

# The Bridge Community Care Limited

# Westmead

## Inspection report

51a Westmead  
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West Yorkshire  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Westmead is a residential care home providing accommodation and personal care to up to 9 people. At the time of our inspection 9 people were living at the home. The service provides support to people with learning disabilities, autistic spectrum disorder, mental health concerns and people who display behaviours that challenge. Support was provided to people in their own individualised flats and bungalows.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Some people were actively involved in the community and some people's activities were provided in a person-centred way. Support was provided to people in an individualised environment. However, not all people were provided with support to help them learn new skills and try new activities. Records were not detailed enough to evidence that people were offered enough meaningful activities.

Medicines were managed safely. Where medicines errors had occurred, appropriate action was taken to learn lessons from incidents. Innovative systems were used to support people to take their medicines.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some people required high levels of support to keep them safe. Some improvements were required around how restrictions were reduced in a timely manner.

**Right Care:** People's care plans and risk assessments were detailed, and person centred. However, there were occasions when the guidance in place wasn't being followed to ensure people were kept safe. For example, cleaning products were not always stored in a way to prevent people causing themselves harm and window restrictors which were required to keep people safe were found to be broken. Staff knew people well and communicated with them in an individualised way to meet their communication needs.

**Right Culture:** Quality assurance systems required some improvements to gain people's and their relatives views about the service. We received mixed feedback from relatives regarding the leadership in the service. Staff were positive about the management team and said they were supported in their roles. Staff told us the registered manager was approachable and said they were able to raise concerns. There was an open and honest culture and incidents were reviewed, with lessons learned to reduce the likelihood of incidences occurring in the future.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (Published 14 March 2019).

## Why we inspected

The inspection was prompted in part due to concerns received about staffing and unnecessary isolation of people. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

Concerns raised around staffing and unnecessary isolation were unfounded. However, we have found evidence in other areas that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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 see what action we have asked the provider to take at the end of this full report.

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 changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westmead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We have identified breaches in relation to safe care, infection prevention and control and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Westmead

## 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 and an 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.

#### Service and service type

Westmead 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. 51 a Westmead 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 the information we had received about the service since the last inspection. 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 visited the service over 2 days and visited out of hours. We spoke with 7 staff, including the registered manager, 3 people who used the service, 6 relatives and 2 professionals. We reviewed the care records of 4 people and 2 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Preventing and controlling infection

- People were not always protected from the risk of accidental or intentional harm. Infection, prevention and control measures did not protect people from the risk of infection.
- Risk assessments were in place and detailed. However, plans were not always followed by staff. For example, where people were at risk of ingesting hazardous substances, cleaning products were not always locked away. People required window restrictors to keep them safe and these were not in place on all windows and washing lines in people's gardens posed a risk to them. Following our inspection, the provider took immediate action to implement necessary safety measures.
- People's food was not always labelled and dated upon opening, meaning people were at risk of eating unsafe food. Following our inspection, the provider took immediate action to address this.
- We saw staff not wearing personal protective equipment (PPE). On the first inspection site visit care staff were seen not wearing face masks when the inspector arrived and during the inspection not wearing their face mask properly. We saw staff wearing false nails, jewellery and long-sleeved tops. This increased the potential risk of the spread of infection and was not in line with current government guidance.
- Some clinical waste bins were found to be broken and a laundry bag containing soiled items was found exposed. This put people at risk of cross contamination.
- One person's flat was found to be visibly dirty and cleaning schedules were not always completed.

The provider did not ensure all risks to people were managed, placing people at risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us their loved ones were kept safe at the service. Comments included, "[Name] is safe and they involve me in risk assessments and care plans" and "I certainly do think [name] is safe and when I visit, [name] always has 2 staff with them."
- Risk assessments were regularly reviewed to ensure records reflected people's current needs.

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Some improvements were required to remove restrictions in a timely manner. One person had required the removal of their door lock for 6 months. The provider had attempted to remove this restriction and had plans in place around removing the restriction without causing distress to the person. Following our inspection, the provider confirmed that this had been done.
- The provider had their own positive behavioural support (PBS) team who provided additional support to the service. The PBS team explored restrictive reduction strategies, to enable staff to implement least restrictive interventions. For example, one person had recently had a reduction in the level of physical interventions and medication, this was a positive outcome for this person. Staff told us, "A debrief is done following every incident to see how it was dealt with and if everyone is ok." A professional said, "[Name] is very happy and their body language has changed, they smile and talk to me. [Name] doesn't need restraint anymore, they are safe. The service have put many measures in place and respect their autonomy. Staff follow the care plan which is very detailed. [Name] has regular reviews and their medication has been reduced. They are less sedated and more alert."

#### Staffing and recruitment

- We had received concerns regarding staffing levels. We inspected the service out of hours unannounced and during the inspection we observed enough staff deployed to meet people's support needs.
- The registered manager told us they had previously implemented their contingency plan due to staff shortages, to ensure people received safe support. Recruitment was on going and improvements had been made, the registered manager told us of the initiatives they had implemented to recruit more staff.
- Relatives were complimentary about the staff team. One relative said, "The staff are approachable. It's a good placement and very person centred." Another relative said, "The staff are all on the same page [Name] carers enjoy caring and being in their company."
- Staff were recruited safely and pre-employment checks were carried out.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knowledgeable about how to protect people from the risk on abuse.
- The registered manager reported safeguarding concerns to the local authority and CQC where required.

#### Using medicines safely

- Medicines were safely managed.
- The provider had innovative systems in place to ensure people received their medicines. For example, the service were working closely with one person's doctor to manage their medicines administration. This person often refused medicines and the staff team had worked closely with the person's relatives to implement a new system, to monitor dosages and times of administration, to provide the best possible outcome for them.
- Where medicines errors had occurred, the service had taken appropriate action to address these, to reduce the likelihood of further incidents.
- Accurate records were kept and staff were suitably trained to administer medicines for people.



### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and actions taken to mitigate future risks to people.

# 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 good. At this inspection the rating has changed to 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. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Monitoring systems in place had not always been effective in maintaining oversight of the service. There was a lack of evidence people were empowered to achieve good outcomes.
- Audit systems were in place. However, these did not identify issues found during our inspection, in relation to infection prevention and control and health and safety concerns.
- Daily records did not evidence all people were offered meaningful activities. For example, people did not have long term goals in place to assist them to become more independent or try new activities. Staff told us people often refused support and new activities as this increased their anxieties and could impact on their positive behaviours. However, daily records did not detail reasons for refusals or how this had impacted on them.
- Some relatives told us their loved ones were safe in the service, but their quality of life in regards to activities had reduced. One relative said, "[Name] used to do lots of exercise and now they don't do any." Another relative said, "[Name] does not do things they used to and is not provided with meaningful activities." This was explored with the management team during the inspection and whilst some activities could not be provided due to keeping people and others safe, it was not clear attempts were made to explore different options.
- We received mixed feedback from relatives about the leadership of the service and the management team. One relative said, "The manager is approachable, and the staff are all good." Another relative said, "I am not kept informed and leadership is poor."

The provider did not have effective systems in place to monitor the service and provide good outcomes for people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were observed to be actively involved in the community. We saw some people being supported to take part in activities of their choice, for example one person was involved in a game of football. One person told us, "I choose an activity every morning and every afternoon, 2 a day."
- Staff were knowledgeable about people's needs and how to support them during incidents of behaviours that may challenge. Some people had a significant reduction in incidences since living at the service. One staff said, "We look for any signs (which might be causing someone distress), we follow the care plans and our training."

- Care plans were person centred and regularly updated to reflect people's needs and preferences. A new online system was currently being introduced to assist staff to provide support to people in line with their needs.
- People's communication needs were assessed and staff were provided with person centred communication plans and training to assist them to support people in line with their preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Quality assurance systems were not always effective. Some improvements were required to gain feedback from people, relatives, staff and external agencies.
- Feedback was sought from relatives and staff; however, this was done at provider level and records did not indicate if this feedback related to 51 a Westmead. It was not evidenced action had been taken following feedback to make improvements.
- Regular staff meetings took place to allow staff to raise any concerns and explore how the service could improve.
- Staff were complimentary about the management team and told us they were supported in their roles. One staff said, "I can approach the managers, they are always available and listen to suggestions." Staff were suitably trained and competency assessments were undertaken by the management team.
- Relatives were involved in meetings with the service to discuss people's care and make suggestions.
- The provider and management team were keen to drive improvements and told us what plans they had to improve in this area. The registered manager had recently began to look at different ways in which they could gain feedback from people living at the service.

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 an open and honest culture in the service. The registered manager understood their duties under duty of candour, to be honest when things go wrong.
- The registered manager had informed CQC about significant events and incidents which they are required to notify us about. This helps us to monitor the service.

Working in partnership with others

- The service worked in partnership with external agencies. For example, people had received support from a speech and language therapist and guidelines were implemented by the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure all risks to people were managed, placing people at risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to monitor the service and provide good outcomes for people.