

Maria Mallaband Limited

Bridge House Care Home

Inspection report

Farnham Road
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Surrey
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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

About the service

Bridge House Care Home is a residential care home providing personal care to up to 30 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 25 people using the service. Bridge House Care Home is an adapted building that accommodates people over two floors. The ground floor holds all available communal areas such as the lounge, living area and dining room.

People's experience of using this service and what we found

People were kept safe from harm and their risks were managed. There were enough staff to meet people's needs and lessons were learned when things went wrong.

People's care was reviewed regularly to ensure the home could meet people's needs. People were supported to maintain a balanced diet. 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 service supported this practice.

People were supported by kind and caring staff who promoted their independence. Staff respected people's privacy and treated them in a dignified way whilst delivering their support.

People received person-centred care and a range of activities in the home. People were supported at the end of their lives with compassion. There was a complaints process in place and people and relatives felt comfortable to raise any concerns.

There was an inclusive culture in the home and people, relatives and staff felt supported by the registered manager and the wider management team. Quality audits were being completed to identify any areas for improvement. Staff were working well with professionals to ensure timely care for people.

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 requires improvement (published 10 August 2021). At our last inspection we recommended that full analysis of accidents and incidents were introduced. At this inspection we found trend analysis had been introduced.

Why we inspected

We undertook this inspection as part of a potential improvement review.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bridge House Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Bridge House Care Home 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 House Care Home is a care home without 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 5 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, care staff, office staff, chef and activities staff. We also spoke with a professional who works with the service.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home being supported by the staff team. A person said, "I feel safe. It's just the whole feel about the place." Another person said, "Definitely, I feel very safe here."
- Staff felt confident raising any safeguarding concerns. A staff member said, "I feel comfortable that I can report any concerns about abuse to them (management team)." Another staff member said, "I would safeguard people by reporting any abuse or harm caused straight away. Following our company's whistleblowing pathway. This information can be found at the entry door for all staff."
- There was a clear safeguarding policy and process in place for staff to follow. We saw examples of when a safeguarding had been raised with the local authority and how the management team had worked together with professionals to address any safeguarding concerns.

Assessing risk, safety monitoring and management

- People's risks were identified, monitored and managed in a timely way. We saw examples of individual risks identified, for example a falls risk assessment and a skin integrity risk assessment for a person that spent a lot of time in bed.
- Risk assessments included clear advice and guidance for staff. We observed staff following this advice during the inspection.
- We saw in people's care plans reviews had taken place to ensure all risks were up to date with clear information for staff.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff told us they were never short staffed, even if sickness occurred the level of care would not be compromised. A staff member said, "The management team will call other teams' members first to offer a shift to someone whom may want it. If unable to cover, management will come onto the floor and support the team, if unable support, they will book agency." Another staff member said, "Yes, we have time in the day to sit with the residents and have a one-to-one conversation."
- People told us staff were always available when they needed them. A person said, "Staff are so flexible, so kind. They instantly come to your help."
- We reviewed rotas and this showed that there were always similar levels of staffing in the home. This ensured people continued to have the same experience throughout the week. We also reviewed the dependency tool that was used to ensure people's individual needs were considered when calculating staffing levels.
- The registered manager completed safe recruitment processes. This included reference checks, full

interviews and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported with their medicines by competent staff. A relative said, "I have no concerns with medicines, they appear on top of that and very good at giving the correct medicines on time."
- We observed staff administer medicines carefully and explain to people what each medicine was for. These were recorded and managed correctly. Medicine Administration Records (MAR) charts were clearly completed with no errors identified.
- Regular medicine audits were completed. This ensured if any errors had occurred, they could be addressed in a timely way.

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 assured that the provider was using PPE effectively and safely.
- 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

- Relatives and friends were free to visit their loved ones whenever they chose to. A relative said, "It's very nice because I can come to the home whenever it's convenient." A staff member also said, "There's no rules on visiting, we encourage friends and relatives to visit as often as possible."

Learning lessons when things go wrong

At our last inspection we made a recommendation to improve the analysis of accidents and incidents that were not just falls. We saw additional trend analysis had been introduced and embedded.

- There was a clear accident and incidents process for staff to follow. All accidents and incidents had been recorded, assessed and signed off by the registered manager or deputy manager. This ensured any trends or patterns could be identified and action taken if necessary to prevent future incidents.
- Staff told us how effective identifying trends in accidents, incidents and complaints were in ensuring people received safe care and changes were made in response to concerns raised. A staff member said, "For example, missing hearing aids family complained, I was then asked to communicate with staff regarding hearing aids, that we were to ensure all hearing aids are labelled, ensure we have a safe place for them that the service user and the care team have access to."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were clear pre-assessments in people's care plans. This ensured the registered manager could confirm the home and their staff could meet a person's needs prior to them moving in. This ensured the likelihood of a person then having to move to a different care home was reduced.
- There were clear assessments that followed national guidance to ensure people's needs were met. For example, a widely recognised malnutrition tool had been used to ensure people were not at risk.
- Care plans detailed people's individual choices. People and relatives confirmed they had been involved in the creation of their initial care plans and ongoing reviews.

Staff support: induction, training, skills and experience

- People and relatives told us staff appeared skilled and experienced in their roles. A relative said, "Staff are so knowledgeable and know exactly what their responsibilities are."
- The registered manager followed safe recruitment processes. We saw evidence of thorough induction programmes for new members of staff. This included a period of 'shadowing' shifts to follow an experienced member of staff and learn about people's individual needs and the home.
- The registered manager had full oversight of staff training needs and qualifications. This was documented on a training matrix. This ensured staff received regular refresher training to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food that staff prepared for them. A person said, "The food is very good. We get a choice and if you don't like either they will offer you something else. I had a period recently when I went off my food and the staff kept on asking me what they could get for me to encourage me to eat." We observed people enjoying their food at meal times and staff supporting them with different options and choices.
- Staff supported people in line with their dietary needs. A staff member said, "We follow the IDDSI (guidance for texture modified diets) levels for food and fluids." Another staff member said, "We ensure all residents are weighed monthly, if there no weigh change, we do not take a further action, if there is a weight gain or loss we investigate more. We use the M.U.S.T screening tool. If required we will apply a food chart to monitor and place the resident on weekly weights and apply care plan for losing weight."
- We observed staff ensure people were offered snacks and drinks regularly between mealtimes. This ensured the risk of malnutrition or dehydration was being managed.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design and decoration in the home. There were various personalised touches around the home. People's rooms had a large number of personal effects, and signage was clear to

ensure people could move around the home freely.

- People were supported to move around the home freely. There were several sets of stairs and slopes, however, people were able to navigate these well. We saw staff also utilise a mobile ramp to ensure wheelchair users could access as many parts of the home as possible. This included into the dining area and to access the outside courtyard.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by regular visits from the GP. A staff member said, "We have weekly visits from the GP and can contact them in-between times if we have any concerns." We saw evidence of this in daily notes and care plans.
- People were supported by staff whom contacted health and social care professionals in a timely way. A person said, "Staff have been all over it (health condition). It was very sore, but it is gradually getting better."
- We saw evidence in care plans that various health professionals had been contacted soon after a change in health needs had been identified. We then saw how staff had chased results or referrals and any advice given by professionals was documented for all staff to be aware of.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were knowledgeable in the MCA and the principles to follow. A staff member said, "We (staff) do not restrict even if an unwise decision, we apply this by risk assessment we complete, explaining why the decision is unwise, but not using force to change their final decision unless DOLS in place or we are acting in their best interest."
- We saw evidence of capacity assessments being completed and best interest decision discussions taking place. This included decision specific restrictions which ensured all areas had been assessed to find the least restrictive option.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. A staff member said, "I enjoy talking with the residents, when giving any care, or when sitting with them in the lounge, it's nice to hear about their lives and families, and we talk to them about our lives as well." Another staff member said, "The best thing about working at Bridge House is knowing that I can make a difference and give something back to someone who has spent their life looking after others."
- We observed positive relationships between staff and people. We saw staff laughing and smiling with people throughout general tasks and activities.
- People told us how staff were kind and supportive. A person said, "They (staff) are very good. We have a laugh and they know exactly how I like my tea." Another person said, "Staff are lovely. They are really, really friendly."

Supporting people to express their views and be involved in making decisions about their care

- Staff told us how people were asked to make decisions on a daily basis. A staff member said, "The kitchen staff meet with the residents daily asking them what they would like for lunch sometimes they ask for something totally different and if we can do this we will, we have a light diet menu available."
- Another staff member said, "I listen to what they (people) have got to say. I comply with their wishes and give them choices. I am very social with people."
- People told us staff respected their choices. A person said, "They (staff) are all so kind; the girls are all so nice. I prefer to sit in my room because that is where I am most comfortable. Staff are aware that I am there and will always pop their head in, but they also understand that I like my own company."
- When people moved into the home, they were asked questions in a questionnaire that staff could refer to with their preferences of care. A staff member said, "Residents have a 'me and my life' questionnaire when they arrive to let us find out about them, and what they would like or not like to do."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and dignity. A member of staff said, "When providing personal care, we encourage all staff to close the doors and cover the body where possible. Not to discuss resident or personal information in communal areas or in front of other residents, families or visitors."
- Staff treated people with the same level of dignity they would a family member. A relative said, "The staff support [person] in the way I would expect a family member to be treated; nothing is too much of a problem for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff showed good knowledge of how to deliver personalised care. A staff member said, "Person centred care is care that is individually tailored for each individual. This will be their personal interests and preferences, beliefs or religions. Providing a person centred care will help people to feel involved within their care and needs and to make their own decisions." Another staff member said, "We are person centred, and encourage own choices and decisions."
- People were involved in decisions about their care and making staff aware of their preferences. A staff member said, "We as a home and team can involve people in their care plan so that they are still making their own decisions and choices in the lifestyle they want to live. We review (care plans) regularly and explain risks. We are person centred and encourage own choices and decisions."
- Care plans were person-centred and detailed people's individual choices. This included life histories and why people have specific preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating well with people. If at first it was not clear a person had understood, staff would repeat in a clear voice or lean towards the person.
- Care plans detailed people's communication needs. This included people's required communication aids such as glasses and hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were always encouraged to arrange as many visits as possible. A relative said, "As soon as we were allowed to arrange visits after COVID they let us make up for lost time. It seemed really important to staff for people to be encouraged to see their loved ones again which was nice to see."
- There was an activities co-ordinator on the staffing team who arranged a variety of activities for people. A staff member said, "[Activities co-ordinator] has always got people doing something. There was a fete the other week in the village, they go to the pub and I know [activities co-ordinator] is organising another outing."

Improving care quality in response to complaints or concerns

- Staff were knowledgeable in how to deal with complaints to ensure problems were addressed. A member of staff said, "We inform people of our complaint policy, and how we make complaints, if I receive a complaint I would bring this to my manager attention then follow instructions if required. We document the complaint, and apply an action plan, then inform the person whom may of raised the complaint of our actions and what happening next to ensure it does not happen again, we apologise and in some cases we will send a letter."
- People felt confident to raise concerns if needed. A relative said, "I am more than happy to raise any concerns and I know they will deal with it quickly."
- There was a complaints policy in place that showed clear action for staff to take. We saw how this had been followed in the past when concerns had been raised to ensure these could be addressed as quickly as possible.

End of life care and support

- Staff were knowledgeable in how to support a person at the end of their life. A staff member said, "Yes, I have been involved with a few residents at the end of life. The people and their families had expressed either before or at the time that they wish to be kept comfortable and maintain dignity. We have the support of the district nurses to provide end of life medication. My manager was always available for support and help when needed."
- We saw detailed end of life care plans in place for people. This included details in who to contact and how they wanted to be made comfortable if they entered this period of their life.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were complimentary about the registered manager and management team and felt included. A person told us, "[Registered manager] is such a nice person. She tries to please everyone and she does. She comes round and speaks to me."
- People lived in a person-centred culture that was promoted by staff. A staff member said, "Person centred care is about looking after the person as an individual and catering to their likes and needs, and not just giving them general care."
- Staff told us they worked well as a team which was inclusive for everyone in the home. A staff member said, "A very good service, as a team we aim to provide the best quality care to our residents. The team is great, we are very happy when we receive good feedback from families and residents."
- Staff treated people and colleagues like one big family. A staff member said, "I enjoy working at bridge house as we are a small home we feel like a family, and being in a village we have a good community around us. I feel as we have a smaller number of residents, we all get to know each other well and also know all the family and friends that come to visit us."

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

- The manager understood their role and supported staff well. A member of staff said, "[Registered manager] is the best manager I have ever worked under. She is always approachable to staff, residents and relatives. She truly cares for everyone at Bridge House Care Home and is always ready to listen to what you have to say."
- Staff felt supported by the management team and provider as a whole. A staff member said, "The manager is very good and will support you if needed, she listens to her staff and treats everything in a professional manner and deals with things fairly. If you talk to her about a problem, she will always come back to you later with feedback, of the situation. If she has a problem, she will call you aside and talk to you quietly." Another staff member said, "Home manager is great, she has a good understanding of communication and team work, has been a great support, her door is always open if we want support or guidance. I like that both managers deputy and home manager are very hands on with the team, coming to support us if we need support on the floor with personal care, very involved. The manager is both approachable, and easy to talk to."
- Staff were clear about their roles. A staff member said, "I get verbal feedback when I have completed a particular job and we also have supervisions and appraisals."

- Quality audits were completed regularly and action taken in response to any findings. This ensured the registered manager and provider could be assured they were maintaining a good level of care.

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

- There were staff meetings to ensure staff had as many opportunities to raise any concerns or ideas. Minutes from these meetings showed the registered manager thanking staff for ideas and sharing action taken.
- Resident meetings were arranged and occurred regularly. We saw from meeting minutes that suggestions were taken and action taken. For example, changes were made to the seasonal menu to ensure more people's preferences were met.
- Relatives felt involved and were regularly asked for their feedback, when appropriate. A relative said, "They (staff) are always asking for feedback. And then it's nice when you see little changes in response."

Continuous learning and improving care; 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

- There was a continuous improvement plan being completed through various audits in the home. This ensured there was oversight of any potential concerns that could then be addressed in a timely way.
- There was a duty of candour policy and we saw that this had been followed by the management team when something had gone wrong. This ensured all relevant people had been made aware.
- We saw all notifications of significant incidents or issues within the home had been made to CQC. And any follow up questions had been answered thoroughly and quickly and additional conversations had, if required.

Working in partnership with others

- Professionals provided us with positive feedback about working with the home. A professional said, "I work very well with the home. Staff are very responsive and they know people. I have a rapport with [registered manager] who has a good insight."
- We saw evidence of good partnership working between staff and various health and social care professionals. This ensured there was a 'joined up approach' and all relevant information was shared in a clear means of communication.