

# Bridge Care Limited

# Bridgemead

## Inspection report

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### Ratings

Overall rating for this service	Good	
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?	Good	

### Overall summary

This inspection took place on 21 July 2015 and was unannounced. The previous inspection of Bridgemead was on 24 October 2013. There were no breaches of the legal requirements at that time.

Bridgemead is a care home with nursing for up to 32 older people. 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 2008 and associated Regulations about how the service is run.

People told us they received a service that was caring and which met their needs. They spoke very positively about their relationship with staff and how they were treated. People were well supported to maintain links with the community and to have contact with relatives. One person commented "It is not just a place to live, it is my home".

People felt the service was safe and they had confidence in the registered manager and staff team. However, there were shortcomings in the home's procedures for recruiting staff and managing people's medicines.

People enjoyed the meals and were given a choice of courses. One person told us "The meals are good and I'm

# Summary of findings

very choosy about food.” When people needed support, staff showed they were competent and worked in a way which promoted people’s independence. Staff received training and support which helped to ensure they did their jobs well.

People appreciated the ethos of the home. The registered manager and staff team worked in a way that was consistent with the provider’s aims and values.

We found two breaches of the regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

# 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 safe in all aspects.

People told us they felt safe at the home. However, shortcomings in the procedures for recruiting staff and for managing medicines meant that people were not always well protected.

Staff had a good understanding of risks to people and the action to take to reduce these. Staff received training so they would recognise abuse and know how to report any concerns they had about people being at risk.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training and support which helped them to do their jobs well. People's rights were protected because staff were aware of their responsibilities in relation to the Mental Capacity Act 2005.

People enjoyed the meals and received the assistance they needed with eating and drinking. Staff supported people in ways which promoted their independence.

People were supported with obtaining other services they needed in relation to their health and care.

Good



### Is the service caring?

The service was caring.

People spoke very positively about their relationships with staff and how they were treated.

Staff understood the importance of a caring approach and how this contributed to people's quality of life.

People talked about a sense of community in the home which they appreciated. Relatives were made to feel welcome.

Good



### Is the service responsive?

The service was responsive.

People felt that the home was meeting their needs. Individual plans set out the care people required and helped to ensure a consistent approach from staff.

People had the opportunity to take part in a varied programme of activities. There were good links with the local community.

People felt able to raise any concerns and were being asked for their views about the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People had confidence in how the home was being led and spoke positively about its management.

The home benefited from a registered manager who was approachable and promoted the organisation's aims and values. Staff felt supported in their work.

Trustees, on behalf of the provider, had regular contact with the home and helped to ensure that good standards were maintained.

Good



# Bridgemean

## 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 checked 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 21 July 2015 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we had about the home. This included looking at any notifications we had received from the service. A notification is

information about important events which the provider is required to tell us about by law. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received the views of four health and social care professionals who had contact with the home.

During our inspection we spoke with 11 people who lived at the home. We made observations in order to see how people were supported and their relationships with staff. We met individually with three staff members, three relatives and with the registered manager. We spoke with other staff and a volunteer during the day about the tasks they were performing. We looked at three people's care records, together with other records about people's care and the running of the service. These included employment records, audits, and records relating to medicines.

# Is the service safe?

## Our findings

People said they felt safe living at Bridgemean. One person told us “Its safe because the staff are careful and they know where everyone is.” Other people commented “I am very safe here” and “I feel safe, its never occurred to me that I wouldn’t be”.

Relatives also told us they thought their family members were safe at the home. They had confidence in staff to be able to keep people safe; one relative commented “My loved one is safe, I trust all staff.”

Improvements were needed however in the home’s procedures for maintaining a safe service. The recruitment process did not always ensure the appropriate checks were completed before staff were employed. The recruitment records showed that for two staff, an ‘Adult First’ check with the Disclosure and Barring Service (DBS) had not been received until after they started their induction in the home. The registered manager told us that at no time did they work unsupervised or have unsupervised access to people. The DBS check is carried out to see if a potential employee is barred from working with adults. Overall, the recruitment documentation did not reflect a robust and well planned process.

This was a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another shortcoming concerned the management of people’s medicines. Staff supported people with their medicines and we looked at the records for nine people who had been administered medicines during the current month. In six people’s records, there were occasional gaps where the administration of medicine, or the reason it had not been given, had not been recorded by staff. This meant it was not clear whether people had received their medication, as prescribed. There were risks to people because of a lack of accurate information about their medicines. The registered manager was able to assure us that people had received their medicines on these occasions. There were other aspects of recording practice which did not follow best practice guidelines and we brought these to the registered manager’s attention. For example, hand written changes to the directions on the records of administration had not been signed to show who had made the amendments.

The failure to make suitable arrangements for the proper and safe management of medicines is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Attention had been given to ensuring that other aspects of the medicine arrangements were safely managed. Medicines were stored in a designated area which was kept locked. Checks were undertaken to ensure the medicines were being stored at the correct temperature.

People told us they received their medicines at the correct times. They said staff stayed with them so they could be sure the medicines had been taken and there were no concerns arising from this. One person told us they managed their own medicines and said this worked well for them. Staff said the risks had been assessed to ensure the arrangement was safe for the person and others in the home.

Staff were knowledgeable about risks to people’s health and wellbeing and the action to take to reduce these. For example, staff mentioned the risk of harm to a person when being transferred using a hoist. We observed staff supporting a person in this way. Staff were familiar with the procedure, which was carried out in a calm and safe way. When talking about risks to people, one staff member said “it depends on the person” showing that risks were being considered on an individual basis.

Staff were aware of the action to take if they had a concern about a person’s wellbeing. Staff said, for example, that they informed a nurse of any changes in skin condition such as redness which could indicate pressure damage.

The staff we spoke with also understood their role in relation to safeguarding and following up any concerns relating to possible abuse. Safeguarding means taking action to protect vulnerable adults from abuse and ensuring that any concerns are reported to the appropriate agencies. Staff told us they had received training in safeguarding adults and there was a written procedure to follow. Records showed that safeguarding was discussed on a regular basis. This helped to ensure all staff were aware of the different types of abuse that can arise and these would be responded to in a consistent way.

People told us there were enough staff on duty to make them feel safe. One relative commented that it was a relief for them to know that staff were around. The registered manager explained how staff were allocated to work in

## Is the service safe?

different areas of the home depending on people's dependency levels. A minimum level of staffing had been determined and staff felt this provided people with a safe service. Rotas were planned in advance and additional staff

deployed to take account of people's individual needs and activities. Staff told us for example that this could include occasions when a person was ill or receiving end of life care at the home.

# Is the service effective?

## Our findings

People felt their needs were being met at Bridgemed. They spoke positively about the care they received and how staff went about their work. One person, for example, said “They have a good system for doing everything”. We were told that staff ensured people could, as far as possible, live as they wished.

Relatives said they had confidence in staff and their abilities. One relative commented on the fact that many of the staff have been in post for a long time, which meant they had a good level of experience.

Staff were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. One staff member commented “We never assume people don’t have capacity” but recognised that some people needed support to make decisions in their day to day lives. Staff gave examples of how they assisted people to make choices, for example about what to wear and how to spend their time.

Records showed that assessments had been undertaken when there was a concern about a person’s capacity to make an informed decision about their care. The registered manager confirmed the action that had been taken to ensure people who lacked capacity were not being unlawfully deprived of their liberty. This included applying the local authority for an authorisation under the Deprivation of Liberty Safeguards (DoLS). DoLS is the process by which a person in a care home can be deprived of their liberty if this is agreed to be in their best interests and there is no other way to look after the person safely.

Staff told us they were well supported in their work. They said training was provided which meant they were competent to care for people properly. Staff described their training as “very good” and said they were expected to keep their training up to date. Records showed that staff received training in a range of topics that were relevant to their roles. This included health and safety and subjects such as dementia and epilepsy which related to the needs of people at the home.

We observed people being well supported during the inspection. Drinks were readily available to people in their own rooms. Bowls of fruit were also available in the shared areas of the home.

At lunchtime, we saw that staff knew people’s needs well and the level of support they required with their meal. This included individual assistance with eating from staff who were well positioned to support the person. Staff recognised when other people would benefit from a ‘helping hand’. One staff member commented that people were encouraged “to maintain their independence” but received support when needed, for example to ensure their food didn’t go cold. We saw guards being used on some people’s plates which helped them to eat independently.

People spoke positively about the meals. For example, one person told us “The meals are good and I’m very choosy about food.” A choice of courses was available to people. The meals we saw, including the soft pureed ones, looked well presented. Serving dishes were used which meant that people could decide on the amount they wanted.

Staff received training and guidance which helped to ensure they were well informed about diet and nutrition. Staff spoke about their knowledge of diabetes and people’s individual dietary needs.

We were told that training in food allergy awareness had recently been arranged. Records showed that people’s needs were being assessed to identify those people who were at risk of poor nutrition and fluid intake.

Nurses were deployed to support people with their day to day nursing needs. Records showed that people were supported with obtaining the other services they needed in relation to their health and care. This included visits to the optician and dentist, and appointments with a chiropodist who came to the home. The registered manager said that GPs from several surgeries visited the home; people were usually able to keep their own GP when moving to Bridgemed. A health and social care professional told us they were contacted promptly if advice was needed and this was followed.

# Is the service caring?

## Our findings

People said the staff were caring in their approach. They spoke very positively about how staff went about their work. For example, one person commented "I have complete confidence in them and feel very comfortable when they do personal care". Other people told us "The staff care about me", "We have a good relationship" and "The staff are very caring in their attitude. Staff were described as "Kind and willing", Perfect" and "Gentle".

We observed staff interacting with people in a friendly and respectful way. Staff listened to people and took time to explain what they were doing. It was evident that the staff had got to know people well and were aware of people's individual preferences and their likes and dislikes. People said they appreciated the friendliness of staff. They told us, "We have a good laugh" and "We have a bit of fun, I don't think it could be done any other way." People's comments indicated that humour was used appropriately.

People's privacy and dignity were respected by staff. We were told staff always knocked on doors. People gave examples of how their privacy was respected, such as by staff ensuring curtains were closed. Engaged signs were used on people's doors to indicate when personal care was being provided. People at the home and their relatives all agreed that people were treated with dignity and respect and their privacy was respected.

Relatives spoke positively about how their family members were treated. One relative commented "I get on well with the staff" and they said they were happy with the care and support provided. We heard that for the most part, staff were "cheery"; although staff differed in their personalities we were told a respectful approach was maintained. Another relative described the "loving way" in which their family member was cared for by staff. They said it was clear to them how much their family member liked the staff, especially their key worker. One relative mentioned staff having a "Good sense of humour". A health and social care professional commented about the staff "They are welcoming, friendly and obviously care deeply for all the residents."

Staff carried out their tasks in a caring manner. When using a portable hoist, we saw that staff reassured the person and kept them informed of what was going to happen next. The person looked relaxed throughout the procedure. At

lunchtime, staff ensured that people were well positioned at their tables and comfortably seated. Throughout the inspection, we observed staff asking people how they were and checking if there was anything they needed.

Training and guidance was provided which promoted a caring approach from staff. Staff told us about training they had received which focused on the caring nature of their work. They said this was covered in subjects such as equality and diversity, awareness of depression, living well with depression and end of life care. We also heard that the question "Is the service caring" had been used as the topic for discussion between staff and management about how to enhance the service that people received.

Relatives gave examples of what they felt was a caring approach by staff. One relative commented on how well dressed their family member was; they said staff made sure that clothes were well co-ordinated, including jewellery which had been an important factor in their family member's life. The people we met with looked to be well supported with their personal care and appearance. We were also told about a member of staff who had come in specially to accompany a person on a trip out to where they had lived for most of their life. We heard about the positive impact this had had on them.

People and their relatives spoke very positively about the ethos of the home and how this made them feel. There were links to a number of local churches and people told us they appreciated the visits made to the home by ministers. There were daily 'quiet times', which people with faith, or with no faith, could choose to participate in. One person told us there was a "community spirit" at the home and another commented "It is not just a place to live, it is my home".

Relatives said they were made to feel welcome and had got to know staff well. A staff member told us they were a keyworker which meant they had specific responsibilities in relation to a number of people at the home. These included being a point of contact for family members; the feedback we received indicated that the keyworker system was working well. One person was appreciative of the support they had recently received from their keyworker with preparing for a holiday.

The home provided opportunities for people to maintain independence and entertain their visitors. These included a number of 'family rooms' in the home where people could

## Is the service caring?

meet in small numbers and make their own drinks and snacks. There were other indoor and outdoor seating areas

with different outlooks which were available to people. People's own rooms looked homely and were well personalised with pictures, furniture and items of memorabilia.

# Is the service responsive?

## Our findings

People told us the home was meeting their needs. They said their individual preferences were being taken into account in how support was provided. One person, for example, told us about their evening routine; they said staff were aware of this and provided assistance when it was needed. People said they were able to get up and to go to bed at the times they wanted.

People's needs had been assessed to identify the care they required. Individual plans had been written which set out the care and support that had been agreed with people. They covered a range of needs in relation to personal care and the social and cultural aspects of people's lives. The plans related to needs which were specific to the individual. One person, for example, had a care plan for diabetes. We saw another plan that covered visual impairment. This included guidance for staff about how to reduce the risk of social isolation for this person.

Records showed that people's care plans were being kept under review. Staff made regular entries in people's records, including daily reports and a monthly summary of their care and support. Overall, the records were detailed and provided information to use when people's care was being reviewed and evaluated. However there was some inconsistency in the standard of recording and we brought this to the attention of the registered manager.

Staff said the records helped them to keep up to date with changes in people's care needs. Care staff told us they reported on changes they observed, for example in a person's skin condition. A nurse would then assess its significance and take any follow up action that was needed.

Staff spoke about responding to people's needs in a holistic way. We found that people were supported to follow their interests and to take part in social events. People told us a

varied programme of activities was available in the home. This included art and craft sessions and activities relating to current events. We also saw people occupying themselves, for example by listening to music, chatting with friends and reading books and newspapers.

Other activities were arranged which helped people to maintain links with the community. On the day before our inspection, a number of people had been to a nature reserve using community transport. We heard that children from a local primary school visited on occasions. Volunteers provided additional support to people with non-care tasks and activities.

Items made as part of the activities programme were on show and provided areas of interest for people and their visitors. There was good signage in the home and information displayed which was helpful to people and promoted their independence. For example, a guide to using the televisions had been produced and there were clear instructions about the use of facilities.

A monthly newsletter was produced which people at the home contributed to. There were a number of ways in which people could give their feedback about the home. Surveys were used to gain people's views about different aspects of the home, such as the food, laundry and accommodation. Meetings were held, usually alternating with the surveys, when people could raise any issues and talk about matters relating to the home.

The people we spoke with told us they had not needed to make a complaint. They said they would talk to one of the staff or to a family member if they had a concern. A written procedure was displayed in the home so that people were informed about how to make a complaint. The registered manager had kept records in relation to former complaints and how these had been followed up. We found that the few complaints received had been taken seriously and used as opportunity to improve the service.

# Is the service well-led?

## Our findings

People told us they found the registered manager to be very approachable. They felt able to discuss any worries or matters with them. One person commented that they were sure the registered manager would take any concerns seriously and investigate them thoroughly.

Relatives spoke favourably about the availability of the registered manager. We saw the registered manager gave people time during the inspection and responded positively to their questions. Comments generally from people and their relatives indicated their satisfaction with the service. For example, people mentioned that they would recommend the home to others. Relatives felt their family members were settled in the home and had good relationships with the staff and management team.

The staff we spoke with felt supported in their work. They told us they attended supervision meetings and their performance was assessed on an annual basis. One staff member said there was "Good communication from top to bottom." This included the contact staff had with managers and with the provider.

The provider was a charitable organisation with trustees who maintained regular contact with the home. We heard that the trustees contributed in a number of ways to the running of the home. The registered manager told us they felt well supported by the trustees; we heard about the trustees' different skills and experience and how this benefited the running of the home. One staff member commented "The trustees ask how we are, they look after us as well as the residents."

The aims and ethos of the organisation were clearly publicised. These focused on the quality of life for older people, based on some key principles. The feedback we received from people at the home, their relatives and professionals showed that the service was meeting people's needs well. Staff understood how their work contributed to the quality of service people received and

spoke positively about their roles. They described the values of the service as "Treating people as you would want to be treated", "Putting residents first" and creating a "Lively, family atmosphere".

Staff told us they felt able to discuss any issues with the registered manager or with the provider. They said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work.

Policies and procedures had been produced to guide the management and staff team in their work. These included guidance on maintaining health and safety and responding to any accidents and incidents. Records were maintained about significant incidents and events. These included information about the circumstances leading up to the incident and the action taken to help prevent a reoccurrence. We saw from the records that this information was shared between staff and learning points arising from incidents were discussed.

Arrangements were being made for checking the quality of service people received. The trustees undertook a monthly inspection which looked at aspects of the home such as the premises, staff training and the occurrence of significant events. Matters in need of attention, and the actions to be taken in connection with these, were identified in a report.

The registered manager told us about other checks and audits being carried out. These covered areas such as care documentation and medicines. There was limited documentation in relation to these checks, which meant it was difficult to assess how well any shortcomings were being identified and followed up.

Action was being taken to ensure the service was responsive to new developments. The home worked in conjunction with the local authority and had been involved in pilot schemes. This included, for example, the use of a new survey for gaining feedback from the people who used the service. The registered manager told us about other developments and improvements that were being looked at. Consideration was being given to a new system of care planning.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person was not always operating a safe and effective recruitment procedure.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person was not making suitable arrangements for the proper and safe management of medicines.