

Birkdale Homes UK Ltd

Newbridge House

Inspection report

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Date of inspection visit:
20 September 2016

Date of publication:
24 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 20 September 2016. At the last inspection in July 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Newbridge House is registered to provide accommodation for up to 30 people with dementia who require personal care and support. On the day of the inspection there were 29 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe and relatives told us they were reassured that their families members were protected from harm. Staff were knowledgeable about how to identify and report the risk of potential abuse. Staff were available to support people when needed and were calm in their approach. People were kept safe by staff who supported them to manage risks. People told us they received their medicines at the right time and could ask for pain relieving medicines when required.

People and relatives told us they felt staff had the skills and knowledge to meet their care and support needs. Staff received training relevant to their role and felt supported by the registered manager. People were asked for the consent before care was provided and staff understood the importance of acting in people's best interests. People were happy with the food and drink provided and had access to healthcare when required.

People felt staff were friendly and supported them in a caring way. People were involved in decision about their care and support and staff knew people and their personal preferences well. People were supported by staff in a way that maintained their privacy and dignity and staff promoted people's independence where possible.

People and their relatives contributed to the planning of their care and support. Where people's needs changed staff were able to identify this and action was taken to ensure people received up to date care. A programme of activities was available and people were encouraged to follow their interests. People knew who to contact if they were unhappy about any aspect of the care and support. There was system in place to manage complaints which staff were aware of.

People told us they were happy living at the home and felt able to express their views about the care they received. Relatives and healthcare professionals had been invited to give feedback about their experiences of the home. Staff felt the home was well managed and were supported by the registered manager. The provider was involved in the management of the home and there were systems in place to monitor the quality of care provided.

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.

People told us they felt safe and risks were assessed and reviewed regularly. There were sufficient numbers of staff to meet people's care and support needs. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew them and had the skills and knowledge required to meet their needs. People were asked for their consent before care was provided. People were happy with the food and drink provided and had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were friendly and kind. People were involved in decision about their care and support. Staff understood and respected people's preferences and supported people in a way that upheld their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives contributed to the planning of their care and support. Where people's needs changed staff took appropriate action. People were encouraged to take part in activities. People and their relatives knew how to complain and there was a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

People were happy living at the home and relatives gave positive feedback about the way the service was managed. Staff were given opportunities to contribute to the development of the service and felt supported by the registered manager. There were systems in place to monitor the quality of care provided which were used to improve people's experience of living at the home.

Newbridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 September 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. Their area of expertise was dementia care. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with seven people who lived at the home, two relatives, three staff members, a healthcare professional and the registered manager. We looked at three records about people's care and support, three staff files, medicine records for three people and systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

All of the people we spoke with told us they felt the home offered a safe environment. One person told us, "Oh yes, I am safe here. Staff pop in all the time to see me and to see if I want anything or need anyone." Relatives were confident their family members were kept free from the risk of harm. One relative said, "I am sure [person's name] is safe. Staff are always visible and this is reassuring." All of the staff we spoke with were able to tell us what they understood by keeping people safe and knew how to report any concerns to people's safety or well-being. One staff member told us, "I would report any concerns to the senior on duty or the registered manager. I am sure they would do something, but if they didn't I would contact the police, the local authority or CQC."

People managed their risks with support from staff if needed. Staff were aware of the risks to people's safety and well-being and there were systems in place to ensure staff were kept up to date with any change to people's risks. For example, where people required assistance with walking or were at risk of malnutrition. One relative shared with us how pleased they were that staff were aware of the risks to their family member. They told us, "[Person's name] can't always remember they can't walk and might have an accident, but staff are aware." Each person's care plan contained information about their risks and these had been reviewed and updated regularly. Staff we spoke with told us when they identified any new concerns or risks these were shared with the registered manager who ensured appropriate action was taken. For example, a person's care plan and risk assessments were reviewed or updated.

People and relatives told us staff were visible and available when they needed them. One person told us, "There are enough staff, if I ask for help they are there." A relative said, "I think there are enough staff, that's one of the reasons we chose this home, there are higher staffing levels than other places we looked at." Staff told us they felt there were enough staff available to meet people's needs. One staff member said, "There are enough of us to respond to people. At times we can be short if people are off sick, but other staff will help out at short notice." Staff took time to chat to people and offer reassurance when people became confused or disorientated. The registered manager told us they monitored staffing levels to ensure there were enough staff available to meet people care and support needs. They explained the staffing levels were adjusted according to people needs, for example if someone required end of life care. We saw staff were present in the communal areas of the home and were able to respond to people when they required assistance.

Staff told us and we saw in staff records, they had been required to provide identification and undertake checks, including reference checks and Disclosure and Barring Service (DBS) checks before they were able to start work at the service. By undertaking these checks the provider reduced the risk of employing unsuitable staff.

People were happy with the way they were supported with their medicines and received them as prescribed by their GP. One person told us, "I get my medicines every day. The staff don't forget and if you want paracetamol you ask the staff. I am happy with my medication." A relative told us, "I think [person's name]'s medicines are ok and the GP calls in each week. I asked about some additional vitamins and that got sorted out really quickly." We saw people were supported to take their medicines when they needed them. Where

people required their medicines to be reviewed this was actioned and staff contacted the GP. A visiting healthcare professional told us they felt the staff were proactive in their management of medicines and were quick to pick up any issues or concerns. For example, noticing possible side effects of medicines. Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of day to manage their health. For example, by ensuring pain relieving patches were applied on the correct day. We looked at systems used to managed people's medicines and found people received their medicine as prescribed and medicines were stored and managed safely.

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge required to look after them. One person told us, "The staff know me very well, they are very good." Relatives were assured their family members were cared for by staff who understood their needs. One relative told us, "It's regular staff and they know [person's name] well. Staff seem to be informed about everything." Staff told us they received training that was designed to help them support people living at the home. One staff member told us, "I had a good induction and that made me feel confident. Next week I will be doing moving and handling training, this will help me keep up to date with current practice." Staff told us they felt supported in their role and had regular one to one meetings with senior staff or the registered manager. The registered manager told us they regularly attending information sharing events and provider forums which helped them keep up to date with current best practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were asked for their consent before staff provided them with care and support. We observed people being asked if they were happy with staff supporting them with mobility or personal care.

Staff we spoke with understood the requirements of the MCA and were aware they must act in people's best interests. Staff asked people where they would like to sit, if they were happy to remain in the communal lounge area or would prefer to spend time somewhere quieter. Staff told us they looked for signs of consent when people were unable to consent verbally. This included observing people's facial expressions or body language. Staff were able to describe how people would communicate their consent, and sometimes used people's previous decisions or choices to help guide them. The registered manager was clear about their responsibility to support people who lacked capacity and had initiated best interests meetings where appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that one person currently living in the home had a DoLS authorisation in place and an application had been submitted for another person. The registered manager had a good understanding of their responsibilities in this area. The registered manager shared with us how consideration had been given to individuals who lived at the home and whether or not they were being deprived of their liberty. These assessments had been shared with the staff team to ensure people received up to date support that did not

restrict their rights.

All of the people we spoke with told us they were happy with the food and drink they received. One person said, "I can choose my own meals, they bring a menu round to choose from. I enjoyed my lunch." Another person told us, "We are never short of a drink, they keep us hydrated." Relatives also expressed positive views about the meals provided. One relative told us, "I see the meals; they are quite balanced and look good. People get a choice and [person's name] likes the variety." Lunchtime was a relaxed event with people choosing where they would like to eat their meal, in their room, the lounge or the dining room. People were provided meals by staff who sat and chatted to them while they ate. Staff understood people's dietary needs and preferences and knew who required specific support with their meals to manage a health need. For example, people with swallowing difficulties who required a soft food diet. We spoke with the cook who demonstrated a good knowledge of people's dietary needs and told us they took note of what foods people enjoyed and used this information to plan future menu options.

People's healthcare needs were monitored by staff and they had access to healthcare professionals when required. People told us they had recently seen a GP and chiropodist and we saw from people's care records they had attended appointments with dentists and opticians. One person's relative said, "Staff pay attention and have picked up on a couple of health issues. Staff tell me when the doctor is coming in, they are pretty good." We spoke with a visiting healthcare professional who told us they felt the staff were proactive in managing people's health conditions and communication with the staff team was very good. Staff were able to tell us about how they supported people with their health conditions and knew who to contact when external healthcare support was required.

Is the service caring?

Our findings

People told us staff were kind and friendly and supported them in a caring way. One person told us, "From the first day I came here I loved talking to staff. I'm not shy. They like me and I like them." Relatives also felt staff were caring. A relative told us, "Staff are friendly and they know who we are." People were relaxed and comfortable in the home and we saw people approached staff for support without hesitation. Staff and the registered manager supported people in a reassuring and considerate way, and we saw numerous examples of staff anticipating people's anxieties and acting quickly to reassure them. For example, we saw staff directing people to the location of their friends before they began to worry about where they were. People and relatives were happy with the way staff interacted with them. A relative said, "The general atmosphere I think is good. Everyone interacts with one another. Staff are quite jolly and have a laugh when it's appropriate."

People told us they were involved in decisions about their care and support. Staff we spoke with understood people's needs well and had a good knowledge of people's individual preferences. One person's relative told us they were confident staff knew their family member well. They said, "[Person's name] likes their bedroom door to be left open because they like to have a view of the staff when in their room. Staff know this and ensure the door is kept open." We observed staff using people's preferred names and they told us they knew this was important to people. One staff member told us, "We always call people by their preferred name, when people arrive we ask and people tell us."

Staff knew people well and understood their likes and dislikes and people were comfortable and relaxed in asking for support. People told us they were able to make their own decision and have their preferred routines. One person said, "I choose to sit here and when the weather is good we sit outside. We can do exactly what we want to do." Another person told us, "I'm fairly independent; I go to my room when I want. I just come down for breakfast as early as I want and they serve me. They will ask me what I want."

People told us staff respected their privacy and we observed staff supporting people in a way that took account of their individual needs. One person said, "The staff are good at maintaining my privacy, I never feel ashamed or anything like that." We observed staff supporting people in a respectful way, for example ensuring they maintained eye contact with people by moving to sit at the same level and acting discreetly when supporting people with personal care. Staff were aware of the need to promote and maintain people's dignity and shared examples with us of how they knocked on people's bedroom doors before entering. Staff told us how they supported people to maintain their independence by encouraging them to brush their own teeth or wash themselves. A staff member told us, "I try and be discreet, when supporting someone with their meal I use a quiet voice, so only the person I am with can hear." Staff were careful when discussing people with each other or with the person. One person told us, "This person next to me doesn't speak but staff don't tell me about them, it's private."

People's relatives and friends were welcome to visit at a time of their choosing and we observed visitors chatting to staff and the registered manager about the needs of their family members. People's care records contained details of who they wanted to see so staff could support people to spend time with family and

friends.

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and support planning. One person told us, "I do get asked about my care, I talk to staff. They will make some time after breakfast." Another person said, "I was asked about things when I first arrived, whether I preferred a bath or a shower, things like that." Relatives told us they were consulted about their family member's needs. One relative said, "We don't have formal meetings but I'm involved in outside appointments and if I need to know anything the registered manager is always available."

All of the staff we spoke with had a good understanding of people's needs and were able to share with us examples of how they had responded to changes in people's needs or preferences. For example one staff member shared with us how the staff had responded to deterioration in a person's health. They said, "[Person's name] had quickly deteriorated. The care plan was reviewed immediately and then during staff handover we agreed the changes and actions going forward." The registered manager told us they took a proactive approach to responding to a change in people's health needs. They said, "If we become concerned about someone's skin integrity we act quickly. We refer to the district nursing team, but we also put things in place like increased repositioning straight away."

We looked at three people's care records and saw that people's current needs were detailed and the registered manager had regularly reviewed them and noted any changes. This gave details for staff on how the person preferred to be supported and what was important to them. For example, we saw that one person's care records directed staff to go through their life history book when they became anxious, as this had a calming effect on the person. Any changes were shared with the staff team when they started their shift, to ensure people received up to date care and support.

People told us activities were offered through each week and they could choose to get involved depending on their interests. One person told us, "There are activities, there's a magic man and sometimes I go to the shop." Another person told us they were happy with the activities offered but would also like to go on more trips out of the home. Staff told us they tried to offer a range of activities which included day trips to the local park as well as theatre trips and visits to local attractions. There was a weekly activity programme in place which included sessions such as; movement and balance, chair based exercises and a weekly entertainer. The registered manager told us activities was an area they would like to improve on and they had tried different approaches to get people involved. They said, "We used to have an activities coordinator, but it is sometimes a struggle to motivate people to get involved. The sessions we have now people do enjoy and we do movement and balance as it is part of our falls prevention work." There were reading books available for people to use and parts of the home were decorated in specific themes as a point of interest to encourage people to sit and enjoy their surroundings. There was also a resident's kitchen where people could make their own drinks.

People told us if they were unhappy they would raise any concerns with a staff member. One person said, "I've got no complaints, but if I did I would go to the staff and ask them." Relatives were also confident in raising concerns about their family member's care. One relative told us, "If I had a complaint I'd go straight

to the registered manager. Once [person's name]'s hearing aids went missing, we think another resident might have picked them up. But they were replaced. The registered manager or a senior staff member is available to speak to on the phone." Staff we spoke with knew what action to take if someone raised a concern with them. The registered manager told us, "There are no outstanding complaints; relatives contact my mobile if they need to. We try to resolves any minor issues straight away."

Is the service well-led?

Our findings

People told us they were happy living at Newbridge House and were comfortable living at the home. One person told us, "I'm well settled here. The staff are approachable and I've got no complaints." Another person said, "It's alright here. I can't argue with anything, we've never been in a situation when we've asked for something and it's not been done." A third person said, "It's fabulous here, the people are nice, it's like home away from home." People told us they were able to contribute their thoughts and ideas and staff took time to listen to them. Relatives told us they had also been asked to contribute their views through the form of a questionnaire. The results we saw were positive about the care. One comment read, "The manager and staff are very approachable and helpful." Professionals from outside of the home had also been asked for their views. One healthcare professional had commented, "We are very impressed with general behavioural techniques used by the staff to minimise the need for medication. Very proactive."

Most people we spoke with and relatives knew who the registered manager was and everyone who knew them told us they found them to be approachable. The registered manager told us they worked to create a positive culture at the home and did this by working alongside the staff team. They told us, "I try and start work early so I get a morning handover. This way I am aware of any issues and can act quickly to resolve them." They told us they made themselves available so staff could access them whenever they needed to and staff we spoke with confirmed this.

All of the staff we spoke with felt the home was well managed. They told us the registered manager and the provider were approachable and they felt confident they would be listened to if they raised any concerns. Team meetings also provided staff with an opportunity to express any concerns they may have or make suggestions for improvements to the home. One staff member said, "We can contribute, in supervisions we can talk about how to make things better." Another staff member told us, "There is a good atmosphere here, we work together, communication is really good. I feel confident to say what I think."

The registered manager told us they were always looking to make improvements to people's experiences. They told us they had changed the way they sought people's views, as the traditional idea of a resident's meeting did not work for the people living at the home. Instead they took a one to one approach with people and gathered feedback in an informal way. They worked closely with other professionals to improve outcomes for people and to ensure people received care that met their current needs. For example by taking part in initiatives led by the local Clinical Commissioning Group (CCG), to develop staff skills and knowledge.

The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law. They conducted quality audits to check on all aspects of the service. Where areas requiring improvement had been identified we saw that action had been taken and outcomes recorded. Audits were undertaken on a regular basis in areas such as care records, medication, equipment and risk assessments.

The registered manager told us they felt supported by the provider. The provider knew people who lived at the home and was actively involved in the running of the home. Resources and support were available from

the provider and improvements to the environment and décor, detailed in a maintenance plan, were underway at the time of the inspection.