

1st Enable Ltd

Bridge House

Inspection report

Bridge House, 313 Chester Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bridge House is a domiciliary care service offering support to people within their own homes and also within supported living accommodation. The service supports 26 people in the Chester and Ellesmere Port area.

This inspection took place on the 26 and 30 October 2017. The first day was unannounced and the second day was announced to allow time for appointments to be made for visits to be undertaken to people's own homes and supported living services. The previous inspection took place on 11 and 15 December 2014 and the service was rated overall good.

The service remained good.

There were sufficient staff to support people's needs. People were involved in the safe recruitment of staff and were happy with their regular and consistent support. Staff had the appropriate skills and knowledge to support people with their individual needs.

Medicines were managed safely and robust systems were in place for the safe storage, ordering and administration of these.

Staff had all received training in all key topics required to ensure they could knowledgeably fulfil their roles. Training refreshers took place regularly.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People fully participated in the preparation of their care plans and risk assessments. They attended regular reviews and invited people of their choice to attend these meetings.

The registered provider had introduced two community enterprises with the full participation of the people supported since our last inspection. People were fully involved in the running of the community shop and café.

People had the opportunity to participate in activities of their choice. These activities included social events, volunteering opportunities and holidays.

People's dietary needs were assessed and fully met. Relatives told us people's health needs were well supported.

The management team had robust systems in place to continually monitor the service and this information was used to drive up improvements.

The registered provider offered accessible documents to meet the individual needs of people.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains outstanding.	Outstanding ☆
Is the service well-led? The service remains good.	Good ●

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 was carried out on 26 and 30 October 2017 by one adult social care inspector. The inspection took place over two days and was unannounced on the first day and announced on the second day.

During our inspection we visited five people at their supported living accommodation. We observed care and support within the communal areas of each supported living accommodation we visited. We also observed staff interactions within people's own homes when we were invited to visit them. We spoke to the parents of two people supported by the service. We also spoke with five support workers, two service managers, a member of administration staff and the registered manager. We had the opportunity to speak to all the directors of the service throughout the inspection. We looked at six people's care plan files, five staff recruitment and training files and records relating to the management of the service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 also reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team who told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People told us they felt safe while being supported by the staff employed by the service. People described carrying a 'Safe in town' card. The scheme is available to help vulnerable people feel safe when they are out and about in town. Local businesses, shops and cafe's participate in the scheme. People told us they could be more independent knowing there would always someone they could go to for assistance and support in the community.

People told us they are regularly asked if they are okay and if they felt safe within their accommodation and with the staff members that support them. One person said "I like living here and feel very safe" and another person said "I haven't always felt safe during my life but I am right now."

The registered provider continued to employ sufficient numbers of staff to keep people safe and followed safe recruitment practices. Two people we spoke to told us they were involved in the recruitment of staff. They described choosing the questions they would like to ask potential staff at interview. One person said "I like interviewing staff and feel involved in this". We reviewed the recruitment files for five staff members and all required information was available including a disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant the people were supported by staff deemed of suitable characters to work with vulnerable people.

Policies and procedures were in place for the management and reporting of safeguarding concerns. All staff had undertaken training in safeguarding adults from abuse. The staff that we spoke to were all able to describe the different types of abuse, signs and symptoms to be aware of and the clear process for reporting any concerns they had.

Comprehensive risk assessments were in place within the six files reviewed. The risk assessments were individualised and covered topics that included environment, finances, moving and handling, mental health, behavioural needs and activities of daily living as well as social activities. All risk assessments had been reviewed regularly to ensure staff had the most up to date information to support people safely. People told us they had been fully involved in the preparation of their risk assessments. This meant staff provided safe care and the correct level of intervention relevant to the person.

Staff supported people with the management of their medicines. We reviewed the medicines records for three people and found the records to be fully completed and signed by staff. Medicines were ordered, stored, administered and returned appropriately. One person's file held very detailed information for staff to support them to administer PRN 'as required' medicine. This meant people received their medicines as prescribed.

Staff had access to personal protective equipment (PPE). This included gloves and aprons used by staff when undertaking personal care tasks. They are used to protect staff and people from the risk of infection being spread.

People's care plan files held contact details for relatives, GP and other healthcare professionals to be contacted in the event of an emergency. All staff spoken with told us they had access to a member of the management team through the 'on call' process at all times. This meant that in the event of an emergency, staff had an appropriate person to contact without delay.

Is the service effective?

Our findings

People told us they were supported by regular staff that knew them well. One person said "I'm really, really happy with my staff" and another person said "Staff know me well and can see/sense when something is not right. They are very good. I hide thoughts and feelings but staff recognise this now. They challenge me in a positive way." A relative told us "Staff are very good at understanding [Name]." and another relative said "The staff have a good understanding of [Name's] needs."

Records showed that all staff had completed an induction at the start of their employment and had completed shadow shifts until they felt competent in their role.. We reviewed the training records for all staff and found they continued to be up to date in all topics required for staff to effectively undertake their roles. Staff told us the quality of the training remained very good and they enjoyed the interactive sessions undertaken by knowledgeable trainers. A relative said "Staff knowledge is very good and they have the right skills to do their job." A social care professional told us "Staff seem to be very well trained".

Records showed that people had access to health and social care professionals as required. People told us that staff supported them to attend appointments. One person said "I have a health passport so that if I have appointments at the hospital they know all about me and the way I like to be treated." A relative told us "[Name's] dental care and other appointments are really well managed."

Some people required support with meal preparation and to manage health related diets. Records showed that one person was being supported to maintain a low residue diet and clear guidance was in place for the person and staff for the management of this. Additional information was available for staff about dysphagia and swallowing difficulties to support their understanding of a person's condition. One person said "Staff help me prepare my weekly menu, prepare a shopping list of what I need and help me with cooking. I really like going food shopping." Another person told us that staff are supporting them to make healthier food options and this is helping them to lose weight.

Supervision records were in place within the five staff files reviewed. Staff told us they received regular support and supervision from their supervisor. Staff told us they felt confident they could raise any concerns and these would be promptly addressed.

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 or are helped to do so when required. 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 2005. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. The registered provider had put forward applications for consideration through the local authority to request a Court of Protection order for people with restrictions placed upon them. All appropriate documentation was in place and included a capacity assessment.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a basic understanding of the Mental Capacity Act and had completed training. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered manager told us that they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. Records reviewed confirmed this.

Is the service caring?

Our findings

People told us that staff treated them with kindness and were caring. Their comments included "I like the staff, they are kind", "All the staff are nice" and "The staff help me whenever I need it". Relatives told us "All the girls (staff) that look after [Name] are very caring", "This is the best service [Name] has been supported by" and "Staff seem to go the extra mile."

During our visits to people we observed them to be relaxed, happy and comfortable with the support provided by their staff. All staff spoken with demonstrated a very good understanding of people's individual needs. We saw staff supporting a person that was upset and they demonstrated patience and kindness. We observed staff knocking on people's flat doors and waiting for a response before entering. This showed staff considered people's privacy and dignity.

We saw staff promoting choice and independence while supporting people throughout our visit. We saw one staff member offering a person choice regarding what activity they undertook as well as where they would like to have their lunch while out on the activity. People told us that staff promoted their independence and always offered them choice.

Information was available in different formats to meet individual needs. Pictorial and easy read documents were available to ensure people had information available to them in a format appropriate to their needs.

Advocacy services were available to people supported by the service. Information was available in different formats and held within people's care plan files, also within core documents that held useful information about the service. Records showed that advocates had supported people during the preparation of their care plans. This showed that people's individual needs and choices were reflected throughout all documentation.

Is the service responsive?

Our findings

People told us that they had the opportunity to participate in activities of their choice. One person said "Staff help me with cooking", "I go swimming with staff", "I work in a charity shop as a volunteer every week" and "I enjoy going shopping with my staff, we have fun together".

The service had introduced two excellent community initiatives since our last inspection. They had been developed with the full involvement of the people supported. A community shop and café had been opened within the local area. The service had developed positive partnerships within the local community to support the development of these community enterprises.

The community shop was run by the people supported and this included arranging for stock, displays within the shop and engaging with members of the public. Local artists sold items they had made from the shop and offered workshops to the people supported in various crafts to improve their knowledge and skills. People told us they really enjoyed their involvement with this.

People told us about working in the café in the park and described their enjoyment of this. They said that people that lived in the local community visited and this was important to them. One person described a group of people that regularly walked their dogs in the park, now visit the café to socialise. The café had recently won a local community award and the prize money was purchasing additional outdoor seating. People described the importance of going to work and being part of their community.

People described positively being supported by staff to go away on holiday. One person described saving each week to go away on holiday to Centre Parcs in 2018. They told us they had chosen the two staff that would be going away with them for support. Records showed people had been away on holiday to places that included Blackpool, Llandudno and Benidorm. People had photographs available to support the memories of these holidays. This meant people had the opportunity to experience new places and activities of their choice.

Records showed people's needs were assessed prior to them using the service. One relative told us that staff at Bridge House had got to know their relative very well prior to their transition in to the supported living accommodation. They said that this had ensured staff had a good understanding of their relative and also to reduce their relatives anxiety about the move and change of staff team. They described the transition as very positive.

There were a selection of accessible documents available to meet individual people's needs. Records showed that some people had activity planners that gave a reminder of activities to be taken throughout the day and week. One person's planner was prepared using pictures that had a Velcro attachment. The person would choose the activities they would like to participate in each day. For example, playing cricket, listening to music and watching sport on television. Another person prepared their own planner on the computer using words and pictures of their choice. This meant people's individual communication needs were met

Care plans were individualised and person centred. They were very detailed and held clear information for staff to follow about each person's needs and choices. Records showed these were reviewed regularly and updated as required. This meant staff had the most up to date information to support people.

People told us they had fully participated in the preparation of their care plans. Care plans included a 'What's important to me' document that included key information about each person's likes, how they liked to be supported, what's important to them and the best way to support them. These included words and pictures prepared by the person which demonstrated individuality.

There was also an 'All about my health' document that detailed all essential information regarding the person's health and included the health professionals supporting them. This document went with people to their medical appointments and was reviewed and updated regularly. This ensured other professionals would have up to date information to meet the person's specific needs.

People were supported to review their support and goals within 4+1 sessions. People chose who attended the session and prepared what they wanted to discuss. They reviewed with staff support what had gone well, well could have gone better as well as new ideas that they would like to achieve. People spoke very positively about this process and shared some of the documents they had previously used at meetings.

We looked at the complaints policy and procedure and saw examples of this being followed with positive outcomes for people and their relatives. The documents were available in easy read and pictorial formats.

Is the service well-led?

Our findings

People, relatives and staff all described the management team as approachable, accessible, knowledgeable and supportive. One relative told us "Management are very approachable."

The service had two registered managers who had been registered with the Commission since December 2015 and March 2016. Each manager had delegated responsibilities and also covered for each other during periods of absence.

The registered provider placed a high emphasis on continual development and driving improvements. They have completed a 'Driving up Quality' process that involved them self-evaluating their service. They included people supported, relatives, staff, stakeholders and health and social care professionals. We saw that information collected during this process has been used to develop and improve the service. For example, a suggestion was made for the improvement of the services newsletter. This had taken place and was collated and created by a person that was previously supported by the service.

The registered provider undertook audits throughout the service that included medicines management, care plans, living environment, health and safety and accident/incidents. Records showed that when concerns had been identified actions were put in to place to drive improvements.

Tenancy meetings were held regularly at each supported living service. Records showed people were encouraged to put forward suggestions, for example for activities. The records stated that a person wanted to arrange a birthday party. There were details about what activities people and staff would undertake to make the arrangements for this. This meant people were offered choice and were encouraged to put forward suggestions.

People were regularly invited to give feedback about the service through direct contact and also questionnaires. Staff questionnaires were also sent out annually and the feedback was collated to further develop the service.

Minutes of staff meetings were reviewed and these showed that meetings took place regularly. Staff told us they were regularly invited and attended team meetings. Staff said they felt listened to and their ideas for improvements were encouraged and welcomed.

The registered provider had policies and procedures available that were up to date and accessible to all staff. These were reviewed regularly.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.