Care Quality Commission

Bridgewood Health Care Limited

Bridgewood Mews

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Bridgewood Mews is registered to accommodate and provide nursing and personal care to a maximum 20 people. People who live there may have a variety of complex physical health needs, including Huntingdon's disease. At the time of our inspection 18 people were using the service.

Our inspection was unannounced and took place on the 20 and 21 April 2015. At our last inspection in July 2014 the provider was meeting all the requirements of the regulations and was given a 'Good' overall rating.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that medicines management within the service were unsafe. The provider had failed to handle, store and administer prescribed medicines in such a way as to maintain and promote peoples good health. You can see what action we told the provider to take at the back of the full version of the report.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

Summary of findings

The provider ensured that there were suitable number of staff on duty with the skills, experience and training in order to meet people's needs at all times.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff were encouraged by the provider to undertake training in addition to the standard level of training they were routinely provided with.

The provider supported the rights of people subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting the person and how they complied with the terms of the authorisation.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration.

People's cultural and spiritual needs had been considered and we saw that people were supported to fulfil these.

Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Care plans contained information about people's abilities, preferences and support needs. However, we saw in some records they had not been updated and reviewed in a manner that gave the reader absolute clarity about the persons current needs.

People were involved in a range of activities, both within the service and in the community, centred on people's individual abilities and interests.

Systems were in place for people and their relatives to raise their concerns or complaints.

Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Staff told us the registered manager actively promoted an open culture amongst them and made information available to them to raise concerns or whistle blow.

The registered manager and the provider undertook regular checks on the quality and safety of the service. However, the issues we found during our inspection had not been identified through the providers own quality assurance systems.

Summary of findings

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.

People who used the service were not protected from the risks in relation to medicines as they were not always administered, stored or handled safely.

Staff were knowledgeable and had received training about how to protect people from harm.

Risks for people in regard to their health and support needs were not always updated or reviewed in a timely manner.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People's rights were protected and where they were able were involved in making decisions and choices about their daily lives.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Good

Is the service caring?
The service was caring.

People and their relatives were complimentary about the staff and the care they provided.

A variety of communication methods were employed to maximise people's ability to choose and understand their care and/or treatment options.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was not always responsive.

Staff we spoke with were aware of people's current needs although their care plans were not consistently reviewed and/or updated.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Activities were on offer to people using the service.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The manager and providers own quality assurance systems had failed to identify the issues we found during our inspection.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Bridgewood Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 April 2015 and was unannounced. The inspection was carried out by one inspector and a pharmacy inspector.

Before the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with two people who used the service, four relatives, four staff members, the chef, the deputy manager and the registered manager. Not all the people using the service were able to communicate with us so we spent time observing them when interacting with staff to determine their experience of the service. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed three staff recruitment records, the staff training matrix, 10 medication records and a variety of quality assurance audits. We looked at some of the policies and procedures which related to safety aspects of the service.

Requires improvement

Is the service safe?

Our findings

The people and relatives we spoke with told us they were satisfied with how the service provided medicines. One person told us, "I get my medication on time". A relative told us, "They are good with medication from what I can tell". Although people expressed satisfaction with medication management we found some issues of concern which meant that medication management was not safe and put people at risk of not receiving their prescribed medication as they should.

We reviewed how medicines were managed within the service. We looked in detail at 10 medicine administration records (MAR) and found that people's medical conditions were not always being treated appropriately by the use of their medicines. We reviewed the MAR and found they were not always completed in such a way that evidenced people had received their medicines as prescribed, for example, inhalers with dose counters were showing that fewer doses had been administered than the MAR was confirming; this indicated that medicines had been signed for but not administered. We also found that two people who were prescribed the same medicine had not received this for a period of 3 to 4 days because the provider had not obtained sufficient supplies. We discussed this with the registered manager but they told us they were unaware that this particular persons medicines not being available.

We reviewed how controlled drugs were managed by the service. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the controlled drugs were being regularly audited to ensure that they could be accounted for. However, we found that the service did not have a robust system in place to ensure that a medicine prescribed with specific administration times was adhered to. For example, the controlled drugs records showed us that one person had been prescribed a pain relief medicine that had to be administered every 12 hours; we found that the nursing staff were not aware of this and had not been administering the pain relief medicine as prescribed. This meant that the person may at times, have been experiencing pain unnecessarily.

People requiring medicines to be administered directly into their stomach via a tube, were not receiving this safely. The necessary guidance for staff in respect of medicines that were administered through this route were not in line with best practice.

We found that the information available to staff for the administration of 'as required' medicines was not robust enough. For example, one person had been prescribed an emergency medicine and the written information informing the staff of when and how it should be administered lacked the detail required to ensure it was appropriately administered. At the time of our inspection the provider was utilising agency nurses on a regular basis; which meant that accurate written guidance was needed to ensure that the medicines were given in a timely and consistent way.

Medicines were not always being stored securely for the protection of service users. For example, we found a topical medicine was being kept in a person's room and therefore other people using the service could inappropriately use this product. We saw that medicines were being stored as per the manufacturer's guidelines in order to maintain their effectiveness in promoting good health.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives told us that they felt the service was safe. One person told us, "I feel safe here, they look after me". Another said, "They [staff] come quickly if I need them, yes I do feel safe". One relative told us," [My relative] is fine and safe here, I never have to worry".

Staff were clear about their responsibilities for reporting any concerns and were able to describe the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. Records showed that staff had received training in how to protect people from such abuse or harm. One staff member told us, "We receive training, I recently had an update and know exactly how to report any concerns about possible abuse". The provider had reported any incidents that had occurred within the service to the Commission and other external agencies appropriately.

People and their relatives told us they were encouraged to raise any concerns or any worries they had. One person

Requires improvement

Is the service safe?

said, “I would raise any concerns with the manager". People and their relatives told us they felt listened to and that staff were approachable and felt they act upon any concerns they raised.

People who were able to or their relatives had been involved in establishing and assessing any risks to them and have their say in how they were managed. Assessments had been completed in respect of any potential risks to people’s health and support needs. These referred to the individual’s level of ability and provided guidance about how to reduce potential risk of harm or injury when people were being supported with a range of activities of daily living. For example, through our observations we were able to see how staff used moving and handling equipment in such a way as to protect people from harm. Records we reviewed showed inconsistencies in the updating of some risk assessments when people’s needs had changed; for example, when weight loss had occurred for one person, no assessment of the impact upon other health risk factors such as effects upon skin integrity had been undertaken.

Staff told us that learning or changes to practice following incidents were cascaded to them at shift handovers or staff meetings. Records had been appropriately completed following near misses, incidents or accidents, with learning and/or changes to practice documented. For example, ordering of specialised equipment to minimise the risks of potential injury to people. Staff told us they received the necessary feedback and updates in relation to incidents that they needed.

Staff we spoke with knew the emergency procedures to follow and knew who to contact in a variety of potential situations. We saw that each person using the service had their level of need for assistance assessed should evacuation of the building be required.

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern.

We saw that there were sufficient numbers of staff on duty to meet people’s needs. One relative said, “Staff are always available and will help with anything they can”. The registered manager told us how staffing levels were determined in line with peoples changing needs. Recruitment of staff was underway to fill vacant nursing posts; this meant that at the time of our inspection the service was reliant on agency nurses to cover some shifts. The registered manager told us that they endeavour to use the same agency nurses regularly where possible.

Good

Is the service effective?

Our findings

People and their relatives told us they felt the staff were skilled and trained to meet people's needs. One person said, "Staff are good". Another told us, "They [Staff] do know how to look after me properly". Staff knew people well and were able to discuss their needs with us and how they met them. A relative told us, "Staff are very good and look after them [Their relative] really well; they seem knowledgeable".

We spoke with staff about how they were supported to develop their skills to meet people's needs effectively. Staff we spoke with told us they had been provided with training which they felt had equipped them to perform their role effectively. Staff we spoke with told us that they had been provided with an induction when they were newly employed, where they familiarised themselves with the provider's policies and procedures and then went on to shadow more experienced staff. One staff member told us, "You have to go through an induction period when you start before working with people on your own; you get training as part of it too".

The registered manager told us that there had been some infrequency in the delivery of both annual appraisals and supervisions. We saw that efforts had been made in recent weeks to formulate a more robust system for ensuring staff received support in a more efficient and timely manner. Staff we spoke with felt that this support was of value to them and gave them opportunity to assess their performance and discuss their training needs. One staff member stated, "I have supervision; I am asked to complete a self-assessment initially to rate my own performance and then we use this along with the supervisors feedback to set future goals". We saw from the minutes of staff meetings that they were well attended and used to gather feedback, and to provide updates and discuss developments within the service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. One person told us, "They explain things to me so I understand and always ask my permission before doing anything". Records showed as part of people's initial and/or ongoing assessment their mental capacity and ability to make informed choices had been considered. Staff confirmed they had had received training in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a good understanding of their responsibilities in gaining peoples consent. We observed that people's consent was sought by staff using a variety of communication methods, including non-verbal methods, before assisting or supporting them.

The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body', for authority to deprive someone of their liberty. CQC is required by law to monitor the operation of the DoLS and to report on what we find. The provider had appropriately identified and referred people using the service for consideration by the supervisory body , in this case the local authority for authorisation of DoLS.

People were supported to take a nutritionally balanced diet and adequate fluids. One person told us, "The food is good here". A relative told us, "They cater well for my relative's dietary needs and know what he can and can't have". Records we reviewed showed that people and their relatives had been consulted about their likes and dislikes. The chef told us, "I meet with people [or their relatives] when they have settled in and discuss all their personal likes and dislikes; menus are formulated around their likes". Menus were on display and we saw that meals were nutritionally balanced with people's specific dietary needs catered for. The kitchen staff told us that people's nutritional needs were communicated to them by staff including people's more diverse dietary needs, such as food allergies.

One persons' care record we looked in had not been updated in relation to risk following recent significant weight loss; staff we spoke with were unaware of this persons weight loss. We spoke with the registered manager who advised us that he felt the weight recorded was incorrect and as their Body Mass Index (BMI) remained within the ideal range they did not feel that any action was necessary. However, records should be reflective of people's current risk in regard to malnutrition or dehydration, allowing staff to have a clear picture about how they should support people to minimise further risks and/or weight loss. The registered manager agreed to review the records for this person.

People were supported to access the healthcare they needed to maintain and promote their good health and

Good

Is the service effective?

well-being. Discussions with people, their relatives and staff confirmed that people's health needs were identified and met appropriately. One person said, "If I am unwell they [Staff] would get the doctor for me". A relative told us, "They [Staff] have had the specialist nurse in to see my daughter". We saw examples in records of staff accessing support from health care professionals in response to people's changing health needs, for example liaising with GPs and dieticians. One staff member said, "We refer people to quite a range of other health care services"

Agree the rating.

Good

Is the service caring?

Our findings

People we were able to speak with and their relatives described how caring and kind staff were. One person told us, “The staff are really kind and caring”. Another person told us, “They [Staff] make it like home away from home here for me”. We observed staff interactions with people and saw they had a relaxed and friendly approach towards them. A relative said, “They are great with him [their relative]; he has a good laugh with them”.

During our inspection we spent time in the communal areas and saw that people were supported intensively and that staff responded to them in a way that met their individual needs. Staff we spoke with knew people very well and this was demonstrated through the interactions we observed. For example, we heard staff reminiscing and chatting with one person whilst doing their hair; the person’s manner during this appeared relaxed and at ease.

People had been provided with the necessary information about their care in such a way that optimised their ability to understand; such as pictorial, verbal, non-verbal, sign language or written formats. One person told us, “They [Staff] help me to let them know what I need”. Another told us, “I do feel staff listen to me”. We saw that individual communication books had been formulated for people, with pictorial prompts to maximise their ability to express themselves and/or their needs to staff. We observed staff interactions with people and these were done in a way that supported people to understand and make decisions. One relative said, “Communication from the staff is really good, they keep us informed of any developments”.

People were encouraged by staff to remain as independent as possible, particularly in relation to the activities of daily living. One person told us, “They [the staff] let me do what I want, when I want”. A relative commented, “The staff give my relative the time they need and freedom they want here”.

We observed people’s dignity and privacy was respected when staff were assisting them. One person told us, “They [Staff] are respectful; I can do my own thing”. Another told us, “I have my dignity protected when staff are supporting me”. Staff were able to give us many examples of how they respected and maintained peoples dignity each time they supported them. A staff member said, “I treat people exactly how I would want to be treated when supporting them; like telling them what I want to do, waiting for their response and agreement; just basically respecting their wishes step by step”. We saw that a number of staff had signed up to the Dignity in Care Initiative which provided them with a toolkit of resources and educational materials. The initiative encourages people to challenge and influence others, promote the issue of dignity as a basic human right and to stand up and challenge disrespectful behaviour. Staff involved at the service spoke positively about their involvement. One staff member told us, “It’s really got people thinking; I am less afraid to challenge colleagues about these issues”. The registered manager told us, “This initiative has got staff talking and thinking about dignity issues; staff involved are observant about others practice and would report any concerns”.

Information about local advocacy services including their contact details were on display. Staff we spoke with knew how to access advocacy services for people. We saw that the service had acquired advocates for people when complex decisions needed to be made, in order to provide people with independent advice and support.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff asked for their views about how they would like care to be delivered. One person said, "I am always asked how I want things done". A relative told us, "Staff provide all the care to my relative just how they like it done; it has helped them to settle here very quickly". Records showed assessments to identify support needs involved contributions by people or their relatives including information about their life history, wishes, likes and dislikes.

Care plans we reviewed included important instructions for staff relating to each individual, for example, one person stated exactly how they preferred to have their medicines provided and we saw that staff adhered to this request. Although some of the records we looked at showed a lack of consistency of review and/or timely update, the staff we spoke with had a good understanding of people's current needs.

People told us that when they were in their bedroom staff checked on them regularly and attended to them if they pressed their call bells. One person said, "They [staff] come fairly quickly when I call them". A second person told us, "Sometimes I have to wait longer than others when I call for help; but it's never too long". We observed people being responded to in a timely manner, including those using call bells for assistance.

Visiting times were open and flexible and visitors we spoke with said they were able to visit the home without undue restrictions. We found people were not restricted in the freedom they sought and were protected from harm in a supportive respectful way. We saw that people's rooms had been personalised with items of sentimental value or of interest to them.

People and their relatives had been asked about any cultural and spiritual needs they may wish to pursue as part of their initial assessment. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives. For example, people were being supported to maintain any religious observances they had or have specific cultural foods prepared for them.

People and their relatives told us that activities were available to them. One person told us, "Activities are always there if I want to do them". One relative said, "They do have activities here, recently I have been able to take them [My relatives] home for a couple of hours with support; they [my relative] seemed to get a lot out of it and seemed very relaxed there". Another relative told us, "Staff are always trying to get him [My relative] involved in activities". Another told us, "He [My relative] goes to the cinema and has been supported to go to the theatre too".

The service employed three life skills coordinators who were dedicated to providing people with the support they needed to undertake and participate in activities that were personalised to their needs. Group activities and events were organised including film and sensory sessions, baking and holidays; many people received individual support to explore their preferred activities. One of the life skills staff told us, "We know people well and get to understand them and their needs; plus we work closely with relatives where possible to gain a better understanding of the person's hobbies and interests". People had access to outside space, where they were getting involved in planting vegetables and herbs. A sensory garden had been newly completed for people to utilise.

Records of regular meetings attended by people and their relatives were seen in which feedback about their experience and opinions of the service were sought. People and their relatives told us they were encouraged to attend these meetings and contribute their thoughts. We saw that subjects for discussion in these meetings included were the plans for upcoming events. A relative told us, "We get a questionnaire through the post every so often to ask what we think of the care and invite letters to come to meetings". Another told us, "They [Staff] always ask us to attend and give our opinion".

The service had a complaints procedure in place. Information about how to make a complaint about the service was in an accessible area and was also provided in the information available to people and their relatives in the "Service User Guide" they received when they joined the service. People and their relatives were reminded about how to make a compliant during the meetings they attended. People and relatives we spoke with knew how to complain. One person told us, "I have made a complaint and felt satisfied with how it was dealt with; I would not hesitate to make one in future as I know they would deal with it properly". A relative told us, "I know how to make a complaint but I have never had to". We saw that acknowledgement letters were sent out to complainants prior to any investigation taking place with clear timescales

Good

Is the service responsive?

provided in line with the provider's policy. Complaints we reviewed had been resolved in a timely manner. Staff meetings minutes showed that complaints were a rolling agenda item; we saw that feedback, learning and changes to practice were cascaded to staff following any complaints.

Requires improvement

Is the service well-led?

Our findings

People, staff and their relatives spoke positively about the leadership of the service. One person told us, "I think the manager is really good". Another said, "The manager is very approachable". A relative said, "He is very helpful and approachable; if you have any concerns he always acts on them". Another relative told us, "The manager is good and keeps the place up to standard". The registered manager demonstrated a good level of knowledge about the people who used the service and their support needs.

The registered manager demonstrated a clear understanding of their responsibilities for notifying us and other external agencies, including the appropriate professional bodies of incidents that may occur or affect people who used the service. We reviewed the notifications received from the service prior to our inspection and we found incidents had been appropriately reported in a timely manner.

The registered manager told us the provider was approachable in relation to any ideas they had about how to develop the service. Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency.

The regional manager visited the service each month and undertook a number of quality assurance audits of the service; we saw that when issues or omissions were identified the registered manager was notified to address and action these improvements. However the provider's quality assurance systems and checks had failed to effectively identify the issues we found during our inspection. We found that systems for checking medicines management and the content, review and accuracy of care records were both in need of improvement.

The provider sought feedback from people, relatives, staff and stakeholders through a variety of methods including an annual satisfaction survey and meetings. We saw that the provider routinely analysed the feedback from questionnaires and meetings and planned improvements based on their findings. Staff meetings were held each month, with a good level of attendance. In these meetings information was cascaded and there was opportunity for staff to provide their feedback.

Staff we spoke to told us that the registered manager was supportive towards them. One staff member said, "The manager is supportive and friendly". Another said, "If you need to see him and he is busy, he will always make time for you". However, all the staff we spoke with described low morale amongst the staff in recent weeks. We were told by them that this related to an incident where incontinence pads specifically designed for use by each individual were not available for a short period of time. We were made aware of this issue prior to our inspection. One said, "It made me feel I wasn't able to do my job properly". Another told us, "It felt like we were neglecting people and weren't looking after them properly". We spoke with the registered manager in regard to this issue. They told us the issue had been investigated by the local authority who were satisfied that processes that had been put in place to prevent any future repeat incidents were adequate. In addition the registered manager had discussed with staff the importance of effective communication with management and regular checks on such essential items. This meant that learning had taken place and more robust processes had been put in place as a result of incidents.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the office. One staff member said, "I know how to whistle blow; if I witnessed anything of concern, I would report it without hesitation".

The registered manager conducted regular 'walk abouts' around the units to assess the quality and safety of the service being delivered. They were in the process of developing documentation to formalise this process. Systems were in place to ensure the safety of equipment and premises, for example regular fire alarm tests. We saw that any areas highlighted as requiring attention were reported and action was taken to rectify any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The provider had failed to protect people using the service against the risks associated with the unsafe use and management of medicines.**