Akari Care Limited

Bridge View

Inspection report

Ashington Drive
Choppington
Northumberland
NE62 5JF

Tel: 01670811891

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bridge View is a care home providing accommodation and personal care with nursing for up to 61 people. At the time of the inspection, 53 people were living at the home.

People's experience of using this service and what we found
People felt safe and told us staff were kind and compassionate. Safety monitoring was completed, which included fire safety. Any accidents or incidents were recorded and reported appropriately.

Medicines were managed safely. There were some issues with medicines paperwork which was being addressed.

Quality monitoring and governance procedures required some improvement. The registered manager and provider was addressing this.

Enough staff were employed to meet people's needs and a safe recruitment system was in place. We have made a recommendation regarding recruitment of agency staff.

Activities took place within the home, but we have made a recommendation about tailored activities for those people on upper floors, particular those cared for in bed or those living with dementia.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 12 February 2021). The service remains rated good overall.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge View on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bridge View

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 1 inspector, 1 specialist advisor and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had expertise in governance.

Service and service type
Bridge View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bridge View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
Before the inspection we reviewed the information we had received about the home since the last

inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority, infection control teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 12 people receiving care and support and 9 relatives. We contacted the staff team by email and spoke with staff at the service, including nursing, care, domestic, maintenance, and administration staff. We spoke with a regional manager, the registered manager, and the deputy manager.

We reviewed at a range of records. This included 6 people's care files, multiple medication records, 4 staff files in relation to their recruitment and a variety of records relating to the management of the service, including policies and procedures.

We contacted the local medicines optimisation, district nurse teams, a local GP, a nurse practitioner, behavioural support teams, dietetic team, occupational therapist team, a local pharmacy and the local authority care management and social work teams. We used responses to support the inspection process.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Enough staff were in place to meet people's needs. Some staff deployed were agency staff as the service had struggled to recruit staff due to the national shortage, particularly nurses. Staff told us, at times, agency use had impacted on the service provided. The provider had made good efforts to recruit new staff, and the use of agency staff had decreased in recent months.
- Call bells were, on occasions, ringing for an extended period. Staff on the upper units, took equipment back to the kitchen and clothes to the laundry. This meant staff were short on these floors at those times. We raised this with the registered manager to immediately address.
- Staff were safely recruited. Robust checks were completed, including obtaining references and applying to the Disclosure and Barring Service (DBS) to confirm staff suitability to work with vulnerable adults. These checks help employers make the right choices when employing staff.
- Agency staff checks needed to be improved. We found records showed one nurse had out of date training and DBS check. Some agency staff had not received their induction training. The registered manager immediately contacted the agency organisation to confirm all agency staff information was up to date.

We recommend a full review of agency staff recruitment to ensure best practice is followed.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents and shared with the staff team when things went wrong.

- Patterns of behaviour were recorded and acted upon. For example, we saw one to one care had been requested and approved for a person to help keep them and others safe.
- Accidents and incidents were reported and recorded and were reviewed and investigated by the management team. There had been a high number of reported incidents and accidents over the last year. This was being further evaluated as part of the governance procedures review.

Using medicines safely

- Medicines management was safe. There were some issues with medicines paperwork, including missing 'as required' medicine protocols. However, the provider had already addressed many of the issues as they had started to fully review medicines procedures prior to the inspection and were working with the local area medicines optimisation team to support this.
- People received their prescribed medicines, but paperwork had not always reflected this.
- Storage had been improved and new cupboards had been installed.
- A meeting was planned with local pharmacy and GP teams to enhance ordering and delivery of medicines

and improve communication.
● Staff received training and had their medicine competencies checked. This was also being reviewed as part of the providers action plan.

Assessing risk, safety monitoring and management
● Risks to people's physical and emotional health were assessed and where possible mitigated. For example, risks to people from poor nutrition, falls and skin had been considered and formed part of people's care plans which were reviewed on a regular basis.
● Referrals were made to external health professionals to ensure people remained safe. For example, when people needed bespoke equipment such as profiling beds, airflow mattresses or specialist seating.
● Special mattresses were checked regularly but details of settings were not always clear. This was to be addressed by the registered manager.
● Safety monitoring of the home was carried out. Contractors serviced equipment in line with expected timescales, such as the passenger lift and electrical installations.
● Fire safety was monitored. This included completion of a yearly fire risk assessment and up to date personal emergency evacuation plans for people (which would be used in an emergency evacuation of the building).

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to keep people safe.
● People said they felt safe. One person said, "Yes, the staff make me feel safe. They take care of me. I'd talk to the manager if I didn't feel safe."
● Staff were trained in recognising forms of abuse and safeguarding information was displayed around the home to support people and staff. One staff member said, "I have never seen anything of concern. If I did, I would report it straight away."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were somewhat assured that the provider was using PPE effectively and safely. Staff did not always follow IPC good practice, including washing hands effectively.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The home followed the latest government guidance regarding visiting.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA. The provider made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
● Best interests' decisions were made for people in consultation with relatives or healthcare professionals, as necessary. People were asked for consent before care was delivered.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were in place but had not always been followed to ensure good oversight and monitoring of the home. The registered manager and regional manager recognised that some processes had to be improved further, for example medicine management procedures and were working to address this. The registered manager said they were committed to addressing any shortfalls.
- Managers were clear on their roles, although had not always fully completed governance processes.
- Action plans were already in place and the registered manager and regional manager had started to work through these.
- Staff were not completing monitoring records in line with company policy. Records, including those in connection with food and fluids, were completed sometime after the event occurred which meant they may not have been fully accurate. The registered manager was going to address this.
- Notifications to the CQC had been completed and submitted in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff, and visitors were supported to be involved with the running of the home.
- The registered manager had set up regular meetings and sent out questionnaires for people and their relatives. One relative said, "My mother has been to meetings, but I normally just go to the manager if I need something as they are very good at sorting things out."
- Most relatives felt involved in the care planning process of their loved ones. We did receive a small number of comments indicating relatives were not as involved as they wished. We brought this to the attention of the registered manager to address.
- The registered manager completed daily walk arounds of the home and held daily 'flash' meetings. These were short meetings with heads of departments to ensure any changes in the service and other relevant information was shared and discussed.
- Staff attended regular staff meeting. Staff told us they had a range of agenda items and could ask any questions they wanted.
- People participated in activities throughout the home, and relatives were encouraged to participate too. The upper units at the home required some tailored activities to take place in order to cater for the people living with dementia and those nursed in bed.

We recommend the provider review activities on the upper units to ensure people receive stimulating activities tailored to their specific needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Good outcomes were achieved for people. People and their relatives told us staff were kind and the care they received was good. One relative said, "The care is brilliant; I couldn't ask for better. Everyone is friendly and my wife is respected."

● The management team promoted a positive, open, and inclusive culture. Visitors were welcomed into the home. One person continued to visit the home for lunch after they had returned to their own home.

● Staff morale was good, and staff told us the registered manager had made great improvements to this since they took over. One said, "Since [registered manager] has been here, it's much better. The staff who needed to go, have gone, and things are much more settled. We just need to communicate better with each other as sometimes that is not the best. Other than that, I love working here. The managers are great."

Continuous learning and improving care

● The management team had systems in place to continuously learn and improve care. For example, they had recently introduced new handover records to support staff coming on duty. The regional manager had plans to introduce an aide memoire for agency staff, so they could carry with them, pertinent information about each person at the home. However although new ways of working and new plans had been put in place, these were not yet fully embedded into everyday practice.

● Refurbishment plans were in place to enhance the environment, including new carpeting in areas where carpets were stained. The provider planned to remove some wall transfers on the upper units which were confusing to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the duty of candour. Relatives told us they apologised when things went wrong and strove to put them right.

Working in partnership with others

● Staff worked closely with other healthcare professionals, including regular involvement with GP's and district nurse teams. One health care professional said, "They know the clients very well and will not hesitate to help with anything. The care home is always clean, and it is lovely to visit when there are events on as they do try to get clients (people) involved as much as possible."

● Communication between staff needed to be improved. One healthcare professional said that the staff do not pass information on to each other very well or coordinate requests for visits. They explained, "I gave instructions to one carer one week and the following week had to repeat the same instructions as it had not been passed on." Staff also told us communication was not the best and could be improved. One staff member said, "We ring the surgery to ask that someone come out, only to find they have already been contacted by another unit. We need to work together to stop duplication of calls to the GP. That is just an example."