

# Blake UK Care Services Limited

# Bridlington Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bridlington Lodge is a residential care home providing personal care for up to 20 young adults or older people some of which may be living with dementia. At the time of our inspection there were 19 people living at the service.

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

The environment did not always support people to remain safe. Communal areas displayed hazards such as trailing electrical wires and broken window seals. People did not always receive their medicines as prescribed. The service was not always clean, and some areas did not always support effective infection control measures.

Systems and process to monitor the quality of the service were not always effective. They did not reflect the concerns we found in relation to the environment or management of people's medicines.

Quality assurance audits completed around people's care and wellbeing were detailed and effective in identifying improvements and monitoring these. Staff felt supported by the manager and the manager was keen to address the concerns found during the inspection.

People told us they were happy living at the service. People and their relatives told us there was enough staff and staff were kind and caring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

### Rating at last inspection

The last rating for this service was requires improvement (12 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

### Why we inspected

We received concerns in relation to fire safety at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

### Enforcement

We have identified breaches in relation to environment, infection control, management of medicines and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bridlington Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 2 inspectors.

#### Service and service type

Bridlington Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bridlington Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager intended on applying to become registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who lived at the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the nominated individual, the manager, the deputy manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out a visual inspection of the home to assess the living environment and observed interactions between staff and people who lived at the home. We reviewed a range of records. This included 3 people's care records, and multiple medication records. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last rated inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The environment was not always safe. Communal areas were unclean, poorly maintained and exposed people to the risk of harm.
- Effective cleaning of people's bedrooms did not always take place. For example, dirt and faeces were found on a curtain tie back and in bathrooms .
- Staff did not always follow appropriate infection control practices. For example, we observed a used incontinence aid and dirty laundry left on the floor in a person's bedroom.
- Regular health and safety checks were completed but they did not identify and reflect the multiple broken window seals or exposed wires observed in communal areas during the inspection.
- Equipment used to support people with their care was dirty and worn. This did not promote effective infection prevention or control at the service.

The provider failed to ensure the equipment and premises were clean and properly maintained was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People did not always receive their medicines as prescribed. For example, records showed that people who required time specific medicines to be given 30 to 60 minutes before food were given these medicines with other medicines that required to be given with food.
- Documentation to support the safe administration of medicines was not always accurately completed. For example, one person received an 'as and when required' medicine for agitation and distress. Records showed that staff administered this medicine when they were settled and content.
- Regular audits of people's medicines were completed. However, these audits had failed to identify the concerns we found during the inspection.

We found no evidence people had been harmed. However, people were exposed to the risk of harm by a failure to ensure the safe and proper management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider confirmed they had taken action to ensure all time specific medicines were given as directed.

Systems and processes to safeguard people from the risk of abuse

- People at the service felt safe. Comments from people included, "It is not so bad here, I can go and speak to the staff about anything and they will help me" and "It's good here and I don't think about anything bad."
- The service had a safeguarding policy and the management team followed internal and external processes to keep people safe.
- Staff had access to appropriate training and understood how to raise any concerns about poor practice.

#### Learning lessons when things go wrong

- Systems and processes were in place to monitor accidents and incidents and identify themes and trends. These were used to prevent reoccurrence and to support staff learn lessons.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The manager and staff had a good understanding of MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. Care plans were in place to ensure staff had information about people's capacity needs.

#### Staffing and recruitment

- There were enough staff to meet people's needs. People told us there was always staff around to support them.
- Appropriate recruitment checks were completed. However, it was not always clear from records if these checks had been completed by the provider. This had been addressed by the manager and an action plan was in place to improve recruitment documentation at the service.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in line with government guidance.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last rated inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to monitor the quality of the service required improvement. Audits did not highlight issues which had been identified during this inspection, such as, the risks within the environment, infection control and management of medicines.
- The environment did not promote the providers values and ethos of providing a calm and dementia friendly environment for people. Areas of the service were chaotic and untidy.
- People's records were not always kept secure.

Failure to ensure systems and processes were operated effectively to monitor and improve the quality of the service and ensure security of records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality audits for people's wellbeing and health were completed on a regular basis and supported the manager to identify improvements. These improvements were shared with staff during regular meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People told us they were involved in decisions about their care.
- Relatives felt the manager was approachable and confident they would address any concerns raised appropriately. One relative said, "The manager is good, they always listen and act on what we say."
- Regular meetings were held with staff to address any concerns and make improvements at the service. Staff felt supported by the manager. Comments from staff included, "They [manager] are supportive, if there is anything I don't understand, they spend time to go through it with me" and "They [manager] is always about if I need anything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the importance of been open and honest with people, their relatives and professionals. Duty of candour had been followed where accidents and incidents had occurred.

Continuous learning and improving care; Working in partnership with others

- Following the inspection, we referred our concerns to the local authority infection control team. The manager was keen to work with professionals to address the concerns found within the environment
- Staff knew people they supported well and worked collaboratively with healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure safe management of medicines.  12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure the environment and equipment was clean and well maintained.  15(1)(a)(e)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the services. The provider failed to securely maintain peoples personal records.  17(1)(2)(a)(b)(c)(d)