Ryedowns Limited

Bridge House Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bridge House Care Centre is currently registered to provide accommodation and nursing care to up to 35 older people. At the time of our inspection 29 people were using the service. The provider had increased their bedrooms from 35 to 36. This included 15 beds for people requiring end of life care, 11 beds for people living with dementia and 10 beds providing an intermediate care service with support from the local NHS trusts' community healthcare professionals. This additional bed was not in use and the provider was aware of the legal requirement to apply to the Care Quality Commission to increase their bed numbers.

At our last comprehensive inspection on18 December 2014 the service was rated 'Requires Improvement' overall and for two key questions 'Is the service safe?' and 'Is the service caring?' At a focused inspection on 1 June 2015 the rating for the key question 'Is the service safe?' had improved to 'Good' which meant the rating for the whole service also changed to 'Good'.' The key question 'Is the service caring' remained rated 'Requires Improvement' due to some staff not consistently treating people with dignity and respect.

At this inspection we found that people's safety was maintained. There were sufficient staff deployed to meet people's needs and they were prompt in responding to people's requests for assistance. Staff identified risks to people's safety and developed plans to mitigate those risks. Staff protected people from harm. They were knowledgeable in recognising signs of possible abuse and liaised with the local safeguarding team when required. Safe medicines management was in place and people received their medicines as prescribed.

Staff continued to undertake training relevant to their role, including completion of refresher courses, and they received regular supervision. They adhered to the Mental Capacity Act 2005 code of practice. The manager liaised with the local authority to ensure they only deprived people of their liberty when legally authorised to do so, in order to maintain the person's safety. Staff supported people with their nutrition, hydration and healthcare. The manager arranged for improvements to be made to the environment during our inspection to ensure a safe and pleasant environment was provided.

Improvements had been made since our previous inspection and we observed that staff treated people with respect, maintained their privacy and dignity. Staff were friendly, kind and patient when supporting people. They supported people to practice their faith and were respectful of people's religious and cultural backgrounds. Staff discussed with people their end of life preferences and provided support in line with people's choices.

The provider ensured people's individual needs were met. Staff assessed people's needs and for the majority developed clear care plans about how they were to meet those needs. Where we identified that improvements could be made to aid clarity to the care plans these were addressed. Staff maintained accurate records of the support provided. A range of activities were available to engage and stimulate people. People, and their relatives, felt able to raise concerns and complaints as and when they needed to.

A new manager was in post. Staff told us there was an open and honest culture within the team. The manager welcomed feedback about service delivery from people, their relatives and staff. There continued to be processes in place to review the quality of service delivery and where required action was taken to address areas of concern. Staff were aware of their roles and responsibilities and liaised with their management team about any concerns identified. The management team liaised with other health and social care services to review their joint working arrangements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service had improved to be rated 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Bridge House Care Centre

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 and 9 January 2017 and was unannounced.

Prior to the inspection we reviewed the information we held about the service including the statutory notifications received about key events that occurred at the service.

During the inspection we spoke with six people, two relatives, five staff and a visiting professional. We undertook general observations and observed interactions between people and staff. We reviewed five people's care records and two staff recruitment records. We viewed the staff team's training and supervision records and records relating to the management of the service. We reviewed medicines administration and management processes.

Good

Is the service safe?

Our findings

One person's relative told us, "I feel that Mum is safe because they ring me and communicate with me so I feel involved."

There were sufficient staff to meet people's needs. We observed staff responding promptly to people's requests for assistance and staff were proactive in offering support to people. People told us staff were quick to respond when they used their call bells. One person told us, "My call bell is always answered quickly. They never know why you're calling and always come as if it's an emergency."

There had been some staff turnover since our last inspection and some new staff had been employed. We checked the recruitment documents for the newly employed staff and saw the provider continued to undertake appropriate checks to ensure staff were suitable and had the appropriate knowledge and experience to carry out their role.

Staff assessed risks to people's health and safety. They were knowledgeable about the risks to people's health and supported people to mitigate those risks. This included implementing preventative measures in regards to the development of pressure ulcers, falling and becoming dehydrated. The majority of care records contained detailed risk assessments and management plans which were reviewed and updated regularly. We identified for one person they did not have a moving and handling risk assessment. We discussed this with staff who were knowledgeable about the person's moving and handling needs and they promptly completed the required documentation so that all staff had access to this information.

Staff had attended refresher safeguarding training and the staff we spoke with were aware of the signs and symptoms of possible abuse. We saw from recent staff meeting minutes that the manager had reminded staff of the importance of reporting any behavioural or physical concerns they observed so these could be investigated appropriately. Staff were aware of the importance of sharing any concerns with the local authority and were aware of the reporting procedures to follow.

Medicines were managed safely. We saw the improvements made at our focused inspection on 1 June 2015 in regards to medicines management had been sustained. People received their medicines as prescribed and accurate records were maintained of the medicines administered. There were processes in place to manage stocks of medicines and the stocks of medicines we checked were as expected. There were protocols in place instructing staff when and how to administer 'when required' medicines. Staff maintained separate records for topical creams and the records we saw were completed correctly. Medicines were stored safely including controlled medicines and those requiring refrigeration.

Good

Is the service effective?

Our findings

One person told us, "[They're] good staff if they are regular but not so good when it's agency."

Staff had stayed up to date with their mandatory training. Training records showed that staff attended refresher training to ensure their knowledge and skills stayed up to date. Many of the nursing staff also worked an occasional shift at local NHS hospitals to ensure they retained their knowledge and skill set about how to care for people with a range of needs. Staff continued to be supported through regular supervision sessions with their manager.

Staff continued to work within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager appropriately applied to the local authority for authorisation to deprive a person of their liberty when required to maintain their safety.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. We observed staff offering people drinks throughout the day. People's nutrition and hydration was provided in a way that met their specific needs, including staff providing thickened fluids, soft diets and supporting a person who was unable to eat orally. One person told us, "[The] food's alright. I have a small appetite and they only put a small portion. If it was piled on it would put me off. They are thoughtful like that."

Staff continued to support people with their healthcare needs. They liaised with a person's GP and other healthcare professionals if they had concerns about a person's health and followed the advice given. The staff worked particularly closely with the healthcare professionals providing care for people using the intermediate care service. The manager had introduced new handover procedures to improve communication and ensure nursing staff were updated daily on people's health needs.

We identified on the first day of our inspection that some improvements were required to provide a safe and pleasant environment including addressing some chipped paintwork, removing equipment from cluttered bathrooms, fixing a broken window lock and ensuring cupboards containing items that a person could harm themselves with were adequately locked. By our second day of inspection these improvements had been made.

Apart from different coloured bathroom doors there were limited adaptations to the environment on the second floor to support the needs of people living with dementia. We spoke with the manager about this who said they would look into guidance on providing a 'dementia friendly' environment.

Good

Is the service caring?

Our findings

At our last inspection of the service on 1 June 2015 when answering the key question 'is the service caring?' we gave the service a rating of 'requires improvement'. This was because we observed some staff did not always treat people with dignity and respect. We overheard staff talking about a person who needed support to use the bathroom. The language used by staff was not dignified and could have compromise the privacy of the individual concerned.

At this inspection staff were respectful, friendly and kind when speaking about people and interacting with them. One person said, "They always knock before they come in and they are getting me to do more by myself. I can now sit at the sink to have a wash." We observed staff being patient and communicating with people in an appropriate manner. Staff changed their communication style depending on who they were speaking with to ensure people understood what was being said. The interactions we observed showed staff knew the people they were supporting and held conversations that were of interest to the person including asking about family members. Another person told us in regards to one staff member, "I particularly like [male carer named] who has taken the time to get to know me and to tell me about his family. We share things, it's a proper conversation."

People's relatives were welcomed at the service and there were unrestricted visiting times. One person said, "I was particularly grateful for the staff arranging for my daughter to share Christmas lunch. They laid the trays beautifully and made it a very jolly occasion…They were very understanding and we all appreciated that."

Staff respected people's individual choices and were respectful to their cultures and religious preferences. People were asked if they would like to attend a religious service or have someone come to pray with them. If they wanted to participate in these services staff supported them to.

We observed that people were offered choices throughout the day. This included how they wanted to spend their time and what activities they participated in. We observed staff asking people whether they wanted the television or music on whilst they enjoyed their meal and their choice was respected.

Staff discussed with people, and their relatives, their end of life choices and how they wished to be cared for. This included identifying their preferred place to die and whether they would like to receive treatment if they became unwell and in what circumstances. We saw that people receiving end of life care had advanced care plans outlining how they wanted to be cared for. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were completed for people who did not want to be resuscitated should they stop breathing.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they were supporting and provided support in line with people's individual needs. They were able to explain to us what aspects of their care people needed support with and what they were able to do independently. We saw that care plans had been reviewed and updated regularly. However, we found that care plans contained some standardised instructions that were not always applicable to the person receiving care. There was a risk that they may receive incorrect care because the care plans were not accurate. We highlighted this to the manager and deputy manager and they had amended the records by the second day of the inspection ensuring they provided an accurate record of the support people required. We saw that detailed records were maintained of the care provided to people. This included in regards to wound management, continence care, and nutritional support.

A range of activities were delivered providing mental and physical stimulation for people. We observed some group activities taking place in the communal lounge. People were engaged and participated throughout the activity. The activities coordinator told us, "'I feel lucky to have this job and I want to put a smile on everyone's face." However, other people commented that there were limited activities and opportunities to access the community. Staff told us that further activities in the community were planned for when the weather improved.

The staff worked with other healthcare professionals to ensure co-ordinated care when people moved between services. The staff were in the process of updating people's care records to include the standardised documentation that is used as part of the initiative in the London Borough of Sutton to aid people's transitions between the care home and hospital. The staff were also working with the ambulance service and primary healthcare professionals to aid transition to and from the service. Where staff identified areas for improvement to ensure smoother transitions this was discussed with representatives from the services involved.

People and their relatives felt comfortable raising any concerns or complaints they had with staff. However, people and relatives told us they were not always aware of the formal complaints process. We saw from the minutes of a recent meeting that people and their relatives were introduced to the new manager who reiterated the complaints process and informed them if they had any concerns that the manager would make themselves available to speak with people or their relatives. The manager had also introduced new information in people's rooms, which included a copy of the complaints process and a communications book for people and their relatives to write any requests or raise any concerns they felt unable to speak with staff about. These books were checked daily by the care staff so anything raised could be followed up.

Good

Is the service well-led?

Our findings

A new manager was appointed in November 2016 and had applied to become the registered manager at the service. The current registered manager was no longer in the management role, however they did still work occasional shifts at the service as a nurse. 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. Staff felt supported by the new manager. They said the manager was approachable and listened to concerns and suggestions they raised.

One person's relative told us, "I met the manager when Mum came in. She was very reassuring." The manager told us they had introduced themselves to each person and they had formally introduced themselves at a 'residents and relatives meeting'. The management team encouraged people, their relatives and staff to feedback about the service and were open to suggestions to make improvements. There were regular meetings with people, their relatives and staff, as well as the completion of annual satisfaction surveys to obtain their views about service delivery.

There was a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. They were aware of the reporting procedures and escalated concerns as and when necessary. Staff told us there was close team working and they supported each other. Staff said they felt comfortable speaking to their seniors if they needed further advice or support.

There continued to be processes in place to review and monitor the quality of service delivery. This included regular monthly audits completed by the manager as well as quality monitoring visits from the provider's quality care manager. In addition, in response to the concerns identified at our last inspection in regards to respecting people's privacy and dignity, the manager undertook regular walks around the service to observe care and interactions between people and staff. Where improvements were identified as being required these were addressed promptly. This included addressing the minor concerns we identified on the first day of our inspection relating to the environment and care records.

Staff liaised with the local authority, the clinical commissioning group (CCG), acute and community healthcare services to review joint working arrangements and to share best practice. Some staff had attended the CCG's meeting to learn more about the enhanced health in care homes care model (Vanguard) which is being introduced in Sutton and they were in the process of implementing aspects of the Vanguard to improve people's experiences of receiving healthcare and transitions between services.