

The Bridgings Limited

# The Bridgings Limited (Middlesbrough)

## Inspection report

116-118 Woodlands Road  
Middlesbrough  
Cleveland  
TS1 3BP

Tel: 01642242886

Date of inspection visit:  
11 April 2018

Date of publication:  
17 May 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 April 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

At the last inspection in January and February 2017 the service was rated Requires Improvement. We also identified a breach of regulation in relation to the safety and condition of the premises and equipment. This was because tests of the fire alarm, emergency lighting and electrical installation had not been carried out by someone qualified to do so. In addition, the premises and furniture was not properly maintained. We took action by requiring the provider to send us plans setting out how they would address this. When we returned for this latest inspection we found that action had been taken and the service was no longer in breach of regulation.

The Bridgings (Middlesbrough) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 10 people with learning disabilities or autism were using the service.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service.

The registered manager carried out a range of checks of the premises and equipment to ensure they were safe to use. Plans were in place to support people in emergency situations. Risks to people were assessed and steps taken to address them. Measures were in place to ensure appropriate standards of infection control. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment policies minimised the risk of unsuitable staff being employed.

The premises had been redecorated since our last inspection. Staff were supported with regular training, supervision and appraisals. 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. People were supported to maintain a healthy diet. People were supported to access external

professionals to monitor and promote their health.

People and their relatives spoke positively about the support provided by staff at the service. Throughout the inspection we saw numerous examples of kind and caring interactions between people and staff. People told us they were treated with dignity and respect. People were supported and encouraged to maintain their independence. People were supported to maintain interests and relationships they had enjoyed before moving into the service. The service had received a number of written compliments from relatives of people using the service. We found the service had listened to family members as natural advocates for people to learn about people who used the service.

People received person-centred support that responded to their needs and preferences. People were supported to maintain their hobbies and interests and access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints and to arrange End of Life care if needed.

Staff spoke positively about the culture and values of the service and said they were supported in their role by the registered manager. The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people, relatives and external professionals who worked with the service. The registered manager and staff worked to create and sustain links with a number of community organisations to help improve the health and wellbeing of people at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

### Is the service effective?

Good 

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

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

### Is the service caring?

Good 

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

### Is the service responsive?

Good 

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they would use it.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff spoke positively about the culture and values of the service.

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

# The Bridgings Limited (Middlesbrough)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, the local fire brigade and other professionals who worked with the service to gain their views of the care provided by The Bridgings (Middlesbrough).

During the inspection we spoke with three people who used the service. We spoke with one relative of a person using the service. We also spoke with an external professional who was visiting the service during the

inspection. We looked at two care plans, three medicine administration records (MARs) and handover sheets. We spoke with four members of staff, including the registered manager and three support workers. We looked at one staff file, which included recruitment records.

# Is the service safe?

## Our findings

At the last inspection of the service in January and February 2017 we identified a breach of regulation in relation to the safety of the premises and equipment. Tests of the fire alarm, emergency lighting and electrical installation had not been carried out by someone qualified to do so. We took action by requiring the provider to send us plans setting out how they would address this. When we returned for this latest inspection we found that action had been taken and the service was no longer in breach of regulation.

The registered manager carried out a range of checks of the premises and equipment to ensure they were safe to use. An annual risk assessment was completed to see if improvements were needed to keep people safe. Required maintenance and test certificates were in place, including for gas and electrical safety. Accidents and incidents were monitored to see if any lessons could be learnt to help keep people safe.

Plans were in place to support people in emergency situations. Regular checks were made of fire fighting systems and equipment. Fire drills, including practice evacuations, were carried out so people and staff would know how to respond in emergency situations. The provider had a contingency plan in place. This contained guidance to staff on providing a continuity of care in emergency situations that disrupted the service.

Personal risks to people arising out of their health and social support needs were assessed and monitored. Where a risk arose plans were put in place to reduce the chances of this occurring. For example, one person liked to walk out into the local community. This had been risk assessed to ensure the person understood road safety and other issues that would allow them to enjoy walking safely. Another person had a risk assessment in place to help them use the kitchen safely. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

People told us they felt safe living at the service. One person we spoke with said, "The staff make me feel safe." Another person told us, "I like it here. Having the staff makes me feel safe." A relative we spoke with said, "Yes, they are very safe. They feel safe in that environment. I think there is someone there all the time, 24 hours. They know where they are in that environment. I think everything they do reassures me, there's nothing lying about that could harm them, like implements or substances. I am very happy with their care and they feel very safe and happy where they are."

Measures were in place to ensure appropriate standards of infection control. The service was clean and tidy and communal bathrooms had been cleaned and mopped out before we arrived. Staff had access to the provider's policies on infection control and hand hygiene. Stocks of cleaning products and personal protective equipment (PPE) were in place. People were encouraged to help with keeping the premises clean and tidy, and a rota was in place to organise this. One person we spoke with said, "The staff help us. They help us to do our bedrooms, polishing and hoovering."

Policies and procedures were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy, which contained guidance on the types of abuse that can occur in care settings and

how staff should deal with them. There were posters in communal areas telling people living at the service that they should report any concerns or worries they had, and how they could do this. Staff we spoke with said they would not hesitate to report any concerns they had. One member of staff we spoke with said, "I would report anything straight away, and I always tell the residents to do it."

People's medicines were managed safely. Staff had access to the provider's medicine policy, which contained guidance on medicine administration. Staff also received appropriate training in medicine administration. The medicines people were taking were recorded in their care plans and on individual medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs contained a personal profile that included the person's photograph, which reduced the risk of medicine being given to the wrong person. We reviewed three people's MARs and saw they had been completed without gaps or errors. Medicines were safely and securely stored. Daily temperature checks were carried out to ensure medicines were being stored appropriately.

During the inspection the service was also visited by an external professional from the local medicines optimisation team. This team is part of the local NHS commissioning support unit, and helps health and social care providers to review and improve their medicine practice. The external professional was carrying out a follow-up visit, following a visit earlier in the year where some minor issues with medicines had been identified. The external professional told us, "It's brilliant. All fine. They've done the things we found last time." People told us they received their medicines when they needed them. One person told us, "I always get the tablet on time." Another person we spoke with said, "The staff give me my tablets at the same time every day."

The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. Staffing levels were based on the assessed level of support people needed, and this was regularly reviewed. There was always at least one support worker at the service at all times. During the day another support worker was either at the home or out assisting people to access local day centres and other amenities. One person had recently been assessed as requiring extra support, and funding was obtained to provide them with one to one support from a support worker. The registered manager was also present during weekdays and supported people. Staff absence through sickness or holiday was covered either by staff volunteering to work extra shifts or by staff from the provider's other services in the area assisting. The registered manager told us, "We never work short." During the inspection we saw that staff had time to support people in a relaxed and unhurried way, as well as to interact with them socially.

People told us there were enough staff at the service. One person we spoke with said, "Yes, there are enough staff." Staff also told us there were enough staff at the service to keep people safe. One member of staff told us, "Oh yes, there are enough staff here."

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history. Written references were sought, including from the applicant's current or most recent employer. Before job offers were made proof of identity was sought and a Disclosure and Barring Service (DBS) check carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

## Is the service effective?

### Our findings

At the last inspection of the service in January and February 2017 we identified a breach of regulation in relation to premises and equipment not being appropriately maintained. Some furniture was tired and damaged, and some areas of the service were in need of redecoration. We took action by requiring the provider to send us plans setting out how they would address this. When we returned for this latest inspection we found that action had been taken and the service was no longer in breach of regulation.

The service is based in an older building with narrow staircases and a modern extension. The narrow stairs and hallways appeared to be recently decorated. The carpets showed evidence of heavy use in places but were adequate and serviceable. The furnishings in the lounge and dining areas were in good condition considering the heavy use they received. The bedrooms were well furnished and individually decorated. The furniture in the bedrooms was a mixture of different shapes and sizes, making each bedroom look individual. People had been supported to customise their rooms according to their preferences. The registered manager told us the service had been redecorated since our last inspection. We did see that one communal bath had a crack in the side. We saw that the damage had been recorded in the provider's maintenance book and that plans were in place to repair it.

Staff received a range of mandatory training in order to provide effective support. Mandatory training is the training and updates the provider deems necessary to support people safely. Mandatory training included basic life support, moving and handling, safeguarding, fluid and nutrition and health and safety. Training was refreshed annually to ensure it reflected current best practice. The registered manager monitored staff training on a chart, and this showed that training was either up to date or planned.

Newly recruited staff were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. They also had to complete the provider's induction process, which included an introduction to people living at the service and reviewing the service's policies and procedures. Staff spoke positively about the training they received. One member of staff told us, "We can access the training we need. The provider has arranged training for us on any new needs." They then gave an example of training that had been arranged when a person's support needs had changed when they were diagnosed with a condition. This meant procedures were in place to ensure staff had the skills and training needed to support people effectively.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of supervisions and appraisals showed they were used to openly and honestly discuss any support needs that staff had and to review their training. Staff spoke positively about supervisions and appraisals. One member of staff told us, "We can review any concerns and we're asked how it is going."

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 is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. At the time of our inspection one person was subject to a DoLS authorisation. This was clearly recorded in the person's care records. Staff received training on the MCA and DoLS and understood issues of capacity and consent. Throughout the inspection we saw people being asked for their permission before staff offered support and of making decisions for themselves about what they would like to do.

People were supported to maintain a healthy diet. Dietary support needs and preferences were recorded in people's care records, and we saw that these were acted on during the inspection. For example, one person was encouraged to eat independently but with staff providing assistance if they appeared to be struggling. We saw this taking place during lunch on the day we visited. People were involved in designing the weekly menu and to attend the supermarket with staff to buy the shopping for it. During the inspection we saw people discussing with staff ideas for what they would like to put on the shopping list. People were also encouraged to be involved in meal preparation and we saw this taking place during our visit. People were also supported to use the kitchen to prepare drinks and snacks. We sat with people as they enjoyed breakfast and lunch at the service, and they spoke positively about the food they received. One person told us, "The tea here is very nice. I like fish and chips." Another person said, "I like this place, you get good food. I like to buy pasties. We have a takeaway on a Thursday."

People were supported to access external professionals to monitor and promote their health. Care plans we looked at contained evidence of close working with professionals such as dietitians, chiropodists, incontinence services, GPs and nurses. The registered manager told us that as people at the service got older they were learning more about professionals who specialised in care for older people. This meant procedures were in place to help people access the healthcare professionals they needed.

# Is the service caring?

## Our findings

People and their relatives spoke positively about the support provided by staff at the service and said they enjoyed living there. One person told us, "It's a friendly place to live." Another person said, "I like it here. It's a friendly atmosphere." A relative we spoke with told us, "The staff are wonderful. When we have been out with them (the person living at the service), I can bring them back and I can drive away knowing that they are comfortable."

Most of the people had been living at the service for a number of years. Staff turnover was low, which meant people and staff knew each other very well and had formed close, friendly but professional relationships. Staff were able to describe people's interests and routines in detail, and when we spoke with people it was also clear that they knew staff well.

This meant that throughout the inspection we saw numerous examples of kind and caring interactions between people and staff. For example, when one person returned to the service they appeared to be anxious. The registered manager had a chat with the person about what was bothering them, which they shared, and explained how they would both act to tackle it. We saw another member of staff joking with a person that they should not leave the building before telling us what they thought of the service. The person joked back that they would run away before staff could catch them. We sat in communal areas throughout the inspection and saw people and staff chatting and interacting throughout the day.

People told us they were treated with dignity and respect, and we saw that this was the case. Where staff wanted to ask people a personal question they did so away from other people to maintain their privacy. Staff knocked on people's doors before entering their rooms, and asked people if we had their permission to view their bedrooms. One person told us, "They knock on my door before they come in."

People were supported and encouraged to maintain their independence. Throughout our inspection we saw staff supporting people to carry out tasks for themselves, including planning activities, cooking and cleaning. Staff understood the importance of helping people to maintain and develop their independent living skills. One person we spoke with said, "I chose my own curtains. We went on Amazon for them." Throughout the inspection we saw that the emphasis was on the service being the home of the people living there. For example, most people spent time in the communal areas, using the kitchen and spending their time how they wanted to.

People were supported to maintain interests and relationships they had enjoyed before moving into the service. For example, one person was actively involved with a local church and staff supported them in this by assisting them to attend services. The registered manager and staff understood that relationships might form between people living at the service, and that they had in the past. Where this was the case people had a relationships care plan in place setting out the type of relationship they would like and how staff could support this. This meant people were supported to live as full and rich a life as possible.

The service had received a number of written compliments from relatives of people using the service. The

registered manager shared these with staff so they were all aware of the positive feedback they had received. One recent thank you card stated, 'Just want to say a huge thank you.'

At the time of our inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We also found the service had listened to family members as natural advocates for people to learn about people who used the service.

## Is the service responsive?

### Our findings

People received support person-centred support that responded to their needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

People's support needs were assessed before they moved into the service. Where a need was identified a plan was drawn up based on the type of support the person needed and wanted. People had plans in place covering a range of areas, including eating and drinking, personal care, sleeping patterns, mobility, domestic skills and medical and physical needs. Care plans were personalised and contained details on the things people wanted to do for themselves and those they would welcome support with. For example, one person's personal care plan said they liked to do as much as possible for themselves but that staff should assist them with using the toothbrush to clean their teeth. Another person's plan said they liked to wear the same clothes most days but would welcome encouragement to try something new. People's care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

People and their relatives told us staff provided the support people wanted and needed. One person told us, "I get a bath every day after tea. I get help to go in the bath." Another person said, "The staff sit and have meals with us." People also told us they were involved in planning and reviewing the support they received. One person told us, "Yes, I can talk about my care plan."

People's communication support needs were assessed and recorded to ensure they could express themselves as fully as possible and access information. For example, one person was limited in how much they could communicate verbally so their care plan contained guidance to staff on the gestures and phrases they would use to communicate. People who used visual aids such as glasses or magnifying glasses had these in place. Documentation such as feedback questionnaires were made available to people in an easy read format to ensure they could take part.

Handovers were held at the end and beginning of each shift to ensure staff had the latest information on people's support needs. We saw a handover taking place and saw that it was used to discuss the general health and wellbeing of people living at the service. This meant procedures were in place to ensure staff had the information needed to provide support that responded to people's needs.

People were supported to maintain their hobbies and interests and access activities they enjoyed. Some activities were provided at the service, such as films and games. However, the main focus was on supporting people to develop their own activity plans and access things of interest to them. Some people at the service had jobs, while others spent most days at a local day centre. During the inspection one person told us they liked to have holidays, and they decided later that day they would like to book one. We saw the registered manager helping the person to book this, and the person told us later they were really looking forward to their trip.

People spoke positively about the activities they took part in. One person told us, "Sometimes I go on the

bus to Redcar. I like to have a walk around. I do my bedroom. I clean it up, Hoover and dust. I put new sheets on and make my bed. I go to the shop to get a Gazette." Another person we spoke with said, "I am going out later, down to the town, to have a look around and buy some biscuits. I like to watch TV in my room. I like to watch Emmerdale and Coronation Street. I like doing painting by numbers and I have a magnifying glass to help me."

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy that was made available to people when they started using the service. This set out how issues could be raised and how they would be investigated. There had been no complaints since our last inspection, but the registered manager explained how complaints would be investigated following the policy. People told us they were aware of the complaints process and knew how to use it. One person we spoke with said, "I have never had to complain. I would tell the staff if I had to". Another person told us, "I would talk to the staff to complain."

At the time of our inspection nobody at the service was receiving End of Life care but policies and procedures were in place to arrange this should it be needed. People were given the opportunity to discuss their final wishes if they chose to, and these were recorded in their care plans.

# Is the service well-led?

## Our findings

Staff spoke positively about the culture and values of the service. One member of staff we spoke with said, "I enjoy it. It's like a home from home. There are good staff relationships." People and their relatives also spoke positively about the culture of the service. One relative told us, "They make you very welcome, it's very homely. You could sit there all day for me, and that's not just the staff it's the residents as well. They are like one big family."

Staff said they were supported in their role by the registered manager, who was a visible presence around the service. People and their relatives also knew the registered manager well and said the service was well-led. One person told us, "[Name of registered manager] is the manager. She's the boss!" A relative we spoke with told us, "I am in regular contact with the Bridgings. All of the staff are very approachable at all times. It's very friendly and very informal. If there are any concerns, they will come to us."

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of care plans, medicines, health and safety and infection control. Each person at the service had an assigned key worker, and they were involved in care plan audits. This meant that staff who worked most closely with people were involved in reviewing their care plans. Where issues were identified we saw evidence that action was taken to address them. Because the service was relatively small the registered manager said they or staff usually spotted issues even without doing formal audits, and quickly addressed them.

Feedback was sought from people, relatives and external professionals who worked with the service. An annual questionnaire was sent out to these groups, and this had last been done in January and February 2018. Nine people, three relatives and three external professionals had responded to the questionnaire and had given positive feedback. One person had responded, 'Staff are there all of the time.' Another person had written, 'I like living at The Bridgings and I'm happy.' A relative had responded, 'Genuine care from the staff, they are always very supportive.' An external professional had written, 'Lovely atmosphere. It's a lovely home and very welcoming.' The registered manager said any suggestions or issues raised would be acted on and that they were currently reviewing the wording of some of the questions to ensure they were as accessible as possible.

Meetings for people at the service and their relatives were also held, and these were used as forums to give feedback. Throughout the inspection we saw staff speaking with people informally about how they were and any issues they might have. Regular staff meetings also took place. Minutes of these meetings showed they were used to review staff welfare, discuss the support needs of people at the service and discuss training. Staff told us they found staff meetings useful but said they would also be confident to speak with the registered manager at any time.

The registered manager and staff worked to create and sustain links with a number of community

organisations to help improve the health and wellbeing of people at the service. Some of the people living at the service had jobs, and the registered manager said kept in touch with their employers if any issues arose that staff could assist with. People were supported to access local amenities such as pubs, shops, cinemas and churches. After one person at the service was diagnosed with a condition the registered manager sought out a local support group for them to access, and said staff had also found this useful for increasing their knowledge.

The registered manager also worked with a number of services to help ensure staff had access to information on the latest best practice. They had recently worked with the local NHS commissioning support unit's medicine optimisation team to improve aspects of medicine management. The registered manager said they had recently been contacted by the local authority who had asked if they would like support with training, and this was currently under discussion. The provider operated two other services nearby and the registered managers all met regularly to share knowledge and discuss best practice.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.