Bridgewood Trust Limited

St Paul's House

Inspection report

Armitage Bridge
Huddersfield
West Yorkshire
HD4 7NR

Tel: 01484667866

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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

St Paul's House provides a supported living service for up to six people with learning disabilities in two adjacent terraced houses in Huddersfield. There were three people using the service at the time of our inspection, with two people living in one house and another person living in the house next door. The service was previously run as a residential care home and this was the first inspection since the transition to a supported living service. We found no breaches in Regulations during this inspection.

This inspection took place on 13 September 2016 and was announced. A registered manager was in post. 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 registered manager was present during our inspection and assisted us with our enquiries. We were also supported during the inspection by a service manager who was in daily contact with the service. The registered manager also managed other services in the organisation and having set up this service, planned to deregister as the manager and for the service manager to take on this role.

We looked at the management of medicines and found that there were safe procedures in place for the administration of medicines. Where people self- administered their own medicine, appropriate assessments were in place. Medicines were stored securely and there were regular audits carried out which included checking stock balances and medicine administration records [MAR's] to ensure there were no gaps in records and that medicines had been given as prescribed.

A safeguarding policy and procedure was in place, and staff had received training in the safeguarding of vulnerable adults. We spoke with staff who were aware of procedures to follow in the event of concerns and a flow chart was displayed which outlined clearly the action staff should take when alerting concerns of a safeguarding nature. A whistleblowing policy was also in place. There had been no safeguarding issues.

Individual risks to people had been assessed. These included risks related to mobility, accessing the community, bathing, using the stairs, falls, and the use of bed rails. Although the provider was registered to provide personal care only, regular checks on the safety of the premises and equipment were also carried out. A record of accidents and incidents was maintained and these were reviewed by the registered manager to ensure appropriate action was taken and to monitor for any patterns or trends.

Safe staff recruitment practices were followed. Appropriate checks including obtaining two references and checks with the Disclosure and Barring Service [DBS] were carried out. The DBS checks lists of people to see if they are suitable to work with vulnerable adults. This helps employees to make safer recruitment decisions to help to protect people from abuse. The identity of staff was verified and new staff were interviewed twice; once in the office and once in the service involving people who lived there. There were suitable numbers of staff on duty on the day that we visited, including a sleep in member of staff. An intercom was in place for people in the house next door to contact the sleep in staff member if they needed them.

Staff received regular training in topics considered mandatory by the provider, such as moving and handling, health and safety, infection control, medicines awareness, first aid, mental capacity and deprivation of liberty. Additional training was provided related to the specific needs of people who used the service. A system of regular supervision and annual appraisal was in place. This meant that the development and support needs of staff were considered by the provider.

Capacity assessments had been carried out in relation to the ability of people to consent to living and care arrangements. There was evidence that a clear process was followed when supporting people to make complex decisions and they were consulted about the application of policies that might impact upon their rights and choices. The service had sought advice from an independent advocate to review policies to ensure they didn't have practices or procedures in place which were overly restrictive. This was important due to the greater role of the service in supporting independence following their previous experience as a residential care provider.

People were provided with appropriate support with eating and drinking. Two people who shared a house preferred to go shopping together and to take a basic list of essential items and then choose meals from the supermarket. Another person liked to prepare menus and then go shopping independently for items on their shopping list. Advice was provided about healthy eating which was promoted but it was recognised that people could make their own choices about diet. People accessed health services in the community and were supported as necessary by staff.

We observed caring interactions between people and staff. The registered manager, service manager and staff spoke passionately about their role in supporting people in the transition to the new service and the difference this had made in empowering people and supporting them to live more independently. The registered manager also had strong views and values related to how staff should be treated, and this included thanking staff and acknowledging things that had been done well. We saw evidence of professional, caring and respectful written and verbal interactions between staff and managers.

The privacy and dignity of people was promoted and respected. There was a staff sleep in room which was also a small office space in one property. There was a deliberate effort made to avoid staff encroaching on the privacy of people, and staff meetings were held at the office base. Records were stored securely to maintain confidentiality of information held about people. We were advised that future tenancies would be agreed with people who used the service to ensure they were happy to share their home with that person.

Person centred care plans were in place. These were up to date, regularly reviewed and included information about the aspirations and goals of people who told us they were happy with the support they received. A complaints procedure was in place and there was a log to record these. There had been no formal complaints made about the service. A pictorial easy read complaints format was available to support people who used the service to make a complaint. People were consulted before family members were involved in any discussions about their care.

People were involved in a range of activities and attended day care services. They were supported to choose activities and the staff member with whom they spent one to one time.

There were systems in place to audit the quality and safety of the service and staff told us they felt well supported by the registered manager and service manager. Morale appeared good within the service. The views of people, relatives and staff were sought on a regular basis via questionnaires, meetings and general feedback.

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.

Safe recruitment procedures were followed which meant people were protected from abuse.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff were skilled and experienced and had received regular training and supervision.

People were provided with support appropriate to their needs, to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect, and that the registered manager was also caring towards staff members and treated them with respect.

The privacy and dignity of people was respected and people were included in decisions made about their lives.

Advocates were available to support people to make decisions where necessary.

Is the service responsive?

Good

The service was responsive.

Person centred support plans were in place and these were reviewed and updated regularly.

People were supported to take part in a range of activities.

We saw that the personal choices and preferences of people were respected and supported.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. The manager was supported by a service manager. Staff and a relative told us the managers were helpful and approachable.

Regular audits to monitor the quality of the service were carried out.

Feedback systems were in place to obtain people's views such as surveys and meetings.

St Paul's 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 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 13 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure someone would be in to assist us. The inspection was carried out by one inspector. The inspection took place at the office base and we also visited the service.

As part of the inspection we spoke with the registered manager, the service manager, two staff, three people who used the service, one relative, and a complimentary therapist who visited the service on a regular basis. We also spoke with a contracts monitoring officer from the local authority who told us that they had no concerns about the service and there were no safeguarding issues.

We looked at three staff recruitment, training and supervision records, and a variety of audits and checks on the quality and the safety of the service. We also reviewed information we held about the service including any statutory notifications that the provider had sent us. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

The provider completed a Provider Information Return (PIR) prior to the inspection. 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. All of this information informed our planning of the inspection.

Good

Is the service safe?

Our findings

We checked the management of medicines and found that safe procedures were in place for the ordering, receipt, storage and administration of medicines. A member of staff told us, "Medicines are ordered from the local pharmacy and one staff member checks the dosette boxes. A second member of staff checks them and they are kept in a locked cabinet." Dosette boxes contain medicines in compartments which are labelled with the day of the week and the time of the dose to be taken. Temperatures were taken of medicine storage areas and recorded daily. This is important because the quality of some medicines can deteriorate if stored at the incorrect temperature. Suitable arrangements were in place for the storage of any medicines that required refrigeration, and there were no controlled drugs [CD's] in the service at the time of the inspection. CD's are medicines that are liable to misuse and are therefore subject to more stringent storage and administration procedures. One person self administered their medicines, and a risk assessment had been carried out to ensure they were safe to do so. Weekly checks were carried out to ensure all of their medicine had been taken correctly. Body maps were used to denote the location for the application of any prescribed creams or lotions. A body map is a picture of a person's body and is used to record injuries including bruising and also the application of medicines to the skin. Clear instructions were in place in relation to medicines given on an ad hoc basis such as pain killers, and a missed dose protocol was in place for staff to follow in this event. Staff had received training in the safe administration of medicines and told us, and records confirmed, regular competency assessments were carried out.

Safeguarding policies and procedures were in place, and staff had access to the West and North Yorkshire and York multi agency safeguarding policy and procedure. Laminated instructions were also displayed in staff areas which provided clear instructions about the procedure to follow if staff needed to alert concerns about possible abuse or neglect. Staff had received training in the safeguarding of vulnerable adults and a manager was on call to advise staff about safeguarding issues if they had concerns out of hours. There had been no safeguarding issues at the service but documentation was in place to log these if necessary. A whistleblowing policy was available and some staff had received training in how to respond in a terrorist situation. A missing person policy was in use and had been discussed with each person who used the service.

Individual risks to people were assessed. These included risks associated with mobility, bathing, using the stairs, falls, use of bed rails and safe use of particular appliances such as the tumble drier. Risks associated with the premises were assessed and appropriate action taken. Anti scald devices were in place to reduce the risk of people scalding themselves, and risks associated with fires, lighting, cleanliness and security had been assessed. Risks while people accessed the community had also been considered such as when travelling independently. A record of accidents and incidents was maintained and these were reviewed by the registered manager. We read one which had been signed off by the manager and they had recorded that the correct course of action had been taken by staff and thanked them for this.

Although the service was registered to provide personal care to people, the provider continued to regularly check the quality and safety of the accommodation in which the people who used the service were tenants. These included checks on gas and electrical safety, water temperatures and risks associated with legionella

bacteria, and were carried out on a monthly basis. The registered manager had qualifications in health and safety and external auditing, and systems for monitoring the safety of the service were robust. Annual health and safety checks were carried out which looked at all safety certificates, and the condition of the houses. We read internal and external health and safety reports which were carried in April 2016, and included audits of the external and internal environment and a check of safety related training the provider considered to be mandatory. This meant that the provider sought to ensure the safety of people, visitors and staff when they were on the premises.

We checked staffing levels and found there were suitable numbers of staff deployed within the service. There were three permanent staff members and a service manager. One staff member slept in one of the houses at night and an intercom was available for people living in the adjoining property to contact staff at night if they needed assistance. Staff told us that this worked well and that it was rare that people needed support at night. One staff member told us, "There are enough staff and we all work as a good team." A small bank of staff was available to cover for absence including holidays and sickness.

Safe recruitment procedures were followed. We checked the recruitment records of three staff and found that they contained two references and applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. This helped to protect people from abuse. Application forms were completed and there were no unexplained gaps in employment history. It is important to identify the reasons for gaps in employment to ensure that the reasons are not connected with anything which might influence the decision about to whether to employ. The identification, training and qualifications of candidates was verified, and two interviews were held; one in the main office and one in people's homes. People who used the service were involved in the interview and selection process to ensure they were happy with potential new staff that may be supporting them.

The premises were clean and well maintained. Staff had received training in the prevention and control of infection, and cleaning schedules were in use. People were supported with housework by staff. An infection control audit had been carried out in April during the annual health and safety audit.

Good

Is the service effective?

Our findings

A relative told us the service was effective and said, "The staff are very good, they have been here a long time and know how to deal with people well." A member of staff told us, "Things are going well; it [the change to supported living] has made a big difference to the people."

Staff received regular training and supervision. This meant that the support and development needs of staff were considered by the provider. The manager told us that there were opportunities for staff to undertake additional qualifications. She told us, "We promote internally, and put a lot of time and effort into our staff we tell them that they are good at what they do. Appraisals are up beat, in depth and staff know they won't be condemned, development needs are addressed positively." We spoke with a staff member who confirmed this was how appraisals and supervision were conducted and that there was an emphasis on treating staff as you would like to be treated. Records confirmed that supervision took place bi-monthly and there were also regular staff meetings where, for example, good practice, topical items in the news and changes in legislation were discussed.

New staff received induction into the service. The induction took four weeks and included what the provider considered essential training, including moving and handling, fire safety, first aid, emergency procedures and safeguarding, financial management, medicines administration, hygiene and infection control, and disengagement. Training relevant to the role of staff was also provided, including an introduction to learning disabilities, autism, epilepsy, and Downs syndrome. Regular updates and refresher training was provided. We looked at the medicine competency assessment and found it to be detailed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). The 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 make 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 to do so and legally authorised under the MCA. Capacity assessments had been carried out on people who used the service. Assessments had been made in relation to living and care arrangements. There was evidence of each step in the decision making process with regards to other specific decisions, such as where a person who used the service decided to spend a large amount of money. People were consulted about the provider's missing person's policy, as they had the capacity to decide at what point they wished staff to apply it. Some people wished staff to invoke the procedure as soon as they failed to arrive home at an agreed time. Another person asked that staff waited until midnight before triggering the missing person's procedure as they may have gone out. This was an example of good practice. Following the transition to supported living, the provider commissioned an independent advocate to review policies and procedures to ensure they weren't unnecessarily restrictive, for example in relation to the management of finances. Consent to care and treatment was obtained, and people were consulted about the involvement of their

relatives.

People received support with eating and drinking which was appropriate to their needs. One person preferred to compile a menu each week, and then make a list of shopping which they then bought independently at the supermarket. Two other people shared meals and made a list of essential items and then went shopping together where they chose main meals from the supermarket. Staff were available to advise regarding meals and a healthy balanced diet, but people were generally free to choose what they ate. During our visit, one person was cooking a chilli con carne with minimal supervision from staff and told us that they liked cooking.

The premises were well maintained. One person showed us their bedroom and told us they had chosen which colours to decorate their room, which was nicely personalised and homely. There was a staff sleep in room in one house, which also contained care records and medicines.

Good

Is the service caring?

Our findings

We spoke with two people who used the service who both said they were happy with the support they received. We observed polite and caring interactions between staff and people when we visited their homes. There was a staff sleep in room in one house which was also used as an office but there were deliberately no other staff facilities due to respecting the private space of the occupants. Staff meetings and training were also held at the main office in order to avoid disrupting people's home life. Staff asked for permission before entering people's rooms, and explained to people who we were and the purpose of our visit, and asked if they minded us looking round. One person took us to see their bedroom and showed us around. They told us that they had been involved in decisions about how to decorate their room, and other decisions made in the house. Staff told us that people were involved in decisions about all aspects of their lives. One staff member said, "People have asked to go to craft and have a choice just like us. If someone wants something we like to provide it if it can be provided." We heard staff checking the times for the craft session requested and putting plans in place. Any changes to staff supporting people were discussed and agreed with them.

People were supported to share their views of the service through three monthly meetings and during formal reviews of their support plan. People had declined the last meeting and staff told us that due to the size of the service there were regular opportunities for people to share their views and that people were asked regularly if they had any concerns. Communication was adapted to easy read format where necessary.

The service had signed up to the 'See ME and Care campaign, set up by Kirklees safeguarding adults board. The campaign messages developed by Kirklees Council reflected the findings of the Francis Report resulting from the enquiry into poor care in hospitals. Information about the campaign states, " The campaign focuses on sharing good practice and the importance of celebrating success and what works well in their areas of care. " We read information that had been shared at a staff meeting which included asking staff to consider how they demonstrated dignity, respect, compassion and humanity in all they did. The checklist was kept as a reminder to be brought up on a regular basis at staff meetings.

Care records were stored securely to maintain the confidentiality of information held about people. Staff also told as that they did not discuss anything about people in front of others.

All staff spoke positively about their desire to support people to maximise their potential and to be as independent as possible. The registered manager told us that she had observed a change in the people who used the service since the change to supported living. She told us, "People are capable and empowered; it makes me smile inside." Similar views were shared by staff.

People had access to an advocacy service if they needed it. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Good

Is the service responsive?

Our findings

Care records were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care and support. People were consulted about their support plans where possible and we saw that relatives were involved if they agreed to this. Records were well organised and two separate files were held for each person. One file included administrative information and correspondence, and the other file contained support plans. This meant that information was easy to locate.

The needs of people had been assessed, including the assessment of communication, mobility, health and medical needs. Support plans were in place which were up to date and regularly reviewed. Where people had declined to attend the review, this was logged by staff. Assessments of mood, pain, sleep and social and recreational needs were also in place and there was a record of people's routines and preferences including what time they liked to get up in the morning. Information was personalised; we saw that one person liked a small lamp on, and lists of Christmas and birthday presents that people needed to buy for family and friends was held. A list of goals that people wanted to achieve which were unique to them, was also recorded. This meant that support plans were holistic and enabled people to be supported in all aspects of their daily lives in the way that they preferred. The level of support that people needed was clearly documented to ensure that where they were able to do something independently, they were encouraged to do so. Information contained in support plans was available in an easy read format where necessary.

People participated in a range of activities. On the day of the inspection, we spoke with three people who had returned from day services, which they told us they had enjoyed. A staff member told us, "Now that people are more independent, they have more choice of activities. They go to the sports club, swimming, horse riding, football and rugby matches and one person has learned to ride a bike." One person was a disc jockey [DJ] and was supported by a staff member who was also a DJ to pursue this hobby and they had played at venues together.

A complaints and compliments log was maintained and we noted there had been no formal complaints received about the service. The complaints procedures was available in a pictorial easy read format and was accessible to people who used the service. Staff told us that people were asked on a regular basis if they had any concerns, including every month when support plans were reviewed.

There was a strong emphasis on offering people choices and staff spoke about this throughout the inspection.

Good

Is the service well-led?

Our findings

Staff told us that the service was well led. One staff member said, " I see both managers regularly, and they are both easy to approach. [Name of nominated individual] door is always open and is easy to talk to. I feel well supported by the managers and it's very well run."

A registered manager was in place and was supported by a service manager. There were plans for the current registered manager to de register as they were responsible for a other services, and for the service manager to register with CQC. The service manager worked directly into the service and was in regular contact with the registered manager who had a good overview of the service, visited regularly and monitored the quality and safety of the service. We observed the registered manager effectively coaching and supporting the manager who would be taking over their role throughout the inspection.

A range of audits were completed within the service including audits of medicines, the environment and care records. The registered manager held a health and safety qualification, and was also an accredited external auditor. This meant that they had a good understanding of effective auditing processes and quality monitoring. systems. Fortnightly reports were sent to a senior manager in the organisation which included evidence of the completion of safety checks. This report also included information about accidents or incidents, staffing issues and activities. This meant that systems were in place to ensure there was senior manager oversight of the service. We read copies of internal and external health and safety audits which had also been completed.

Standing agenda items were discussed at staff meetings. These included discussing care related issues such as feedback from reviews of people's care in the last month and any changes made to care records. Accidents and incidents were also discussed including whether appropriate action had been taken to reduce the risk of a repeat event. Staffing, buildings, regulatory, and procedural issues were also discussed. We saw copies of staff meeting minutes and notes of actions agreed. Specific topics had been discussed at staff meetings including raising awareness of the Kirklees Local Authority 'See ME and Care' campaign. The information circulated to staff included a description of the aim of the campaign which was to 'highlight the need to continually promote dignity and respect in every single thing we do.' A dignity audit had also been discussed.

Meetings were held with people who used the service at least four times per year. The agenda included prompts regarding the types of issues that could be raised at the meetings including those related to rights and choices, support, staffing and wider organisational concerns. A questionnaire was sent to relatives, with the permission of people who used the service, to ascertain their views about the quality communication between them and the service, the activities available to people, the responsiveness of staff and whether people are reaching their full potential and have a good quality of life.

Staff and relatives were complimentary about the transition from residential care to supported living which they felt had been well managed. They specifically said that the change had resulted in increased independence and confidence in people. One relative told us, "It has definitely been very successful. My

relative has gone from strength to strength." A staff member told us, "It has been a massive learning curve but it is going really well. A lot of effort has gone into planning and preparation."

The culture in the service strongly supported the needs and rights of people who used the service and they were placed at the centre of decision making. Staff were proud to work in the service and told us, "It has been a privilege to be involved and one of the staff here. The service was always good but the main difference I can see is in the service users; they are flying. To see the increase in independence is amazing, I can't put it into words." Staff told us they worked closely as a team and morale appeared good.