Care Quality Commission

Bridgewood Health Care Limited

Bridgewood MewsBridgewood Mews.

Inspection report

38 Bridge Road, Tipton, West Midlands DY4 0JW
Tel:0121 522 5780
Website:

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection when the provider did not know we were visiting.

Bridgewood Mews Nursing Home provides accommodation for up to 20 younger people who have complex health needs and or physical disability. There were 20 people living at the home when we visited. The home had a registered manager and a recently appointed deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We spoke to people who lived at the home and their relatives. They told us that they were happy with the care provided and the staff who delivered support. It was apparent to us during our inspection that staff were attentive, polite and sought consent before providing care and support. Staff knocked on people's doors before entering their rooms and asked for permission before providing any personal care to people; using curtains or blinds and offering space for people to talk in private.

We found that people's health and care needs were assessed, and care planned and delivered in a consistent way. From the three people's plans of care we looked at, we found that the information and guidance provided to staff was detailed and clear, and in formats that people could understand. People had regular access to a range of health and social care professionals which included general practitioners, dentists, chiropodists and opticians. We saw that people had individualised social plans on their care file which recorded their interests, hobbies and preferences.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that the provider had proper policies and procedures in relation to the MCA and DoLS. We saw from the records we looked at that where people lacked the capacity to make decisions for themselves, that 'best interest' meetings were held. These were for topics such as; finances, medicines and other issues which affected people's safety. This ensured that the provider protected people's rights to express how they wanted their care to be delivered and receive care which met their needs.

We found that the home followed safe recruitment practices. We checked records and saw that all new employees were appropriately checked through robust recruitment processes to ensure that they were suitable to work with vulnerable people. We found that the staff at this nursing home were well trained, knowledgeable and had a good knowledge of the people they were caring for, including their preferences and personal histories.

The home's safeguarding procedures were robust and there were arrangements in place to deal with foreseeable emergencies. People were safe and their health and welfare needs were being met because there were sufficient numbers of staff on duty who had appropriate skills and experience.

People were encouraged to make their views known about the care, treatment and support they received at the home. This was achieved by holding group meetings, sending out survey questionnaire forms and seeking 'one to one' feedback (via key workers) on a variety of topics that were important to people who lived at the home.

A check of records showed that the provider had an effective system to regularly assess and monitor the quality of service that people received at the home and a system to manage and report accidents and incidents. Findings from these systems were analysed and used to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. We found that the home followed safe recruitment practices and staff were well trained, knowledgeable and motivated. We saw that staff had received appropriate training in relation to safeguarding people, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS).

We found that a sufficient number of staff with the appropriate skills were employed at the home. People we spoke with told us that there were always enough staff on duty and they felt safe at the home.

We found that the home's safeguarding procedures were robust and there were arrangements in place to deal with foreseeable emergencies.

Is the service effective?
The service was effective. People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices.

People's day to day health needs were met and delivered in line with their individual care plans. We saw that people had regular access to a range of health and social care professionals which included general practitioners, dentists, chiropodists and opticians.

People and their relatives told us that they were happy with the staff who supported them.

Is the service caring?
The service was caring. People were supported by kind and attentive staff. Staff were patient with the people they were supporting and treated them with respect and dignity.

Relatives we spoke with were very complimentary about the care their family members received and the competence and kindliness of staff when delivering care and support.

We found that each person who lived at the home had an identified key worker who was required to work closely with that person and ensure that they received safe, effective and appropriate care.

Is the service responsive?
The service was responsive. People knew how to comment on their experiences or raise a concern or complaint. We found that people were encouraged to make their views known about the care, treatment and support they received at the home.

Relatives we spoke with confirmed that they were always kept well informed about anything affecting their family member. We found that staff had regular meetings with the manager and opportunities to discuss their training and development needs, welfare and any concerns they might have about the people they were caring for.

We saw that people had individualised social plans in their care records which recorded their interests, hobbies and preferences.

Is the service well-led?
The service was well led. We found that there was a registered manager employed at the home and that he knew all his staff and the people who lived there very well.

Summary of findings

Staff were complimentary of the manager and told us that they would have no hesitation in recommending this home to their family and friends.

A check of records showed that the provider had an effective system to regularly assess and monitor the quality of service that people received which included the management and reporting of accidents and incidents.

Records we looked at included care plan reviews, staff supervision, environmental audits and safety inspections.

Bridgewood Mews

Detailed findings

Background to this inspection

This inspection was undertaken by one 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 visited the home on 8 July 2014 and 10 July 2014 and spoke with six people living there, two of their relatives, one person who supported a person living there, four members of care and nursing staff, the registered manager and his deputy. After our inspection we also spoke with two other relatives and a commissioning officer (an officer from the local authority who arranges for the provision of care to people) who regularly visited people at the home.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care etc. We refer to these as notifications. Before our inspection we reviewed the notifications the provider had sent us since our last visit and additional information we had requested. We also looked at the findings from our last inspection which was conducted in May 2013 when the home was found to be compliant against all the areas we inspected. A document that we refer to as a 'provider Information report' (PIR) was completed and forwarded to us by the manager of the home. This provided information under the questions: Is the service safe? Is it effective? Is it caring? Is it responsive? and, Is it well led? We used this information to plan what areas we were going to focus on during our inspection.

On the day of our inspection, we observed how care and support was delivered by care and nursing staff including at lunch time. We spent time observing care and support in the dining room and living areas.

We looked at records including three people's care plans and the staff files for three members of staff. We also looked at records of staff meetings, staff supervision, meetings with people who live at the home and accidents and incidents. We reviewed several of the provider's policies including, safeguarding and complaints. We looked at the provider's 'quality assurance' records which were used to check and monitor the quality of the service being provided at the home. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

This report was written during our testing phase of our new approach to regulating adult social care services. After the testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was removed from the key question 'is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint and the MCA under 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke to six people who lived at the home and their relatives. People told us they felt safe. Comments included, "I'm safe and well cared for, I'm okay thanks" and "My wife is safe here and I have no concerns."

We checked records and saw that all new employees were appropriately checked through robust recruitment processes to ensure that they are suitable to work with vulnerable people. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service.

We spoke to the manager of the nursing home about the Deprivation of Liberty Safeguards legislation (DoLS). He told us that the home had made a number of recent applications under this legislation to safeguard the liberties of some people who lived there. We checked records and saw that 11 recent applications had been made to ensure that the appropriate legal authority was in place to safeguard those who lived at the home. The manager demonstrated that he was aware of the recent court ruling in relation to DoLS legislation and had spoken with the local authority as to how the home was required to manage the change in the law. We noted that all staff received training in relation to DoLS during their induction training.

We found the staff at this nursing home were well trained, knowledgeable and motivated. We saw that they had received appropriate training in relation to safeguarding people, Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS). We spoke to four members of staff and they were able to explain to us the different forms of abuse that people could be exposed to and what their responsibilities were if they saw or heard an incident of concern. For example, staff were able to tell us which agencies they could contact if they were dissatisfied with the action taken by their manager.

We found that the home had appropriate policies and procedures in place to inform and advise staff as to the required actions they should take if an incident or unusual event happened at the home. For example, we found that the provider had a safeguarding of vulnerable adults policy which contained relevant information. The policy explained what abuse was and where care staff could report safeguarding concerns, should they arise. The policy was detailed, up to date and accessible to all members of staff. The staff we spoke with told us they knew how to access this information should they need to do so.

People were safe at this home because the provider had assessed and monitored staffing levels to ensure they were sufficient to meet people's identified needs at all times. During the time we spent at the home we saw that there were sufficient numbers of appropriately trained staff on duty providing care and support to the people who lived there. We didn't see anyone being kept waiting for assistance or receiving their meals later than other people living at the home. The staff we spoke with told us that there were sufficient numbers of staff on duty at all times to meet people's needs.

We checked records and saw that the home had a system in place that recorded all incidents which occurred at the home. This included accidents, incidents involving people at the home, safeguarding issues and other matters of concern. We looked at this system and found that detailed records were kept by the management team and that these were evaluated and analysed on a regular basis to identify any trends that were emerging and learn where improvements could be made.

Is the service effective?

Our findings

We spoke with people who lived at the home, their relatives and visiting professionals about the competence and ability of the care and nursing staff employed there. The feedback we received was very favourable. Comments included, "The staff are really good to me, they are very good at their jobs", "The staff are very good here, the person I support is well looked after" and "Staff are wonderful."

Records showed that staff received effective support, supervision, appraisal and training. We saw that staff received induction training followed by regular refresher training and a minimum of six 'one to one' supervision meetings each year with a member of the management team. The staff we spoke with told us that they were supported and well trained. Comments included, "We have regular supervision meetings, these are really useful."

The records we looked at showed that staff had received training in a number of subjects which supported them to meet people's specific care needs. These included: moving and handling, safeguarding vulnerable adults, first aid, food safety and infection control. We spoke with members of staff employed at the home. The staff we spoke with demonstrated a very good knowledge of the people who lived there including an understanding of their medical needs, likes, dislikes and preferences. Therefore staff had the skills, knowledge and training to meet people's needs and keep them safe.

People's day to day health needs were met. We saw that when necessary the provider made prompt referrals to relevant health services if people's health needs changed. Records showed that these included GP's, dentists and chiropodists. On the day of our visit we noted that one person was accompanied to see a medical professional to deal with an on-going health related issue. We also saw that some people with severe medical conditions were supported in line with their care plans on low level air inflated beds which minimised potential injury to limbs.

We saw that care plans identified people's likes, dislikes and preferences in relation to meals and that their nutritional needs were assessed and recorded. We found that people living at the home had been assessed for the risk of poor diet and dehydration and those identified as being at risk had been referred to a dietician. We saw that catering staff at the home were provided with copies of people's nutritional risk assessments to ensure that anyone with specific requirements were catered for appropriately. Records showed that people were weighed regularly to ensure that any fluctuation in weight was identified and responded to promptly.

We saw that people were appropriately supported and had sufficient food and drink to maintain a healthy diet. We observed people during meal times and saw that they were supported when they needed assistance. We saw that mealtimes were calm and relaxed and that people were not hurried or rushed when they were eating. Staff were patient and considerate. We saw that people had a choice of meals and seemed to enjoy the food they were eating. Comments included, "The food is nice" and "The food is really good and you can eat whenever you like." We saw that people were kept hydrated throughout the day and jugs of juice and other drinks were visible and offered.

We observed that most staff at the home were able to use basic sign language to communicate with people who had difficulty speaking. However we noted that very few visual or pictorial aids were used to help people communicate with staff or to help them select their meals. We raised this matter with the manager of the home. He told us that a recent initiative to address these issues had not worked as effectively as he had hoped and he was currently considering some alternative options that he hoped to introduce in the near future.

Is the service caring?

Our findings

We spoke with people about the standard of care and support they received at the home. They told us that the staff were caring and friendly and that they received assistance when they needed it. Comments included, “Everything I’m happy with,” “Always positive” and “The staff will sit with me as I can sometimes get depressed.”

We spoke with relatives of people who lived at the home. They were also very complimentary about the standards of care being delivered and the competence of staff delivering care and support. Comments included, “My wife, she always out (involved in activities), I now check before visiting” “The staff are very caring” and “I can’t praise them enough, they are wonderful.”

People were supported by kind and attentive staff. We observed people who lived at the home and It was apparent to us that staff were attentive, polite and had built up a good working relationship with the people they were supporting. People seemed comfortable and at ease with staff. Staff were patient with the people they were supporting and treated them with respect and dignity. For example we saw that people were given the time they needed to make decisions and staff sought consent and explained what they were doing before providing care and support.

We found that there was a quiet room at the nursing home where people could go and spend time alone should they wish to do so or spend time with visiting relatives or friends away from communal areas. People could return to their bedrooms at any time they wished. We saw that family and friends could visit at any time without any undue restriction. People told us that the facilities at the home were very good and allowed them privacy and choice.

We noted that some members of staff had been appointed ‘Dignity Champions’ at the home. Their role was to ensure that important topics such as dignity, privacy and respect remained a high priority for the staff and management at the home. We saw that dignity was a regular subject at all staff meetings and discussed on each occasion. This was a positive way of ensuring that staff considered respect, dignity and human rights at all times when they delivered care and support to people.

People’s independence and individuality was respected at the home and people could be as independent as they wished. We observed one person having his breakfast very late in the morning. He told us that he was free to get up when he wanted and have a choice of meals. He commented, “I didn’t want breakfast till now.” Another person told us that he often goes out to local shops independently to buy food and drink of his choice. Other comments received included, “If I want to smoke I can just go outside into the shelter in the garden” and “I like drawing its keeps my independence’.

Is the service responsive?

Our findings

We checked records and saw that people had individualised care plans which were detailed and contained all the relevant information about that person. This included information about people's known religious and cultural needs, wishes, preferences and dislikes. For example, we saw a document that recorded detailed information about people's preferences including information such as what they liked to wear, when they like to go to bed, what their preferences were towards personal care etc. We noted that prior to being admitted to the home that a detailed pre-assessment report had been compiled by one of the management team to identify the individual needs of the person and to ensure that the home was able to support the person's needs.

We saw that people had an individualised social plan in their care records which identified their interests, hobbies and preferences. We noted that these plans were shared with the 'life skills team' (activity co-ordinators). These members of staff were required to provide activities for people who lived at the home in order to meet their preferred social interests and hobbies.

We found that the home employed two full time 'life skills' co-ordinators. Both co-ordinators were employed on a full time basis and provided opportunities for activities and entertainment for each day of the week. We noted that on the day of our inspection two people were being accompanied on an outing by the two co-ordinators. We checked the records kept by the 'life skills' co-ordinators. These showed that several people who lived at the home participated in some form of activity and social engagement. However, it was apparent that some people, although they had been given the opportunity to do so, had not engaged in any activity. We noted that the home had held a Prom in July 2013 with live entertainment and a buffet and some people had also been supported to go on a holiday to Blackpool.

We spoke to the manager about activities at the home. The manager told us that some people had made conscious decisions not to engage in organised activities (which they were entitled to) and it had been difficult persuading them to participate. The manager told us that arrangements were in place to recruit a third 'life skills' co-ordinator with a view to developing specific activities for each person which reflected their likes and matched their abilities.

We saw that people's care plans including risk assessments were regularly reviewed by an allocated named nurse. This ensured that information for staff about how to meet people's care needs was revised and updated promptly when there was a change in a person's health, welfare or personal circumstances. For example we could see that an assessment in relation to people's risk of falling was reviewed monthly to ensure that any change in health or mobility was recorded and acted upon.

We found that the service routinely listened and learnt from people's experiences, concerns and complaints to improve the quality of care being delivered at the home. We looked at records and saw that regular group meetings and 'one to one' discussions were held with people to obtain feedback about the quality of care and support being provided. We found that each person who lived at the home had an identified key worker who was nominated to work closely with them and ensure that they were receiving safe and appropriate care in a way they had agreed. Meetings were also held with relatives of people that lived at the home in order to obtain their views about the home and the quality of care being delivered. A relative we spoke with commented, "The manager and staff are really responsive, they listen to us and invite us to meetings."

Concerns and complaints were used as an opportunity for learning and making improvements. We saw that the home's complaints policy was displayed in the reception area of the home and was included in information literature that was available to people who lived at the home and their relatives. A person we spoke with who lived at the home told us that he knew who the manager was and how to make a complaint if he wished to do so. Records showed that complaints were recorded appropriately and investigated in accordance with the home's policy. We checked the complaints records and noted that one complaint had been made since our last inspection. We saw that this matter had been correctly recorded, investigated and resolved to the complainant's satisfaction in line with the provider's policy. Therefore the provider had respected the complainant's right to being kept updated and informed throughout the process.

We found that the home had maintained a summary for each person of their relevant medical and personal information which could be taken with them when they went to hospital or moved to another location. Therefore

Is the service responsive?

people would receive continuity of care as the provider had a process to provide care staff at other services with information they needed to meet the care needs of people who lived at the home.

Is the service well-led?

Our findings

We found that the manager and his deputy were visible, approachable and well known to all the people who lived at the nursing home. We talked with the people who lived there about the management and staff who supported them. They told us that they regularly saw the manager and his deputy and could talk to them at any time they wished. Comments included, "We get to see the manager quite often, he often asks how we are getting on."

We spoke with relatives of people who lived at the home about the management team. The relatives we spoke to were complimentary and told us that the manager, his deputy and the lead nurses were approachable and easy to talk to. One relative told us that she regularly spoke to the manager and that he operated an 'open door' policy whereby she could see him at any time she wished. Comments included, "The manager is very professional" and "I have every confidence in the management team at Bridgewood Mews." Therefore people who lived at the home and their relatives had the opportunity to talk to the manager and express any concerns or problems they had with him.

We spoke to staff about the management team and were told that the manager and his deputy were approachable, supportive and well organised. They told us that they were available should they need to talk to them in private and had confidence in them to deal with any issues that required attention. Comments included, "The manager is approachable, we can talk to him."

A check of records showed that the provider had robust and effective quality assurance and data management systems in place at the home. These were used to monitor the quality of service people received and to drive continuous improvement. We saw that the manager of the home collected relevant information on a monthly basis to enable him to analyse key performance indicators, recognise trends (where the service needed to take action to prevent further adverse incidents from re-occurring) and to identify where improvements needed to be made. For example we noted that all complaints and 'adverse' events (which included accidents at the home) were thoroughly analysed and evaluated to identify any learning and areas for improvement. This allowed the provider to take action to help prevent similar incidences from happening again.

We found that record keeping was of a good standard at this home with documentation/records being well presented, neat, legible and containing relevant information to support staff to meet people's care needs. The manager and his staff were able to retrieve records promptly when we asked for them.

We found that there was an emphasis on support, fairness, transparency and an open culture at this home. Records showed that the manager and his deputy had regular meetings with care staff who worked at the home and separate meetings with the nursing staff who also worked there. These meetings were held on a regular basis and minutes from them were recorded and made available to staff who were unable to attend the meeting. We noted that important subjects were discussed and that any emerging issues or priorities were considered. Staff told us that they were supported to question practice, encouraged to give constructive feedback and to identify areas where improvements could be made. Comments included, "We can have our say here, the manager listens to us and makes changes."

We saw that support was available to the manager of the home to develop and drive improvement. Support was available from the provider's regional operations manager and key departments based at their head office which included functions such as: human resources and health and safety advice. Records showed that the manager of the nursing home received regular appraisals and support from the regional operations manager who regularly attended the home to monitor and review that good standards of care and support were being delivered.

We found that the service had introduced an initiative called 'Making a difference' which recognised good performance and innovation from care and nursing staff employed at the home. We saw that staff were nominated by colleagues, people who lived at the home and/or visitors for recognition of exceptional performance. This acknowledgement of good practice could be in a number of categories including: achievement, innovation, nurturing, dedication, inspiration and excellence. The winner of each category received a prize and was given the opportunity to attend a special recognition ceremony. This was a good example of how the provider has sought to encourage, motivate and include staff in making improvements at the home and driving performance.

Is the service well-led?

We saw that people were actively involved in improving the service. We found that an annual satisfaction survey was sent out to people who lived at the home, their relatives, staff and visiting health professionals. We saw that the feedback was analysed and action plans created to address any issues raised. The questionnaires were detailed and asked many relevant questions about living at and visiting the home. We checked the written responses and subsequent analysis and saw that the feedback was very complimentary.

We found that the home had strong links with outside agencies such as The Huntington's Disease Association and other agencies who provided assistance and advice to the home (to ensure that they were up to date with best practice including nutrition). We also noted that the home had received (and maintained over a period of time) a five star rating with the Environmental Health Agency in relation to hygiene and cleanliness.