

Ryedowns Limited

# Bridge House Care Centre

## Inspection report

280-282 London Road  
Wallington  
Surrey  
SM6 7DJ

Tel: 02086478419

Website: [www.abbeytotalcaregroup.co.uk](http://www.abbeytotalcaregroup.co.uk)

Date of inspection visit:  
24 July 2019

Date of publication:  
04 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bridge House Care Centre is a residential care home that was providing personal and nursing care to 31 people, mainly aged 65 and over, at the time of the inspection. The service can support up to 35 people in one adapted building, including people living with dementia and other neurological conditions.

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

Most of the feedback we received from people and their relatives was positive. One person said, "I think it's lovely here. I like it in here." Another person's relative told us, "It's superb in there, my [family member] is looked after well. We have no concerns."

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because the provider did not always have the necessary legal safeguards in place to ensure people's rights were upheld when they needed to be deprived of their liberty as part of receiving care and treatment.

However, the provider did support people to have maximum choice and control when making other decisions about their care and took all the necessary steps to ensure other decisions made on their behalf were in their best interests. People's needs were assessed in line with good practice guidance and staff had the knowledge, skills and support they needed to provide effective care. They supported people to access healthcare services when they needed to. People received a variety of food and drink that met their needs. The environment was adapted to meet people's needs, although one person felt their bedroom was unsuitable. The registered manager agreed to look into this.

Systems to protect people from avoidable harm were mostly robust, although some of the information providers are required to obtain about new staff was missing. However, the registered manager obtained this information promptly after we discussed it. There were thorough health and safety checks and individual risks to people were assessed and managed well. There were systems in place to protect people from the risk of acquiring infections. There were enough staff to care for people safely. Although medicines were managed safely overall, we have made a recommendation about the information that should be recorded for medicines prescribed to be taken only when required.

Although the registered manager was not always fully aware of their statutory requirements as described above, most aspects of management and leadership were robust. The provider effectively operated systems to check and improve the quality of most aspects of service provision. The service had a person-centred, open culture and the provider regularly sought feedback from people, their relatives and staff and used this to help them improve the service. The provider engaged well with other agencies and with the local community.

Staff were kind, caring and empathetic. They made an effort to get to know people well and build up good relationships. The provider promoted equality and supported people to understand what their rights were. People had opportunities to express their views about the care they received. They were involved in planning their care and staff respected their choices. Staff promoted people's privacy, dignity and independence.

People had detailed care plans to ensure staff had all the information they required to meet their needs. Staff knew about people's abilities, health conditions and what they needed extra support with. Staff used a variety of communication methods to make sure people understood them. People had opportunities to engage in a variety of activities, go on day trips and engage with the local community, including church services. The provider planned and delivered end of life care to help people have a dignified and comfortable death. We have made a recommendation about considering people's diverse backgrounds and interests when planning care.

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

#### Rating at last inspection

The last rating for this service was good (report published 4 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach of the regulation in relation to the need for consent. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Bridge House Care Centre

## 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 Care Act 2014.

#### Inspection team

This 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.

#### Service and service type

Bridge House Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we looked at the information we held about the service. This included previous inspection reports and notifications providers are required to send us about significant events that take place within their services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with nine people who used the service, two relatives, five members of staff, the registered

manager and two other representatives of the provider organisation including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations of staff supporting people and 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. We also looked at three people's care plans, three staff files and other records relevant to the management of the service such as audits and staff rotas.

#### After the inspection

After the inspection, we looked at additional evidence we had asked the registered manager to send us. We spoke with two commissioners and two other professionals who regularly visit the service. At the time of our inspection, there were some safeguarding concerns about a person who used the service. We have not reported on the outcome of this as it was still under investigation at the time of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear policy and procedure around preventing, recognising and reporting abuse. Senior staff discussed this with each member of staff on a regular basis to ensure they were familiar with it.
- The provider carried out appropriate investigations of any suspected or alleged abuse.

Assessing risk, safety monitoring and management

- The provider used a range of checks and processes to ensure the home environment was safe. These included robust emergency evacuation procedures designed to ensure each person was as safe as possible during evacuation.
- Records showed safety issues were identified, prioritised according to risk levels and dealt with promptly.
- Individual risks to people were managed appropriately. These were assessed as part of the care planning process and included risks associated with mobility and falls, moving and handling, developing pressure ulcers and malnutrition. Risk management plans were thorough and included detailed instructions about care tasks, use of equipment and how factors such as people's health conditions affected the level of risk, so staff knew what they needed to do to care for people safely.
- Staff supported people to take risks to support their freedom of choice. For example, if people wished to smoke, staff supported them to do this as safely as possible.

Staffing and recruitment

- There were enough staff to care for people safely. The provider had systems to cover staff absence at short notice. There were also systems to assess the staffing requirements of the home according to people's needs.
- The provider carried out checks to ensure staff they recruited were safe and of good character. However, while most of the necessary documentation was in place, all three of the staff whose files we reviewed had significant unexplained gaps in their work history. Providers are required to have a satisfactory written explanation of any such gaps on file. The registered manager collected this information promptly after we fed this back and told us they would check this for any new employees.

Using medicines safely

- Staff had the information they needed to administer people's regular medicines safely and in line with prescribers' guidance. People's care plans contained detailed information about their medicines, including how to identify and monitor side effects. However, there was not always detailed information about medicines prescribed to be taken only when required (known as PRN medicines). Although there was information about when the medicines should be offered, for some people this was missing details such as the maximum dose to be taken in a day.

We recommend the provider consults appropriate guidance about what information should be kept on file to help staff administer PRN medicines safely.

- Staff were trained and assessed as competent in administering medicines. Records showed people received all the medicines they needed.
- Medicines were stored safely in line with national guidance.

#### Preventing and controlling infection

- People were protected from the risk of infection due to poor hygiene. The home was clean and fresh smelling. There were systems such as cleaning checklists to ensure daily cleaning tasks were completed.
- Staff knew how to protect people from the risk of infections acquired through physical contact, including when caring for wounds and performing personal care tasks.

#### Learning lessons when things go wrong

- The provider carried out a monthly analysis of accidents and incidents to enable them to identify any patterns or trends that might indicate a common cause.
- The provider took prompt action when things did go wrong, such as referring people who fell frequently to appropriate services so they could have access to equipment, physiotherapy and any other support they needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's care, treatment and support was not always delivered in line with the law and guidance.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were sometimes deprived of their liberty without the correct legal processes being in place. The provider had made DoLS applications for two people who were deprived of their liberty, one of whom had been residing at the home for five months, but these had not yet been authorised. Although this was not entirely within the provider's control as they are not the authorising body, the provider had not followed the DoLS Code of Practice by putting an urgent DoLS in place which could then be followed up with the relevant authority. In one case, the person had already been using the service for a month before an application was made to the local authority.

Because the provider had not obtained authorisation before depriving a person of their liberty, they were in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the impact on people was reduced because the provider worked within the principles of the MCA when making other decisions about people's care. In the above case, the provider had consulted appropriate people to agree the admission to the home was in the person's best interests. They carried out assessments of people's capacity to make specific decisions about their care whenever this arose, and if people did not have capacity they followed the same 'best interests' process to help ensure people received care and treatment that was appropriate for them.

- An example of this was two people who were receiving medicines covertly (without their knowledge) and did not have the capacity to consent to this treatment. The service had a policy covering this and the

decisions to give covert medicines had for each person been agreed by prescribers and pharmacists to be in their best interests. When people did have capacity, the provider obtained their consent before providing care to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive assessments of their needs before they started to use the service. This included assessments of their physical and mental health to ensure people received care and support that met these needs.
- Staff were aware of current best practice guidance. They had opportunities to discuss this in staff meetings. This included information about supporting people safely, good nutrition and pressure area care.

Staff support: induction, training, skills and experience

- Staff had regular opportunities to meet with their supervisor to discuss their work and access the support they needed.
- Staff received a wide variety of training to ensure they had the knowledge and skills they needed. This included training around the specific needs of people currently using the service, such as meeting needs associated with health conditions and use of specialist equipment.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough to eat and drink, and risks around malnutrition and dehydration were managed appropriately. Where needs were identified in this area, staff managed risks by consulting appropriate professionals for advice, monitoring how much people ate and drank, and fortifying people's diets so they received the nutrition they needed. People confirmed staff supported them when they needed help to eat their meals.
- People received a variety of nutritious meals. Menus reflected people's requests, preferences and cultural needs. Snacks and drinks were available whenever people wanted them.

Staff working with other agencies to provide consistent, effective, timely care

- The provider shared information appropriately with other agencies to ensure people received personalised care when, for example, they needed to go to hospital. This included information about how people preferred to be cared for and what was most important to them.
- Staff sought expert advice when required and incorporated this advice and guidance into people's care plans to ensure the care they provided was effective. There were clear instructions about when staff would need to seek expert advice about how to meet people's needs.

Adapting service, design, decoration to meet people's needs

At our last inspection, we made a recommendation about making the environment more dementia-friendly. The provider had made some improvements to the home environment in response, such as changing the layout of the first floor to make it easier to navigate.

- However, one of the people we spoke with felt their bedroom was not suitable for them as they had to stay in bed due to ill health but had no view from their window and the room was not personalised. We noted from care records that this person had previously expressed a wish to spend time outdoors and had not been able to do so, meaning the lack of window view was significant to them. We fed this back to the registered manager, who said they would discuss the issue with the person and their family.
- The home was pleasantly decorated with pictures designed to encourage reminiscence and nostalgia. People told us they spent enjoyable time out in the garden where they could see a variety of wildlife.

Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed to manage both mental and physical health conditions. For example, staff knew how to monitor the blood sugar levels of people who had diabetes, what regular check-ups people needed and when to refer people to healthcare services.
- Staff supported people to see healthcare professionals when needed, including both specialist health services and regular healthcare such as dentist visits.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider supported people to understand their rights. People received a service user guide which included information about their rights and what they should expect from staff, including their rights around equality and diversity, dignity and involvement in care planning.
- Staff made an effort to provide care that was empathetic and understanding of people's feelings. For example, one person often presented behaviour that challenged the service but staff recognised this was because the person was in pain and made an effort to make the person comfortable rather than simply managing the behaviour. We observed staff asking another person if they were all right because they seemed quieter than usual, and checking whether they wanted to be included in a group activity.
- Staff knew people well and developed strong relationships with them. We observed staff interacting with people in a way that showed they understood people's preferences. Staff talked about people in respectful ways.
- Staff helped people to feel comfortable, with orientation aids such as reminding people about what date and time it was and what was going to happen later in the day.
- One person told us staff were not always kind and respectful, but everyone else we spoke with said they were. One person said, "The staff are lovely – all got a sense of humour. They are so kind."

Supporting people to express their views and be involved in making decisions about their care

- People had access to the information they needed to be involved in making decisions about their care. This included information about what care planning was, what support was available to them and how to access it.
- People were actively involved in planning their care and making decisions about their care. This was evident in people's care plans, where their views were considered.
- Where people had been supported to express their views, staff respected their wishes even if they considered them unwise. We saw examples of when people had made decisions against the advice of staff or healthcare professionals such as a person who did not wish staff to check on them at night. When they had made sure the person understood the risks of being left for long periods without being checked, staff respected the person's privacy and stopped doing the checks.

Respecting and promoting people's privacy, dignity and independence

- Staff considered how to promote people's independence even when their needs were very high. Care plans looked at how people could participate in care tasks as much as possible and how staff could work with them so people did as much for themselves as they could.

- People told us staff respected their privacy and dignity. Staff were able to tell us how they promoted privacy and dignity when providing care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed to make sure staff had all the information they required to meet people's care needs. This included information about continence management, personal care and any needs arising from health conditions, such as diabetes.
- People received personalised care. The provider gathered information about what was important to people. This included their preferences about how each care task was done with them, their likes and dislikes around food and their preferred daily routines.
- However, care plans did not contain much detail about people's life history, hobbies and interests or needs relating to diverse characteristics such as cultural background. This information would help staff provide care that enabled people to pursue their interests and meet needs relating to equality and diversity.

We recommend that the provider seeks advice and guidance from a reputable source around planning care to meet people's needs relating to equality, diversity and individual interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used different communication styles for different people, based on their needs. Staff were aware of communication barriers people faced and how to deliver information to them so they understood as much as possible.
- Some information was available in accessible formats, such as a pictorial staff board so people would know who was working. The registered manager told us they planned to produce accessible versions of their service user guide including Braille and audio formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to access the community. This included trips to a local garden centre and seaside outings. One person told us staff had recently helped them dress up and go out to a party and another person told us staff had arranged support for them to attend a friend's funeral the following week.
- People were encouraged to engage in meaningful activities. For example, one person was in charge of garden design as gardening was a particular interest of theirs. There was an activities coordinator who encouraged people to socialise and engage in a variety of activities within the home.

- We observed a religious service taking place during our inspection, led by representatives from a local church.

#### Improving care quality in response to complaints or concerns

- People and their relatives received a copy of the provider's complaints policy so they would know how to make a complaint.
- Where concerns were raised more informally, such as during residents' and relatives' meetings, the provider responded promptly and kept people informed about what they had done.

#### End of life care and support

- Staff received suitable training on how to meet people's needs and keep them as comfortable and pain free as possible at the end of their lives. They also involved external professionals who were experts in end of life care and arranged for them to visit people when needed, adding their advice and guidance to care plans. Some of the staff had previously worked at a hospice and were using their skills and experience to help develop an end of life care programme for the home.
- People received suitable care at the end of their lives because their wishes and preferences about their end of life care were recorded in advance.

## 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service management and leadership were inconsistent, because leaders did not always have a thorough understanding of regulatory requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers did not always have a thorough understanding of regulatory requirements. They were not aware of the requirement to obtain a full employment history for each member of staff with satisfactory written explanation of any gaps. They did not show a full understanding of some of the requirements set out in the DoLS Code of Practice and in some cases this led to people being deprived of their liberty without the correct legal safeguards in place. We discussed these issues with the registered manager, who told us they would ensure the correct processes were followed in future.
- Improvements to the provider's governance system were required to ensure shortfalls in quality and safety, including those described above and the lack of certain information in PRN protocols and care plans, were identified and acted on before they presented a risk to people using the service.
- The registered manager used team meetings and supervision to make sure staff were clear about their roles and understood their duties.
- The registered manager was undergoing nursing home leadership training to help them improve and develop in their role. They told us about some of the useful learning they had gained from this, including work around troubleshooting and learning from difficult situations. The registered manager told us the provider supported them well in their role.
- The provider understood when it was appropriate to consult other agencies to use their expertise in assessing quality performance. For example, they employed a health and safety consultant to carry out audits of health and safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider promoted a positive, person-centred culture. They did this through regular conversations about culture, teamwork and good practice.
- People and staff fed back that the registered manager and provider were open and honest. For example, when the service could no longer meet the needs of one person, they were candid with the person and their family about the reasons why they had to ask the person to move out.
- The registered manager continually observed staff interacting with people as their office was well positioned to do this. This helped them monitor the culture of the service and the quality of interactions.



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

- Staff were involved in developing the service. The registered manager asked staff for their opinions and feedback at team meetings and used this to drive improvement. Staff told us the manager took on board all of their suggestions.
- People and their relatives also had opportunities to express their views and make suggestions about improving the service. The provider held a meeting for residents and relatives every two months. This helped keep people and their families informed about events taking place at the home, changes to the service such as new staff and changes in relevant legislation, and what the provider had done in response to issues raised previously.
- The service had strong links with the local community. This included a local church, volunteers who helped people go on outings and local schools, who put on concerts for people at the home.

Continuous learning and improving care

- The provider had systems in place to assess and continually monitor the quality of the service. This included a quality advisor who had expertise in the standards and regulations social care providers have to comply with.
- There was a range of audits and checks to make sure the service was of an acceptable quality. These included regular audits of medicines management, safety, cleanliness and an overall audit to ensure all the checks were complete.
- The registered manager attended a regular meeting with managers of other care homes. This gave them the opportunity to discuss governance, good practice and problem solving.

Working in partnership with others

- The provider had a business plan that included working in partnership with other agencies and how they would ensure this continued in the future. For example, they had discussed with the pharmacist and other suppliers whether their businesses would be affected by the UK's planned exit from the European Union. The plan helped to ensure the service would not be adversely affected by events outside the provider's control.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Where service users were unable to consent to their care because they lacked capacity to do so, the registered person did not always act in accordance with the 2005 Act, specifically in relation to deprivation of liberty. Regulation 11(1)(3)