

Essex County Council

Bridgemarsh Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bridgemarsh is a residential care home service for up to a maximum of 24 adults with a learning disability. At the time of our inspection nine people were using the service.

One person using the service was in an interim care bed for older people, this service had been provided by Bridgemarsh to support older people following a hospital admission to enable them to return home. The registered home manager told us that following this person's discharge they would not be continuing with this service.

This unannounced inspection took place on 23 August 2016.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

There were sufficient staff available to actively support people to engage in activities of their choice that were important to them, whilst kept them safe. Staff were seen to gain consent and involve people in discussions and decisions about their care and support.

Improvements were needed in how people's medicines were managed to ensure they received them safely.

People were cared for by staff who were extremely kind and attentive. Staff encouraged people to participate in tasks in the home during the day. People were able to make their own choices. Relatives were involved and consulted all the time in relation to their family members care.

Staff were not always provided with the training and development they needed to care for and support people's individual needs through regular supervision, meetings and updating their training. Despite this people received good quality care.

Where people had specific dietary requirements staff were aware of these and made sure people were provided with appropriate food or support. Staff helped people access external healthcare professionals when they needed to.

Accidents and incidents that occurred were recorded and monitored by staff. There were very few incidents at the service.

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose.

Recruitment procedures were robust and ensured that only suitable staff were employed to look after people using this service.

The correct procedures were being followed by staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Quality assurance checks had not identified the issues we found at the service.

People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to. They felt that the registered manager was responsive to feedback and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

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 consistently safe

Improvements were needed in how people's medicines were managed to ensure they received them safely

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose.

Recruitment procedures were robust and ensured that only suitable staff were employed to look after people using this service.

Staffing levels were sufficient to meet people's needs and allowed them to access the community regularly.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people, although some updates remained outstanding.

The service has worked within the principles of the Mental Capacity Act 2005 and supported people to make decisions themselves.

People were supported to maintain a healthy diet and were involved in planning meals.

People were supported to access external professionals to maintain and promote their health.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff understood people's needs and built good relationships with people.

Good ●

People were involved in decisions about their care. Staff understood how to communicate with people so they could make decisions about how their care and support needs were met.

People told us staff were kind and caring and spoke positively about the support provided by staff.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered in a person-centred and responsive way.

People were supported to engage with activities they enjoyed

People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

Quality assurance checks had not identified the issues we found at the service.

Staff described a positive culture and values at the service and said they were supported by the manager.

Feedback was sought from people and their relatives.

Bridgemarsh Residential Home

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.

The inspection took place on 23 August 2016 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for, and spent time observing care in communal areas. We spoke with four people who lived in the service, six staff members including the registered manager, two relatives and a visiting professional.

We looked at five people's care records, six staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints

Is the service safe?

Our findings

People told us they received their medicines regularly and that staff had never forgotten to give them. We witnessed people being given their medicines during lunch and saw this was done safely and correctly. We checked the medication administration records (MAR) against the other records and stocks held. We sampled three medication records and checked the medicines recorded and stored, against them. We found that there were errors with some medicines records; as an example, we found that there were gaps in recordings on all the MAR's with no explanations recorded for why. We also checked six loose or 'as required' medication and found that two out the six checked did not balance. There were no controlled drugs currently being used by anyone in the service.

We saw that a new medication policy had been discussed. This provided information and guidance for staff to administer medicines safely. The registered manager told us that they were in the process of introducing an updated medication workbook to check that staff had the skills and knowledge required to be able to administer medicines as prescribed.

PRN (as required medicines) protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines, such as pain relief. Although PRN protocols were in place they lacked detail, for example, when dosage was variable no instructions were given on how many to give and why. In addition, there was no recorded information on how staff could tell if people were in pain who were unable to communicate this verbally. We asked a staff member about how they knew if people who were unable to speak were in pain, and they were able to describe non-verbal signs of pain for individuals living in the service. This information should be used to add guidance to PRN protocols to share with all staff.

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management.

Staff showed awareness of risks to people and how to manage these. One staff member told us, "[Named] has issues around choking. We manage this by avoiding certain foods and cutting their meals up small and we now supervise them when they are eating."

Some people had left the service to live independently and staff numbers had not decreased which meant that people, relatives and staff told us that currently staffing levels were very good. One relative told us, "At the moment there is more than enough staff." A staff member told us, "We have enough staff, we have time to get people out and about." The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the

right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the records and the processes we discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them. One person that used the service also told us that they supported the management staff in the interview process for new staff.

We saw that the provider had also put measures in place to manage the risks associated with the overall running of the service, including the maintenance of the building and fire safety arrangements within the home. Emergency evacuation plans had also been developed and staff were aware of these.

Is the service effective?

Our findings

The provider had systems in place to ensure that staff were supported to meet the needs of people. Staff told us that they had undertaken training in a variety of topics including health and safety, fire, manual handling, first aid and food hygiene. Staff told us that this was delivered in house by other staff members.

Records we looked at showed that training had been provided however, some training needed to be updated. In the files we looked at most mandatory training was in date, but when we looked at the training matrix there were gaps identified and in some subjects there were no dates of completion recorded. Some subjects such as medication training was not up to date and although some competencies had been completed in 2015, none were found for 2016 in the files we looked at. The registered manager told us they were currently in the process of updating the medication workbook and the training matrix. They told us once this was done they would be supporting staff to complete this workbook. This workbook will be used to refresh knowledge and assess competency.

People received effective care and support from staff who were trained and supported by the manager. However, the support provided in the form of supervision was not always consistent. The six staff files we looked at showed that only one staff member had received supervision in 2016. The registered manager told us that the service had recently introduced an organisational performance management tool called 'Supporting Success'. Each member of staff had been set four main objectives for the performance year with an additional requirement for them to add their own personal objective by the time they reach the six month review. Staff told us that the manager was very approachable and that they could always speak with him to seek advice and guidance. Staff meetings were held regularly.

Staff felt supported despite not always receiving formal one to one supervision. One member of staff told us, "We have a mixture of 1:1 and group meetings. I feel supported there is loads of training. Sometimes training seems pointless but when you reflect on it you realised you have learned something new that you did not know before. I am going to have pressure care training soon." Another member of staff told us, "We have just had supporting my success, this was about goal setting, problems and working towards goals."

Staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet these needs. For example, one staff member told us about a person's likes and dislikes, they told us the person likes to go in a car or bus but does not like to get off, they said, "Sometimes we go round and round until they are ready to get off."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 can only be deprived of their liberty to receive care and treatment when this was 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).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty were being met. We saw that appropriate applications had been made for the people living in the home and that one of these had been authorised at the time of our inspection. We also saw that the home considered people's best interests and that people were supported to be safe. Staff were able to tell us about the principles of the act and senior staff had completed this training. The registered manager and Deputy managers had recently completed training to deliver this course to the rest of the staff group. We also saw that the principles were considered and included in people's care plans which recorded lots of information about how to involve people in decision making.

People were involved in planning how to meet their nutritional needs and were supported to have the food and drink of their choice. People discussed with staff the meals they would like and the ingredients they needed to purchase. People told us that the menus for the home were agreed with them and staff worked with people to look at healthy eating options. During the inspection we saw that staff provided assistance with preparing people's meals and encouraged people to make healthy eating choices. One person told us, "I choose my own food." Staff told us that there had been a recent change to the way food was purchased, staff now supported people to choose their food on line, but told us they preferred it when they were able to take people out to shop for their food. They explained people were still able to shop for small items but main food items were ordered on line.

Staff also told us about how they supported people with the transition to independent living, one person was due to leave on the day of inspection. A staff member told us, "For the last six weeks we have taken them to their new place for tea and to meet the people they will be moving in with so that it makes it easier for them." The registered manager told us a staff member will go with the person today to support their move, but if they were not ready to stay yet, they could come back and move another day. He told us that even after people moved out the staff continued to visit for a few weeks to support the transition.

We saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments. A member of staff told us that one person had been diagnosed as borderline diabetic but after staff supported them with losing weight and making healthy food choices they are no longer at risk.

Another member of staff was able to give a detailed description of what they did when a person had a seizure, the description given matched the guidance in the care plan. The person told us, "Staff know what to do."

We spoke to a professional visiting the service who told us, "Staff are excellent this is one of the nicest homes I go to. They get excellent care. It is very homely, could not wish for nicer staff they have a good rapport with clients. They take on board professional advice, its documented and they action it."

The environment was clean and provided a comfortable and homely environment for people that lived there. The garden had raised beds for easy access and included sensory plants for an individual with a sight impairment and there were lots of different smells and textures for them to explore. Staff explained that this person loves flowers and anything that smelt like flowers. The service also had a vegetable plot so people could get involved in planting and picking vegetables.

Is the service caring?

Our findings

We looked to see how well people were cared for. We found people were relaxed and happy in their home. There was a friendly and welcoming atmosphere. People looked well cared for and were smartly dressed. People told us they liked living at Bridgemarsh, one person told us, "I have been here a long time, staff are very kind." A relative told us, "[Named] loves it there, and if they love it we love it." Another relative told us, "[Named] is very happy there, it is ideal."

One person we spoke with was keen to show us their room. They showed us their personal effects and photographs. Their room was personal and reflected their individuality and preferences. The person told us they worked for the people's parliament and attended meetings to discuss issues, to represent people with a learning disability and help change things for the better.

We observed staff to be very caring and attentive to people's needs. We found staff had a good rapport with people and knew them well. When a person we were talking to called to a staff member, they greeted the person with a smile. This showed us people were cared for by staff who treated people with kindness and respect.

We saw a number of positive interactions between staff and the people living at the home on other occasions. People were comfortable and relaxed in their home and at ease when talking with staff. Staff spoke to people in a polite and friendly manner and helped us communicate with them.

Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well. The staff we spoke with valued the people they supported as individuals, and talked about them with affection and respect. They told us how they got to know people by reading their care plans, learning from more experienced staff and interacting with them on a day-to-day basis. One staff member we spoke with talked about the person they were a keyworker for. They explained that the person was non-verbal but they used sign language to communicate.

Another staff member told us about how they were completing family tree with a person to support them to learn about their cultural heritage. The staff member told us, "We found a church where a lot of their family were buried."

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. People were supported to maintain their independence wherever possible.

Staff encouraged and supported people to make choices and take part in everyday activities such as shopping, cleaning and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. Staff told us that people had an independence training day where they

were prompted and supported where needed to enable them to do as much as they could do independently.

All documentation about people who lived in the home was kept secure to ensure their confidentiality.

People told us that their privacy and dignity was respected. They had the ability to choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. Staff told us they always respected people`s right to privacy and they politely knocked on the doors and waited for people to answer before they attempted to step in their bedroom

Is the service responsive?

Our findings

People told us they were very happy with the support they received. Staff supported them to live an active life and do things they liked. One person described their weekly activities which were varied, people also attended local day centres. People also said they enjoyed going out on day trips and to the shops." A relative told us, "[Named] has a very good social life."

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. We saw there were a range of hobbies and activities available, such as lunches out and games, to suit individual interests. This enabled staff to offer people activities and opportunities that were more personal to them. A pool table was being used on the day of our visit by a person who used the service.

Staff told us people could choose what they wanted to do on a daily basis and there was always an option for people to go out if they wanted to. One staff member said, "We organise day trips in a group, or people can go out on a one to one basis if they choose." The registered manager told us there was a system in place to make sure people had allocated staff time for doing things they enjoyed. We saw details of what people liked to do in their care files, and daily records included information about what people had done during the day. This showed us people had support to follow their own interests and do things they liked.

We looked at care plans which were individualised and relevant to each person, we found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of what people could do for themselves.

People's care plans evidenced that they and their relatives were involved in the development and review of the care plan and their goals and support. Staff told us it was important that people were involved so that they received the right care to meet their needs. In one person's file, we saw evidence that their activities had been changed to include swimming as that was what they wanted to do. Although we found evidence of reviews, some of the goals listed included specific evidence that the person was being supported to achieve these goals, however in some care files these recordings had not been kept up to date and entries were sporadic.

People were supported to maintain contact with their families. Relatives confirmed they visited their family member and were made to feel welcome. People were also supported to visit their families.

People and relatives said they could always approach the registered manager and the staff if they had any worries or concerns. People and relatives told us they felt listened to by the registered manager and staff. One relative said, "I have not had a complaint but find minor concerns are sorted quickly by the staff". Relatives told us they understood how to make a complaint and were confident about getting a response. Staff understood the complaints procedure and could tell us how they would manage a complaint if they received one. The registered manager told us that people were given a pictorial complaints process.

Is the service well-led?

Our findings

A registered manager was in post supported by two deputy managers. We saw the registered manager understood what was required of them, for example, they had notified CQC about significant events using the statutory notification system. We saw the registered manager guided and supported staff, making sure they understood their roles and responsibilities. We saw the registered manager was visible to people, relatives and staff and responded to any issues raised with them.

We saw that the quality assurance and audit systems in place were not sufficient to provide adequate monitoring to ensure that any shortfalls in the service were identified and actions taken to rectify the shortfalls. For example, no robust audit of medication records was evident. The registered manager did carry out a monthly audit but this was not detailed and did not follow up or contain information related to omissions found. There was no daily check to identify gaps or omissions on MAR's.

The registered manager told us that another registered manager from a sister service had carried out a recent audit but the report had not yet been received. We did see evidence that that accidents, incidents and systems were analysed and an action plan was produced, but these did not cover all systems and processes within the home.

The registered manager was aware that the current quality assurances systems were not effective and showed us evidence that they were working with the provider and other managers to implement a more robust system. Following the inspection the manager sent us examples of a new training matrix and was developing a more up to date medication workbook and audit process.

Although formal supervision processes were not always up to date staff described the registered manager and the senior team as very approachable and supportive. There was an open and supportive culture in the service. Staff said the registered manager and senior team had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the manager and worked well as a team. One staff member told us, "The registered manager is a good leader, listens to us and gets things done." Another staff member told us, "We have a good team, staff here care about people, and we provide a person centred service."

The registered manager told us that there had been concerns identified with the interim older person's service by the local authority and they had stopped taking referrals for this service. They told us there were no plans to reinstate this service in the future.

All staff we spoke with told us that they felt happy working in the service, and were generally motivated by the support and guidance they received. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support.

We checked records and found quality assurance surveys were undertaken to obtain feedback from people who used the services. Care files included evidence of monthly telephone calls to relatives to update them and obtain their views. People that used the service also completed questionnaires. Actions were recorded as part of this.

The registered manager also sent us the results of a recent 'Your voice' staff questionnaire that the provider had undertaken in 2016. Bridgemarsh had achieved 83% for staff engagement and 82% for employee well-being. As a result of this the manager told us they would discuss these results with all the staff and develop an action plan to identify any shortfalls in responses.