Cumbria County Council

Bridge House

Inspection report

Manor Side
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Grange-over-Sands
Cumbria
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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

Bridge House is a purpose built care home set in its own grounds, a short walk from the amenities of Flookburgh village. There are single rooms for 39 residents, provided over three floors. The ground and second floors are designated to caring for people with varying levels of dementia. The top floor provides residential care for the elderly and frail. On the day of the inspection there were 28 people living in the home.

We last inspected the home in November 2014. At that inspection the service was rated as Good. This comprehensive inspection took place on 18 and 19 September 2017 and was unannounced on the first day. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the (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.

Medicines were being administered and recorded appropriately and were being kept safely.

During the inspection we saw there were sufficient numbers of suitable staff to meet people's needs. Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively

the safety and quality of the home.

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

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bridge 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 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 comprehensive inspection took place on 18 and 19 September 2017 and was unannounced on the first day. The inspection team consisted of a lead adult social care 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, the registered manager completed 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 reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the registered manager, duty supervisor, a visiting health professionals, seven people who used the service, three relatives and three staff. We observed how staff supported people who used the service and looked at the care records for eight people living at Bridge House.

We looked at the staff files for five staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole

team. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Good

Is the service safe?

Our findings

People living at Bridge House told us they felt safe. One person said, "I am perfectly safe. I am quite happy here." A relative told us, "My relative is very safe. There has been nothing to make us feel that she is unsafe." Another relative said, "I would raise any concerns if I saw anything unsafe."

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a supervisor or the registered manager.

Staff demonstrated that they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. We also saw where one person required a bit more support there was sufficient staff available to constantly reassure them.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. People living in the home told us "There is always enough staff". One person said, "I think there is enough staff. I do what I can for myself but when I press my buzzer someone comes relatively quickly." Another person said, "There is enough staff and they are always tidying up." A relative we spoke with said, "There always seems to be enough staff around and there is always someone to talk to." Staff we spoke with told us they felt that staffing levels were sufficient and they had time to spend chatting with people. The number of staff on duty at night was adequate to meet the needs of the people living in the home at the time of the inspection. We were told that this number of staff could, if required, be increased based on the needs of people should they vary.

We looked at five staff files for recruitment and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were from the most recent previous employer in accordance with the homes recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

We saw the environment was kept clean and that a number of refurbishment works had been planned to improve some areas of the home.The laundry had appropriate machinery and cleanable walls and floor. However there was only one door to enter with dirty laundry and leave with clean laundry. Ideally, a laundry should be designed to have dirty and clean entrances to minimise the risk of recontamination of linen. To

reduce contamination risks there was a modified flow through system to reduce the risk of cross infection. The refurbishment plans we saw for the home included reconstruction of the laundry room.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We looked also at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food served and there was always plenty of choice. One person told us, "On the whole I enjoy the meals, they are quite good and there are always alternatives if I want them instead." Another person said, "The meals are superb and they are healthy. The puddings are excellent, I could never go hungry, or thirsty, in here." Relatives we spoke with said, "The meals are excellent, the food is plentiful, high quality and they cater for all tastes" and "My relative was malnourished when they first came here, now they are getting overweight as they love the meals."

We observed that people had regular drinks and snacks throughout the day. Lunchtime was observed to be a relaxed and very sociable event. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician. A visiting health professional we spoke with said the staff were very proactive in seeking advice about people's health needs.

We looked at the staff supervision and training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with told us they had been provided with the necessary training to enable them to do their job. One care worker said, "I have just completed a manual handling course and there are several other courses I have been on and there are also regular refresher courses." We were also told, "I have a supervision every 6 weeks." A person living in the home told us, "I am confident the staff know what they are doing."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 conditions on authorisations to deprive a person of their liberty were being met. We saw that authorisations and applications for authorisation were in place to ensure people were kept safe.

We found the registered manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Where relevant we were told independent advocacy could be arranged.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of

care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

Good

Is the service caring?

Our findings

People living and visiting at Bridge House told us the staff were kind and caring. We were told, "They [staff] are caring" and "They [staff] have the patience of saints." A relative said, "They [staff] are very kind and very nice." Another relative said, "More than happy with the care here. I cannot praise them highly enough." We were also told, "Despite the huge disadvantage of having a 40 year old building, the entire team at Bridge House give truly outstanding care."

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for inspection, (SOFI) to observe how people who were living with dementia, and who could not easily express their views, were being supported and approached by staff. We observed that the interactions between staff and people living in the home demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. One person we spoke with told us, "My dignity is always protected."

Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion. We heard conversation and laughter between the staff and people living in the home. We saw that the staff gave people time and encouragement to carry out tasks for themselves. We were told by people living there, "The staff prefer that I do as much as I can for myself but if I ask they will help me with anything, they keep me going." All of the people we spoke with said that the staff supported them to do as much as they could for themselves so as to maintain their independence.

People had access to advocacy services and independent support should they require or want this. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. Staff we spoke to told us, "We regularly read the care plans so that we are aware of all aspects of the residents care."

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

Staff were respectful of people's cultural and spiritual needs and we saw that holy communion was

available once a month for the residents who wanted it.

Good

Is the service responsive?

Our findings

We saw people could engage in activities of their choice. People were supported in attending their own regular social events in the local community or with visiting friends and relatives. The home held regular activity sessions and social events. The home also invited the local community to events in the home such as coffee mornings. We also noted that a number of people also preferred to spend time individually in their own rooms. The home had a secure patio and garden where people were able to spend time out of doors as they wished.

We were told by the registered manager about and given details of the providers imminent plans to alter and improve areas of the home that would provide a much more pleasant and conducive environment for people living there.

We looked at the care records for eight people living in the home. Each person had a care plan that was tailored to meet their individual needs. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person said, "I do have a care plan, and I have signed it." Another told us, "I have seen my care plan." A relative said, "We were involved in the care plan and we have been invited to review it."

From the records we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. A member of staff said, "We have to regularly read the care plans so that we are aware and up to date with any changes in residents care."

The home had a complaints procedure and we saw that no formal complaints had been made since the last inspection. Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed that their concerns would be acted upon. One person told us, "I have never had any need to complain." Another person told us, "I have no worries or complaints but if I did I would just speak with the staff." The registered manager told us they preferred to deal with people's concerns as and when they arose.

Good

Is the service well-led?

Our findings

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 we spoke with told us they thought the home was well managed. One person told us, "Staff listen to me and the manager is very good." Another person said, "The manager comes round every day to say hello and ask if I am alright." A relative we spoke with said of the registered manager, "She is always available, and visible."

Staff we spoke with said that they enjoyed working in the home. One staff member who had worked in the home for alot of years told us, "It's really nice to work here. I feel very valued."

We saw that regular residents meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

Areas of the home were undergoing a refurbishment and initial work had commenced with the replacing of the lift. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home.