Creative Care (East Midlands) Limited

Bridle Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 9 December 2016. Bridle Lodge is registered to provide accommodation and personal care for up to five adults living with a learning disability. At the time of the inspection there were five people living at the home.

On the day of our inspection there was not 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. We checked our records and did not find an application in place for a person to become registered to manage this home. We have raised this with the current manager and they have agreed to take action to address this.

During our previous inspection on the 30 September 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The issues related to limited staff competency checks, gaps in people's medicine administration records (MAR), stock levels of medicines not being correct and protocols for the use of 'as needed' medicines were not always in place where needed. 'As needed' medicines are not administered as part of a regular daily dose or at specific times. During this inspection we checked to see whether improvements had been made. We saw they had, with all aspects of people's medicines now being appropriately managed.

People told us they felt safe living at the home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place, but the business continuity plan needed updating. There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

Staff were well trained, received regular supervision and felt supported by the manager. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People received the food and drink they wanted and were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People and relatives felt the staff were kind and caring and treated them with respect and dignity. People were involved with decisions made about their care. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as they were able to and staff respected people's privacy. There were no restrictions on people's friends and family visiting the home.

People were supported to take part in the activities that were important to them. People's care records were person centred, focused on what was important to each person and provided staff with relevant information to respond to people's needs. Complaints and concerns were managed in line with company policy.

People, staff and relatives spoke highly of the manager. The manager welcomed people's views on developing the service. Staff understood their roles and responsibilities. Robust quality assurance processes were in place.

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.

People's medicines were now being appropriately managed.

People told us they felt safe living at the home. People were supported by staff who could identify the different types of abuse and who to report concerns to.

Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place, but the business continuity plan needed updating.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained, received regular supervision and felt supported by the manager.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People received the food and drink they wanted and were supported and encouraged to follow a healthy and balanced diet.

People's day to day health needs were met effectively by the staff.

Is the service caring?

Good

The service was caring.

People and relatives felt the staff were kind and caring and treated them with respect and dignity.

People were involved with decisions made about their care.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live as independently as they were able to and staff respected people's privacy.

There were no restrictions on people's friends and family visiting the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in the activities that were important to them.

People's care records were person centred, focused on what was important to each person and provided staff with relevant information to respond to people's needs.

Complaints and concerns were managed in line with company policy.

Is the service well-led?

Good

The service was well-led.

People, staff and relatives spoke highly of the manager.

The manager welcomed people's views on developing the service.

Staff understood their roles and responsibilities. Robust quality assurance processes were in place.

Bridle Lodge

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 9 December 2016 and was announced. The provider was given 24 hours' notice as we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete 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.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, three relatives, three members of the support staff, a registered manager from another service in the provider's group and the manager. We also observed staff interacting with people.

We looked at all or parts of the support records for all five of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Before the inspection we invited external health and social care professionals to comment on the quality of the service provided. One person responded and gave us their views.

Good

Is the service safe?

Our findings

During our inspection on 30 September 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of medicines at the home. The issues related to limited staff competency checks, gaps in people's medicine administration records (MAR), stock levels of medicines not being correct and protocols for the use of 'as needed' medicines were not always in place where needed. 'As needed' medicines are not administered as part of a regular daily dose or at specific times.

During this inspection we checked to see whether improvements had been made and found they had, in all areas.

Staff now received regular checks of their competency to administer medicines. For the medicines that we checked, the levels of stock for all five people living at the home was correct. Each person's medication administration record (MAR) had also been completed appropriately. We also found detailed protocols were in place where people received 'as needed' medicines. All of these improvements meant the risk of people experiencing avoidable harm in relation to their medicines had been reduced.

Relatives told us they were happy with the way their family member's medicines were managed. One relative said, "I have no worries with this, the medicines are managed fine."

Photographs were placed at the front of each person's MAR to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies and how each person liked to take their medicines. Although we did not observe staff administering medicines, as people did not require them during the inspection, staff could explain how they did so safely.

Regular checks of the temperature of the room the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits. People's medicines were stored safely and there were robust processes in place to ensure reordering of medicines were made in good time.

People living at the home told us they felt safe when staff supported them. One person smiled and said, "Yes". Another person said, "I am happy living here." A relative said, "I have peace of mind that [my family member] is safe when they are at the home."

Staff had received training in the safeguarding of adults. This ensured the risk of people experiencing abuse was reduced because staff could identify the different types of abuse that people could encounter and knew who to report concerns to. The process explained by staff was in line with the provider's safeguarding policy. This included reporting concerns internally, but also to external agencies such as the CQC or the local authority safeguarding team. A staff member said, "People are very safe here, but I'd report anything if I needed to."

Effective processes were in place to reduce the risk of people experiencing financial abuse. We checked the financial records for three people living at the home. We found the amounts recorded tallied with the amounts stored in the home's safe

Assessments of the risks to people's safety were carried out and regularly reviewed. Each person had detailed risk assessments in place which enabled the staff to assess whether people's safety would be at risk when specific activities or tasks were carried out. For example, people's ability to undertake tasks independently of staff around the home and understanding how to keep themselves safe in the community were continually assessed and reviewed.

Additional measures were in place to keep people safe. Each person had an emergency hospital admission document in place which provided hospital staff with important information about each person's health and their individual learning disability. This document ensured if a person needed to go to hospital, they would receive the care and support needed immediately. Additionally, a missing person's protocol was in place for each person. This gave staff the information they needed if a person went missing from the home. Information included the most likely places each person would go to.

People's freedom was not unnecessarily restricted. People were able to live their lives as they wanted to. A member of staff told us people were able to choose what they wanted to do each day. We observed people moving freely around the home.

The manager had an effective process in place to investigate accidents or incidents that occurred, and then to implement changes to people's care if and when they needed to reduce the risk of reoccurrence. Where able, these changes were discussed with the person involved and/or the relative to gain their agreement.

The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. People had personal emergency evacuation plans in place which took into account their physical and mental health for a safe evacuation. Regular fire drills took place, and an up to date fire risk assessment was also in place. A business continuity plan contained the provider's approach to supporting people in case of an emergency. However, this was a corporate policy and lacked details specific to this service and required updating. The manager told us they would do this immediately. We noted during the inspection that two of the fire doors closed quickly and posed a risk to people's safety. This was rectified during the inspection and the manager told us this would now form part of their regular environment quality assurance checks.

Throughout the inspection we saw there were enough staff to keep people safe. Records showed that where people had been assigned continuous supervision, sometimes known as one to one support, this had been provided.

People told us they felt there were sufficient staff in place to support them. One person said, "Staff are here to help me." A relative said, "The staff numbers seem appropriate to me."

Although a formal assessment of people's level of dependency was not carried out, the manager told us that as the people living at the home had been there for long periods of time, they were able to identify if more staff were needed to support them at certain times of the day. They told us this could be if they wished to take part in a certain activity that required more staff. All of the staff we spoke with agreed that there were sufficient numbers in place to support people safely and effectively.

We checked the staff rotas and saw the appropriate numbers of staff were in place. Agency staff were used

to cover shifts if full time staff were unable to. The registered manager told us they requested the same agency staff each time to ensure people received support from a consistent staff team. Records also showed that each new agency member of staff who attended the home completed an induction to ensure they were aware of any issues that could affect their or others safety.

Safe staff recruitment processes were in place. Before staff were employed the provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff.

Good

Is the service effective?

Our findings

People spoke positively about the way staff supported them. One person said, "I like the staff." A relative said, "The staff seem nice to me, although there is a high turnover of staff which worries me a bit." Another relative said, "They treat [my family member] so well. [My family member] has come on leaps and bounds since living there."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people safely. Training was carried out in a number of areas such as safeguarding of adults and moving and handling. Records showed the training for the care staff was up to date.

The manager told us staff were encouraged to develop their skills and to complete externally recognised qualifications such as a diploma (previously known as NVQ) in adult social care. The staff we spoke with told us they felt well trained. One staff member said, "I've had training and it is on-going. I'm learning every day." Staff felt supported by the manager and received supervision of their work. One staff member said, "I feel supported, very much so; both by my manager and other staff." Records showed staff had received supervisions, but the frequency for some was behind what the manager hoped to achieve. They told us when the recruitment of new staff had been completed; they would be introducing a new supervision process with the responsibility for completing some of them being delegated to their senior staff.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We reviewed records which showed how examples of these behaviours had been addressed and where needed, changes to people's care plans had been made to reduce the risk of reoccurrence and to educate staff further on how to manage them.

People had detailed support plans and risk assessments in place to guide staff on the safest way to support them at times of heightened anxiety. Staff received safe physical intervention training which gave them the skills to manage challenging situations without the need for the use of physical restraint. However, if restraint was needed, we were told by the manager that this was the last resort and was done so in the least restrictive way possible. When restraint had been used, this had been recorded, with a review carried out by the manager to ensure it was justified and done so safely.

Bridle Lodge is a member of the Restraint Reduction Network (RRN). The RRN is an independent network which brings together organisations providing education, health and social care services for people who present behaviors that may challenge. The RRN's aim is to guide services on the delivery of restraint-free care to improve the lives of people who use services.

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We discussed the communication needs of all five people living at the home, with the manager. They were able to explain clearly how staff were

expected to communicate effectively with people. Records viewed, and observations with staff supported, the manager's comments. The manager told us they had also requested training from a speech and language therapist (SALT), to help staff to communicate more effectively with people living at the home. They told us this had had a positive impact on the relationship between staff and the people they support.

We observed staff offer people choices and respect their decisions throughout the inspection. This included the choice of meals people wanted and where they wanted to go in the afternoon. A person living at the home told us they were free to choose what they wanted to do; staff offered them choices and respected their decisions. Relatives also felt their family members were given choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's medicines and day to day finances. It had clearly been recorded within each person's support plans how they or their appropriate relative had been involved with the decisions made about their care and support needs. Additionally recorded was the agreement of the decision to be made in each person's best interest. The manager and staff had a good understanding of the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications been made for all five people who lived at the home and records showed that staff supported people in line with the agreed recorded actions.

People were encouraged to help plan their own meals and wherever possible contribute to preparing them. Each person had an individualised menu, with pictures, signs and symbols used to explain what each food and drink item was. We observed people were able to choose their own meals throughout the inspection and staff respected their wishes.

People were encouraged and supported to lead a healthy lifestyle. Where people agreed, they were weighed regularly to enable staff to monitor any excessive weight loss or gain. Where needed, people were offered the choice of speaking with a GP or dietician about their weight. Where professional guidance had been given, the manager ensured staff were aware of how to support people. For example, we saw one person needed support with managing their daily calorie intake and staff had been provided with training to enable them to support this person effectively.

People were supported with their day to day health needs. One relative said, "They [staff] have helped [my family member] to lose weight. The improvement is great." Staff were aware of how to support people and told us there was sufficient guidance within support plans to enable them to support people effectively.

People's support records showed they were able to see a wide range of health and social care professionals about their health needs. Support records contained information about the involvement of a range of other external professionals such as, dentists, opticians and hospital appointments people attended. This demonstrated that people had been supported appropriately with their healthcare needs.

Good

Is the service caring?

Our findings

People told us they liked the staff. Relatives told us they thought the staff were kind and caring. One relative said, "They do seem to care. [My family member] is treated well there." Another relative said, "The staff seem really nice."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's support records contained detailed information about them which provided staff with the information needed to support them with forming meaningful relationships.

Staff interacted with people in a positive and caring way. We observed staff sit and talk with people, listening to what they had to say and showing a genuine interest in their views. We observed a jovial discussion about a person's favourite comedy character. The staff member did impressions of the character which the person responded very positively to. It was clear all staff treated people equally and respectfully.

Staff spoke passionately about the support they provided for people and showed a genuine empathy and understanding of each person's individual needs. One staff member said, "I like to do my best for people. We monitor people and try to have a positive influence on their lives." Another staff member said, "I like working the longer days as it means I can do much more with people, rather than rushing around because my shift is ending."

Throughout the inspection there was a friendly and positive atmosphere with staff and people and staff clearly enjoyed each other's company. However, the manager told us there were times when staff needed to respond to people who had become upset or distressed. They told us they were confident that staff understood how to support people effectively and in line with the guidance as recorded within their support records.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

The majority of the relatives we spoke with felt involved with decisions about the family member's care and support needs. One relative said, "They [staff] keep me informed and we have discussions about what is best for [my family member]." One relative did state they would like the staff to involve them more.

In each person's support records we saw meetings had been held with the people living at the home, their relatives and external health and social professionals. In these meetings detailed reviews of people care and support needs were discussed and agreed actions were put in place. The actions were then reviewed to ensure they had been achieved.

Information was available for people if they wished to access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their

health or social care. This information was provided for people in a format which they would be able to understand. For example, the advocacy process was provided using picture exchange communication system (PECS). PECS is an alternative communication intervention package for individuals with autism spectrum disorder and related developmental disabilities. Other information throughout the home also used this process, such as informing people how to leave the home in an emergency.

People were supported to lead independent lives. Support plans were in place that assessed each person's individual ability to carry out tasks independently of staff. All of the staff we spoke with told us supporting people to lead independent lives was a key and fundamental aim at this home.

Staff treated people with respect and dignity at all times. When staff discussed people's care needs, they either lowered their voice or shut the door to the room they were in to ensure people's dignity was maintained. People's support records referred to the need for staff to treat people with dignity, both when supporting with personal care and in their day to day interactions with them.

We saw staff respect people's right to privacy. When people wished to be alone staff respected this ensuring the person was not unnecessarily disturbed.

People's care records were handled respectfully. Records were returned to the locked room in which they were stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The manager told us that people's relatives and friends were able to visit them without any unnecessary restriction, however many of the people living at the home regularly visited and in some cases stayed with their families. Relatives spoken with told us they were able to visit when they wanted to. One relative told us due to their personal circumstances staff agreed to pick them up and bring them to the home to see their family member, which they thought was kind of them.

Good

Is the service responsive?

Our findings

People told us they were able to take part in the activities that were important to them. One person said, "I go the gym and go swimming." A relative said, "[My family member] goes out loads. Their confidence has increased so much now."

There was a clear emphasis on supporting people with leading their lives in the way they wanted to. Throughout the inspection we observed people deciding what they wanted to do, where they wanted to go and what support they needed from staff. The staff respected people's choices and offered people the support they needed to follow their chosen activity for the day.

People's support records contained detailed examples of the activities that people had been involved in. These included attending local discos, going to local amenities such as parks, pubs and gyms, to more wide ranging activities such as going on their chosen holiday. Records showed people had regular discussions with staff about the activities they wanted to do and then plans were put in place to help people to do them.

There was a clear emphasis on providing people with care and support in a person centred way. People's care records contained detailed information about people's personal preferences, likes and dislikes and support plans were then put in place to support them. People's preferred daily routine, such as; the time they liked to go to bed or to get up, their choice of clothing, food and drink. Additionally, preference to male or female member of staff to support them with personal care, were included in each person's support record. Staff had a good understanding of people's needs and talked confidently about the people they supported.

Prior to people living at the home pre-admission assessments were carried out to assess whether they would be able to support each person safely and effectively at the home. Once agreed, people were offered the opportunity to attend the home, sometimes staying overnight if they wished. This enabled people to have smooth transition to their new home.

Staff spoken with told us they felt the support planning records provided them with the information they needed to respond to people's care and support needs. Detailed support plans were in place for a wide range of areas such as; meals, accessing the community, activities and maintaining personal hygiene. The staff we spoke with told us they found the support plans useful and informative.

The manager was able to demonstrate how they and their staff were able to respond to people's changing care and support needs. Previously, a sensory room was in place, but the room was small which limited the things that could be used in the room to support people. A sensory room is a special room designed to develop a person's sense, usually through special lighting, music, and objects. It can be used as a therapy for people with limited communication skills. The manager told us this room was not used effectively due to the limited space available. They transferred the room to a larger room within the home adding many more items, such as extra lighting for people to use and experience. They said this had increased the use of this

room dramatically. We saw people use and enjoy this room throughout the inspection.

Records showed that a person had been encouraged to attend a musical therapy class. Musical therapy is the use of music and musical elements to promote, maintain, and restore mental, physical and emotional health and well-being. The manager told us this had been productive for the person who attended.

People were provided with the information they needed if they wished to make a complaint. A complaints policy was provided which informed people who they could complain to, both internally and externally to agencies such as the CQC. The process was provided in a format that people would be able to understand.

Relatives told us they felt their complaints were listened to and the registered manager acting on any concerns they raised. We reviewed the provider's complaints policy and complaints register and the saw the registered manager managed complaints in line with the company policy.

Good

Is the service well-led?

Our findings

People and staff were encouraged to become involved with the development of the service and contributed to decisions to improve the quality of the service they received. Regular resident and staff meetings were held and people were encouraged to give their feedback in regular meetings with key workers and review meetings with the manager.

There was a clear emphasis on learning and improving at the home. Regular reviews of 'what went well for people?' and 'what could be improved?' were carried out. Where any improvements were identified a clear plan of action was put in place.

People were supported by a manager who was passionate about providing people with the best quality care and support, and continually reviewed their needs to enable them to do so. For example, the manager completed monthly reviews for each person living at the home and this information was then forwarded to a representative of the provider for review. Included on these reviews was the amount of times a person had been physically restrained. The manager told us this enabled the provider to analyse why restraint had been used and whether services were using it to often when other, less restrictive measures could be used. Other elements of these reviews included the number of hours of staff support for each person and people's improving or deteriorating health conditions.

People spoke positively about the manager. A person living at the home said, "He's nice." A relative said, "The manager is excellent and is very helpful." Staff also liked and respected the manager. One staff member said, "He is really supportive. I always feel able to ask him anything."

There was a positive and friendly atmosphere throughout the home. Management, staff and people living at the home all appeared to enjoy each other's company. A staff member said, "I love my job. It is the small things that matter. They are what makes the difference."

The manager contributed to the friendly and positive atmosphere through their relaxed and open approach to managing the home. We observed them engage with people in a calm and friendly way and they stopped what they doing to ensure they gave each person their full attention. He was able to communicate with each person, and used a variety of techniques to do so. The manager provided a calming influence on all around him. The manager clearly leads by example and manages the home well.

People and staff were supported by a manager who understood the requirements of their role and their responsibilities to ensure the home is well managed. They had processes in place that ensured the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

There were clearly defined aims and values which the staff were expected to adhere to when supporting people. Staff told us the main aim was to support people to lead fulfilling and independent lives. Our observations throughout this inspection supported this.

Quality assurance and auditing processes were in place. Regular audits were carried out. These included audits of the people's support records, staff performance and medicines. These audits ensured people who used the service, their relatives, staff and visitors were safe.

The provider had ensured the manager and staff were provided with a working environment that encouraged them to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. For example, the manager assigned individual areas of responsibility for each member of staff. Each member of staff was expected to develop their knowledge and to support each other, if they needed guidance in a specific area. These roles included; infection control, food, fire safety, transport and maintenance. This ensured the staffing team had the confidence to make decisions for themselves, without the need of reassurance from the manager.