2014. This identified new staff members needed to have Mental Capacity Act (MCA) training. The induction check list now included MCA training. The registered manager had completed their induction. Every two weeks the registered manager submitted a report to the provider for analysis. Where shortfalls/ improvements had been identified these had been addressed and lessons learnt and shared with the staff to drive forward improvements.

People were asked to complete a questionnaire annually to give their opinions on the service they had received. These questionnaires were audited by the registered manager of the service and when necessary acted upon. We looked at the last questionnaire which listed positive comments.

The registered manager had an annual development plan for the service. This included the implementation of new

care documents to reduce the number of records staff completed. It had been acknowledged that existing documentation led to repetition. A new document had also been introduced to record goals achieved as this was seen as a positive step in recording people's progress.

Our observations of how the registered manager of the home interacted verbally with people who used the service and staff showed us that leadership within the home was good and people were encouraged to be person centred and open. People who lived at the home told us they talked with the manager and staff at any time and were able to raise suggestions at their 'tenants' meetings'. We looked at the minutes taken from the previous 'tenants' meetings' from 1 October 2014, 30 November 2014 and 12 February 2015. We asked people if they felt the 'tenants' meetings' were effective and they told us they were and things, "Get done" following the meetings. Where people had raised suggestions these were taken on board by the staff team. For example, changes in menu and trips into the community over the Easter period were discussed. The registered manager told us people were invited to be involved with the recruitment of new staff. This enabled people to help choose the right staff to help support them. This showed us the service was inclusive and empowered people by allowing them to be involved in decisions related to the management of the service.

The records we saw were up to date and kept in good order. The service's policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. The manager notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with our statutory notifications.