Bridge House (Residential Home) Limited

Bridge House

Inspection report

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14 September 2018

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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

This inspection took place on 12 and 14 September 2018 and was unannounced. The previous inspection was carried out on 10 and 13 May 2016. We rated the service good overall. Since the last inspection a new provider had taken over the service. There had been no change in legal entity.

Bridge House is registered to provide accommodation for up to 16 people who require help with personal care. The service specialises in the care of older people but does not provide nursing care. At the time of our visit there were 16 people living at the service.

There was a registered manager 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 of the Health and Social Care Act 2008.

People using the service said they felt safe and that staff and the registered manager treated them well. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available for staff and they told us they would use it if they needed to.
Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed.

There were processes in place to ensure the premises and equipment were regularly checked and to manage the prevention and control of infection. The registered manager reviewed accidents and falls to ensure people had the right support to keep them safe. People were receiving their medicines as prescribed by health care professionals, medicines were securely stored, and the administration of medicines was recorded appropriately.

Recruitment of employees was robust with good record keeping and checks including DBS and ID procedures. These checks ensure that staff are not barred from working with vulnerable people and have a right to work in the UK. Sufficient numbers of staff were employed who had the knowledge and skills to meet people's needs.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Staff treated people with dignity and respect and helped to maintain people's independence by

encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to maintain relationships with relatives and friends.

Visitors were made to feel welcome. People were supported to practice their faith.

People had personalised care plans, which detailed how they wanted staff to meet their individual needs. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the service and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

There were effective processes in place to monitor the quality and safety of the service.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained 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 was planned to check whether the provider was 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 12 and 14 September 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We contacted ten health and social care professionals as part of our inspection and invited them to provide feedback on their experiences when visiting the service. We received a response from two professionals. Their feedback has been included in the main body of the report.

During our visit we met and spoke with three people living at the service, three relatives and one volunteer. We spent time observing care provided for other people who were unable to communicate verbally. We spent time with the provider and registered manager and four staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included audits and quality assurance reports and employment records of three staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Bridge House. One person told us, "Yes I do feel safe. The staff care for me very well". Another person told us, "The staff treat me well. They are all very nice to me". Relatives spoke positively about their loved ones' safety. One comment included, "The environment and surrounding is safe and nothing is too much trouble. Mum has a call bell to summon help"

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. Staff were able to explain how they would keep people safe. Staff training records showed that staff had completed training in safeguarding. The provider and registered manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

People had risk assessments in place relating to falls and mobilising. The assessments were detailed to ensure staff could identify and minimise the risks to keep people safe. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of changes in their needs.

People were protected from the risk of infection. Staff could describe how they supported people safely to protect them from the risk of cross infection. The service was clean and suitable for the people who used the service. Checks were carried out to ensure staff followed the procedures and the service remained clean. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training.

Appropriate health and safety checks were carried out and the records for portable appliance testing and gas safety were up to date. Equipment was in place to meet people's needs including hoists and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

There were arrangements in place for keeping people safe in the event of an emergency. People who used the service had Personal Emergency Evacuation Plans (PEEPS). A fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

People were supported by sufficient staff. People told us they felt there were enough staff and they did not have to wait for their care and support. One person told us, "There are always enough staff to support me". Staff told us they felt there were sufficient staff to meet people's needs. The provider told us they were fully staffed at the service. They had recently recruited a bank member of staff to help with cover. Our observations confirmed what we were told, staff were observed spending time with people, supporting people to have their meals at the times they wanted and being supported with activities.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were

suitable to work with vulnerable people. The records we looked at supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

Systems were in place that showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff understood how to administer medicines safely. Medicines were stored at the correct temperatures in line with best practice and were managed and administered safely. We observed a senior staff member administer medicines. They gained consent, stayed with the person to ensure that the medication was taken correctly and signed the records to confirm this. Staff had received training in medicines management and had their competencies checked regularly.

Accidents and incidents were recorded and referrals made to professionals when required, for example, to the falls team. Falls were regularly monitored by staff and checks of people were carried out on people. Staff completed a follow up form for each person who had fallen. This was to monitor the first 24 hours, two days after and five days after a fall to monitor people's wellbeing.

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking to them that the staff were skilled in their role and understood their needs. People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person said, "They are lovely staff and seem to know what they are doing" and "The staff tell me they have regular training". This was also re-iterated by relatives that we spoke with. They told us, "The staff are very professional and seem to be skilled within their roles".

People were supported by trained staff. Staff told us they had an induction into the role and had regular updates to their training. One staff member said, "The induction, training and support given to me has been really good". The registered manager told us that staff induction included training, reading policies and shadowing experienced staff. The service had recently changed the induction process and staff who were trained mentors helped to support staff. Staff competency was assessed and staff received annual refresher training. This was confirmed by staff and the records we looked at. The induction also included completing the care certificate over 12 weeks. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff had regular opportunities to discuss their role. Supervision was carried out on an individual and group basis. Staff could discuss their practice along with training and development.

People were supported to maintain a healthy diet. One person told us, "We have a little bit of everything including fruit and vegetables. We also are offered cakes and treats". People had their needs and preferences for meals and drinks assessed and there were care plans in place to offer guidance to staff on how people needed to be supported. At the time of our inspection people were not at risk of malnutrition. The registered manager told us they would take action if there were any concerns. People were encouraged to maintain their independence with meals and drinks. People's care plans identified their preferences for food and drinks and we saw staff knew what people liked and offered them choices for their meals and drinks.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff followed the principles of the MCA. Throughout the inspection we observed staff discussing people's preferences and gaining people's consent where ever possible by asking them before care and support was provided. Consent was sought from people before providing care and support and staff told us they had been trained in the principles of the MCA. Staff offered support to people to make their own decisions. Where people were unable to make decisions or consent to their care, mental capacity assessments had

been completed and decisions had been taken in the person's best interests.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no applications had been authorised by the local authority. Records confirmed two application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the service on their own, also because people required 24-hour supervision, treatment and support from staff.

The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. The service had a system in place to monitor the status of applications submitted. They contacted the local authority if people's needs had changed. An example being was that on 8 May 2018 the registered manager had contacted the local authority DoLS team. This was due to changes in a person's needs.

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals when necessary. One person told us, "If I need to see a doctor I just have to ask the staff". The registered manager told us the service had good relationship with the local surgery. One of the local GPs visited the service every Thursday to provide an in-house surgery. In between this time, they visited when required. District nurses visited the service every day to administer insulin to a person.

Good

Is the service caring?

Our findings

People appeared relaxed with staff. Staff interacted in a caring and patient manner with people. We observed when staff carried out tasks for people that they bent down as they talked to them so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and sympathetic manner. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff spent time with people and sat and engaged with them and listened to them.

People's privacy and dignity were respected. People told us staff were respectful. People looked clean, tidy and well presented. We observed staff asked people in a respectful manner if they required assistance. An example being was a staff member asked a person if they wanted to go to their room to have cream applied to their legs. People's support plans recorded how staff should respect people's dignity. The registered manager told us of an example of how they were respectful of one person's wishes. This person requested to be woken up when there early morning tea was served in their room, even if they were asleep. All staff had been informed which meant the person's wishes were respected.

The registered manager told us how they supported a person to move into the service with a pre-existing cancer diagnosis. As part of the person's end of life care a specialist bed was provided. Staff suggested that the bed should be positioned so that the person could look out of their window at the 'stunning' views around them which included all of the fields surrounding the service. Staff felt this would give the person a sense of calm. However, the person chose to face their bedroom door so that when anyone entered their room they could immediately see their faces and expressions. The persons wishes were respected by staff and they were made more aware that their perception of the person's needs should not to be presumed. The registered manager told us they continued to develop knowledge and understanding of person-centred care.

People looked relaxed and we noted a pleasant atmosphere in the service. People confirmed they were very well-looked after by staff. People told us, "The staff are very caring and they all have a caring nature", "I am very well cared for and the staff are nice and friendly". They told us the staff and management were supportive and spent time listening. Staff interacted well with people. All relatives spoken with were overwhelmingly positive about the care provided by staff. Comments included," I feel the staff work really hard to care for everybody. It is very homely and this was one of the first things we noticed" and "The staff here are marvellous. I cannot fault the care they give".

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they could do for themselves and how staff should support and encourage them to maintain these skills for as long as possible. We observed during the inspection one person assisted the laundry staff member to fold linen. We observed another occasion where a person helped the staff to wash up after lunch. We were told the person sometimes helped the staff to prepare vegetables. The staff told us this meant a lot to the person as they liked to feel wanted.

Good

Is the service responsive?

Our findings

People who we spoke with told us they were very happy with their care and support they received. Comments included, "Yes I am, I do a lot for myself but I know the staff will help me with the other things" and "I am really happy here. The staff help in many ways. I wish I could do more for myself which upsets me".

People's care plans were detailed and informative about people's needs and how they liked to be cared for. All areas of people's care had been included in people's care plan which included their strengths and weaknesses. There were detailed life histories in place that included past employment, family members and hobbies. Within one person's life history it gave staff information about how much the person enjoyed gardening and sitting in the garden. The staff told us this helped them to carry on with their interests when they moved to the service. They often sat in the garden and assisted with gardening. People's care plans were written in a way that ensured people's needs and preferences were at the heart of the service. The care plans we viewed had been regularly reviewed and updated to reflect people's changing needs.

Various activities were regularly offered taking into consideration people's interests and hobbies. This was to promote their physical, emotional and spiritual wellbeing. Examples of activities included regular entertainment with dancers and singers that visited. This was well attended by people's family and friends who were encouraged to join in. In house activities such as arts and crafts, gardening was offered to people. We observed during the inspection that two dancers visited the service to perform in front of people. People's spiritual needs were respected with regular services from local churches held at the service. People were encouraged to participate in day trips out to various locations. Some people had visited a Llamas wildlife park and photos were on display of people enjoying this trip put. The registered manager told us that they had recently gone away on a short break to a caravan in Wales. People who lived at the service were supported by staff to go on a daytrip to Wales. During the day trip they met up with the registered manager who was on holiday. People enjoyed a cream tea and fish and chips during the day as well as sight seeing. One relative we spoke with was so pleased that their relative was encouraged to go on this trip.

The registered manager told us about one person who moved into the service with a dementia diagnosis. The person used to enjoy going rambling in a local area before they moved to the service and enjoyed male companionship. A Community Psychiatric Nurse had supported the person and visited them weekly at the service. Over a period of time the service noticed a marked improvement in the person's well-being. The person expressed an interest in taking up rambling again. The service contacted the local rambling club and a volunteer visited the service. Arrangements were made for regular walks in a group settling so the person had group companionship and an element of independence. One of the other goals the person wanted to achieve was to visit a local area alone via the bus. The service involved professionals and an occupational therapist visited and carried out a road safety assessment. The service devised a risk assessment, which identified any issues they might encounter if they went out alone. This therefore empowered the person to continue to enjoy their hobbies and enhanced the person's quality of life.

The registered manager told us that one person they cared for had moved into the service from another area. Initially members of their former church picked the person up and went with them so they could

attend weekly services. Unfortunately, they had to withdraw the offer. The registered manager discussed this with the person. The person decided they preferred to attend a local church near to the service. They chose to attend the local Methodist church on an evening. Transport was provided by the service. We were told the person had continued to attend and enjoyed the services.

There was a strong connection between the service and the local community. This included visits to the service from the local primary school children. People also visited the school if they were able to. We were told at Christmas the local Councillor and cub group visited the service. The service was also involved with local singing groups and choirs who visited the service. Every week people were offered the choice if they wished to attend fellowship at the local church. The service was supported by local churches within the community from different faiths. One of the local churches held their yearly fete in the garden at the service where the onsite railway was opened up to family, friends and the general public. The registered manager told us every bank holiday the railway was opened by the railway men to hold steam up which people living at the service were involved in.

People and their relatives were confident about raising any concerns. One person told us, "If I was unhappy I would tell the staff. I have no complaints though". One relative told us, "We have never had any cause for concern to raise a complaint. If we did we would speak up". Staff understood how to deal with complaints and there was an effective system in place to monitor and look for trends. However, the service had not received any written complaints. The registered manager told us that any complaints would be discussed at team meetings to ensure that they learnt from them and made the necessary improvements.

The service had received many compliments from people. Comments included, "I cannot thank you enough for looking after mum", "Thank you to everyone for your kind words and support" and "I would like to thank the staff and residents at Bridge House".

Good

Is the service well-led?

Our findings

The provider had taken over the service in the weeks prior to this inspection. The provider had previously worked at the service as the operations manager.

The culture of the service was open, honest and caring. Our observation of the service was that it was well run and that people who used the service were treated with respect and in a professional manner. We found the service had a welcoming and friendly atmosphere. When we arrived at the service on the first day of the inspection people and staff were keen to talk with us. Throughout the inspection people and staff were forthcoming in sharing their experiences of the service and of the registered manager with us. Staff morale was high and the atmosphere within the service was warm, happy and supportive.

Staff described the provider and registered manager as being "good managers". We were told they both led by example and were very passionate to provide the best care to people. Staff we spoke with described their commitment to providing care with compassion, and were happy to be working at Bridge House. Staff described the service as one big family as they felt the service had a homely feel which we also found. Professional's made the following comments, "It is quite unique in that it really is a true 'family' business with regards to its extended team and little touches. Such as staff sitting down to eat meals with residents and joining in activities really give this care home a 'home from home' environment which really appeals to a lot of clients rather than a more 'clinical' setting" and "They are organised and communication is good".

People received a high standard of care because the management team led by example and had high expectations about the standards of care people should receive. The provider and registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. Both the provider and registered manager had a prominent presence in the service and demonstrated strong leadership, dedication and had a caring nature.

The provider was open and transparent and had clear visions and values of the service. They told us the main aim of the service was to continue to provide a high standard of care to people. They told us their focus for the next 12 months was to develop the team leader role within the service. The provider planned to change the medicines system to move to a computerised system. The provider planned to introduce a process for staff recognition which included entering staff for national awards. They also wanted to introduce a framework around the consistency of food and drink given to people.

Systems were in place to check on the quality of the service people received. There was an audit process in place to assess the quality of the service people received. The audits were used to develop an action plan of improvements which were monitored by the provider. This included an annual audit plan for 2018. The audits undertaken covered all aspects of people's care and how the service was run. The registered manager explained the audits and actions plans were monitored by the provider to ensure actions were taken.

People's views about the care they received were sought and acted on. The last quality assurance survey was completed in October 2017 by people and their relatives. Positive comments were received about the

service and their overall satisfaction. Comments included, "All the staff do well and work hard" and "I have no concerns. The food is very good". Results had been analysed by the registered manager and the overall results were shared with the staff, relatives and the people living at the service.

Both the registered manager and the provider were very clear about their responsibilities about submitting statutory notifications to the CQC. Statutory notifications inform the CQC of important incidents and accidents at the service and form an important part of our on going monitoring of services. Records showed they had informed us of reportable events which had occurred at the service.