

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bridgwater Court

42 Market Street, Bridgwater, TA6 3EP

Tel: 01934708772

Date of Inspection: 30 May 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Therapeutic Services Limited
Registered Manager	Mrs. Suzanne Carole Aubrey
Overview of the service	<p>Bridgwater Court is a two storey modern property. It offers individual accommodation in single occupancy flats. The home is registered for up to 12 people who may have a Learning Disability and Mental Health difficulties.</p> <p>All of the flats are furnished to individual choice; there is a communal hallway which provides access to all the flats. The ground floor flats are accessible to those people who have mobility and access problems.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

This was the first inspection of the service which was registered in April 2013. During our visit we spoke with two people who used the service, the provider and management and two members of staff.

We were told that people were happy living at Bridgwater Court. We saw there were interactions between people and staff, often sharing banter and jokes. We observed that staff were skilled in recognising and responding to people's needs whilst maintaining peoples' dignity.

The atmosphere in the home was relaxed and inclusive; we saw that people were making choices about their daily life. We were told "I am able to make choices about what I do and how I access the local community."

We read the care records for four people which described the care and support they required and how staff should provide it. Staff spoken with had a very clear understanding of the support needs of people who lived in the home.

The care records showed that risk assessments were carried out and reviewed to protect people using the service and staff delivering the care and support.

We saw that the environment was comfortably furnished to individual tastes and the communal areas were well maintained.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

When we visited we spoke with two people who lived at the home. They told us they were "happy" living at Bridgwater Court. Both people we spoke with invited us to visit them in their flats.

We looked at the care files for all four of the people who currently used the service. These contained clear information about people's preferences for all activities of daily living. Care files contained information about how people had been able to be involved in the development and review of their placement and, where they had not, the reason had been documented. For example, we read that one person had been invited to be part of their review but had declined.

Each person had a key to their flat and a key to the front door. During our visit we saw that people moved freely around the building and accessed their flats and the local community as they wished.

We heard staff communicating with people in a kind and respectful manner and we observed they knocked on doors before entering. This demonstrated that staff respected people's privacy.

We saw there was ongoing communication between the staff team and people who used the service. We also read documented discussions with people about various issues; the discussions included an agreed outcome from the meeting. We observed how people were supported to make decisions. For example we saw a member of staff reminding a person about the options available to them and the potential outcomes of their choice. We heard people making choices for future events and staff reassuring and reaffirming how this could be achieved.

People who used the service at Bridgwater Court were able to self advocate and raise issues. We spoke with one person and asked if they decided how they spent their day.

We were told "I am able to make choices about what I do and how I access the local community." We were told about their plans for the weekend, and the staff confirmed that this would be supported. We asked if people were happy living at Bridgwater Court. We were told "I like it, I have my own flat, and I don't have to share with other people. This means I can do things for me." We were also told how staff reacted to difficult situations. For example one person told us that "sometimes I can get very silly and stupid, but staff just leave me and walk away because they know that's the best thing to." This meant that staff were aware of the support needs of the individual and implemented planned support.

We asked people if they could make choices about who supported them. We were told "I can't choose who support me but all staff are very good and I get on with them." We observed during staff handover that staff were allocated to specific people depending on the activities that were going to be supported and how the person was that day. Care plans contained detailed assessments which clearly set out any risks to the individual and how these would be managed. Risk assessments had been regularly reviewed and it was clear that people were not prevented from undertaking a task or activity just because a level of risk had been identified. For example we saw that one person was supported by two support workers because this was the level of support needed when they accessed the community. This demonstrated that the support provided to people who used the service was individual and flexible.

We saw in the people's flats there was a planned menu. We were told by a person who used the service "I plan the menu and cook the food with some support. I go out and shop for food as I have a budget each week." This was confirmed by the manager who told us that this developed people's independence skills.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We read the records for four people which described the care and support they required and how staff should provide it. Plans also included who the important people in their life were, daily routines, preferences and how they made decisions. The support plans we read were person centred, with a personal profile. The information in the plans was clear and written in plain English. Staff spoken with had a very clear understanding of the support needs of people who lived in the home.

In the records we saw that the staff monitored the health and well being of people. There was supplementary information about people's specific health needs and contact with health and social care professionals had been recorded. We were told by the manager the service was supported by specialist health professionals when required. This meant that people's health care needs were monitored to promote their well being.

We saw there were risk assessments in place for some people which promoted well being and prevented crisis. For example, we observed that the assessments identified triggers and types of behaviours which were indicative of a person becoming unwell. There were clear actions plans in place to address difficult situations.

We read an assessment which was a specific behavioural support plan. We saw behavioural indicators that had been identified as precursors to difficult behaviour. We read that there were clear guidelines to de-escalate situations. We saw that the plan had involved a multidisciplinary team who had identified appropriate interventions for the continued safety of the person.

The manager told us that staff were very clear about people's rights and of how to involve appropriate health and social care professionals where required. The care plans we looked at contained evidence which confirmed decisions about people's care and treatment had been made in the individuals' best interests using a multi-disciplinary approach.

We saw from the induction programme for all staff, training in the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 had been delivered which meant that they would know how to act in people's best interests. This meant that people's rights were

respected.

The manager confirmed no one who used the service was subject to a Deprivation of Liberties agreement.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We read that the home had corporate policies and procedures in place for the control of infection. We looked around the building and observed that there were infection control measures in place. For example, we saw that there were hand washing facilities available in the laundry, bathrooms and kitchen. We observed that there was also alcohol gel available for both staff and people who used the service to use. There was an ample supply of protective clothing, such as disposable gloves and aprons, situated throughout the building. This meant they were easily available when needed.

We saw that there was equipment available in order to keep the home clean. We were shown the individual health and safety files kept in each flat which had specific cleaning routines and safety checks. This ensured that the cleanliness of the areas was maintained to an acceptable standard.

We saw that the manager took a lead role in the control of infection. We were able to look at the auditing of the cleanliness of the home and the action needed to ensure that the basic standards were met. In order to assess the success of the implementation of infection control measures, the home will be maintaining a log of incidents of infection.

The home had suitable procedures and contracts in place for the safe storage and removal of general waste and sanitary waste. The home did not regularly produce any clinical waste however facilities and contracts were in place for removal of any waste.

We saw that staff had received training in infection control and they had access to relevant guidance. This ensured that staff were aware of up to date good practice and had access to relevant information if they were unsure of any procedures to follow. We observed that staff had protective clothing available according to the tasks being performed. All these measures reduced risk of the spread of infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment documents for four support workers who had been recruited to the agency. We saw that each support worker had appropriate checks completed before being offered employment. These included a completed application form; qualification certificates; references relating to previous experience and good character of the applicants; personal identification and criminal records bureau checks. The agency conducted face to face interviews with all applicants. We saw that applicants' responses to interview questions were recorded along with the outcome of the interview.

We read that successful applicants had completed an induction programme prior to starting to work shadow shifts in the home. The manager told us support workers attended ten days training as part of their induction and were given information containing relevant guidance in a handbook. We confirmed this from the staff records and from the support workers who spoke with us.

We saw that people completed a three month probationary period after which they attended a meeting to ensure they were competent. One person we visited confirmed to us the support workers had the appropriate knowledge and skills to meet their needs. We were told "they are good and I get on well with them." This meant that the people who used the service were safeguarded by the organisation's recruitment practice.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We saw there was an organisational quality assurance system in place that covered all aspects of operation for the home. The home was registered in April 2013 and therefore had limited evidence of system audits. However we saw there was information relating directly to people's transition into the service. This recorded people's level of involvement and the outcome of the plan. This meant that the home has a process in place for monitoring their performance.

We sampled a range of records and these included one review of the support provided to a person who used the service. We read in care records that people who used the service or their representatives were asked for their views about their care and treatment and they were acted on.

We saw there was a service questionnaire called 'Service User Inclusion and Satisfaction Survey'. We read the survey asked people their opinions of the service and if they had any suggestions for improving the service. This had not yet been completed for Bridgwater Court; however it demonstrated that systems were in place to seek feedback about the service.

We read the incident audit which listed all the events with identified actions and outcomes. We were told by the manager this information analysed any trends so that appropriate action could be taken. We read the records of the incidents that had occurred at the home and the subsequent actions taken.

The care records showed that risk assessments were carried out and reviewed to protect people using the service and staff delivering the care and support. Procedures were in place for reporting, collating and monitoring accidents and incidents and there was a management on-call system. The regular shift handovers were observed to be a forum for sharing information. This meant that the support provided was tailored to meet people's current support needs.

The people we spoke with knew about the complaints procedure and what to do to if they

were unhappy. We were told "I know to tell staff if I am unhappy, and I see the manager daily so I can speak to her." The manager told us the system for recording and reporting the details of any complaints and actions taken in response was in place. The home had not received any complaints about the service.

The provider also visited the location regularly and was available to speak to the staff and the people who used the service. We observed that people's contribution to the inspection process was encouraged and facilitated by the manager and provider.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
