

Akari Care Limited

Bridge View

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 well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bridge View is a residential care home providing personal and nursing care to 47 people at the time of inspection, some of whom were living with a dementia. The service can support up to 61 people in one large adapted building.

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

The quality and assurance systems in place were not effectively identifying issues and were not always completed. Records were not always completed or fully reviewed. The management team were reviewing the systems in place to make sure they were completed and suitable to monitor the quality and safety of care provided.

Lessons learned from incidents were shared verbally with staff. Improvement was needed in the recording of these. The manager assured us they would take action to address this record keeping issue.

Medicines were managed safely. However, associated records were not always accurately completed by staff. Other records did not always show regular monitoring of fluids for people who required this support.

Staff received regular supervisions from the management team. Training provision had been reduced during the pandemic. At the time of the inspection staff were in the process of completing on-line training sessions.

People told us they felt safe and happy living at Bridge View. Staff we spoke to enjoyed working at the service. Staff said they were able to provide feedback to the manager and felt supported. There was enough staff to safely support people.

There was an effective infection prevention and control policy in place and staff were following this to keep people safe. This had been reviewed and updated to reflect the current pandemic relating to COVID-19 and extra steps were in place to minimise the risk to people living at the home.

Records showed people and their relatives were actively involved in care planning and reviews.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 October 2018).

Why we inspected

We received concerns in relation to staffing levels, staff knowledge, people's needs not being met, leadership and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge View on our website at www.cqc.org.uk.

Follow up

We will continue to work with the provider following this report being published and monitor their progress and changes to ensure they improve their well-led rating to at least good. We will work with the 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?

Good ●

The service was effective.

Details are in our effective 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 View

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors 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 View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 new manager in post who was not yet registered with the Care Quality Commission. Until the manager is registered only the provider is 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

We reviewed the information we held about the service including information submitted to the CQC by the provider about serious injuries or events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, the arrangements for infection prevention and control, and carried out observations in communal areas.

We spoke with three people living at the home, six relatives and nine members of staff including the manager, regional manager, quality manager, care staff, domestic staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed six people's care records, 10 people's medicine records and the recruitment records for three staff members.

After the inspection

We looked at a range of records. These included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety, and information relating to the governance of the service.

We continued to seek clarification from the provider to validate evidence found. We requested further assurances that our feedback during the inspection was acted upon and measures put in place to remove identified risks. The management team were proactive and provided updates throughout the inspection process.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified, assessed and mitigated.
- Lessons learned from investigations and incidents were not always documented or shared with staff to improve the quality of care provided. The manager assured us any lessons learned from future incidents would be fully recorded and shared with the staff team.
- Accidents and incidents were fully investigated. The management team were in the process of reviewing the quality and assurance systems to ensure trends or any areas for improvement were included within this process.
- The premises were safe. People told us they felt safe. One person told us, "I feel very safe here."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. However, required associated record keeping was not always up to date.
- Where people required 'as and when required' medicines for example, pain relief, information did not always record if these medicines had been effective.
- Medicine care plans and 'as and when required' medicines protocols were person centred and provided detailed information to assist staff in the safe administration of medicines. One relative said, "There have been no issues with the medicines."
- Medicines audits were in place and had highlighted areas which needed improvement.
- Clinical staff were able to explain the needs of people and had their competencies regularly assessed.

Staffing and recruitment

- There was enough staff to safely support people. Safe recruitment procedures were followed to help ensure suitable staff were employed. One person commented, "Members of staff are always available, and they generally come quickly."
- Agency staff were used to support with staffing levels but records did not show that the management team had all appropriate recruitment information available for every agency member of staff to ensure they were suitable to carry out their role. The management team took immediate action with this to ensure all agency staff were safely recruited.
- Checks were regularly completed on the registration of nurses employed in the service to ensure they could provide appropriate support to people living at the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Safeguarding policies were in place which were accessible

to staff, people and relatives.

- Staff were aware of the process to follow if they identified any form of abuse and received training around this. One staff member commented, "My safeguarding training is all up to date."

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection and specific guidance for use in relation to COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely. Staff told us they had access to PPE and always wore this. Staff discussed additional training they had received around infection prevention and control and PPE.
- There was regular cleaning of the home. A staff member told us, "We clean everywhere daily and throughout the day."

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a balanced diet. Records did not provide assurances to show that staff were aware if people required their food and fluids to be monitored or how to identify when fluid intake was too low and how this was to be escalated. Staff we spoke to were able to tell us about individual people's food and fluid needs even though this was not evidenced in people's records. The management team acted on this and were updating processes to make sure records were robust.
- There was a range of food and drink available to people and specific choices available for people on special diets. One person told us, "We have two choices at mealtimes and it's good food. I really enjoy what I eat here."
- A relative commented, "I noticed that there were two choices offered with the meals. The home will support [person's] picky approach to food and before the lockdown, I saw them offer [person] alternative food if they didn't like anything on the menu."
- People's weights were monitored for any changes and healthcare professionals were involved when necessary if people were losing weight or had difficulty eating or drinking.

Staff support: induction, training, skills and experience

- Staff received support via regular supervisions from the management team. Clinical staff did not have access to clinical supervisions. The management team were taking action with this to ensure clinical supervisions were scheduled and completed.
- There were no records to show agency staff had received an induction before delivering care to people. We discussed this with the management team who were taking action to ensure all agency staff received an induction, access to training and competency checks prior to commencing their role. The management team made sure agency staff currently working at the service were competent.
- The management team were working with staff to complete re-fresher training they had fallen behind on because of the pandemic.
- Additional training relating to COVID-19 had been sourced by the provider. One staff member said, "We've had loads of support and training around PPE, testing and COVID-19."

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

- People's needs and choices were assessed prior to moving to the home and holistic care plans were created. Reviews were completed of people's needs with relatives and other healthcare professionals. One relative discussed the process with us and said, "I have been involved in the care plan including discussions with the home about what [person] likes and dislikes."
- Staff provided people with choices around their support needs, food and drink, and activities. People

confirmed they were provided with choices throughout the day and in relation to their care. One staff member told us, "I always ask if people are okay and if they need anything."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other healthcare services. Staff worked with other healthcare professionals to make sure people received the supported they required. A staff member told us how they had connected with professionals during the pandemic, "We've been holding virtual meetings with GP and district nursing team."
- Records we reviewed showed involvement from other healthcare professionals. For example, care plans included advice from the GP and dietician. One person commented, "The podiatrist has visited me for my standard diabetic treatment," and another person said, "The GP is always sent for if I am ill. I see a local dentist."

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

- The service was appropriately decorated and designed to meet people's needs.
- People could personalise their bedrooms and there was pictorial signage around the home to help people orientate their way around.
- Relatives told us the home was nicely decorated and steps had been taken to support people with their independence through the design of the service. A relative commented, "The dining room always seems nicely set up with individual place settings and it is well-lit so that people can see their food."

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.

- Staff were working within the principles of the MCA and in line with law and national best practice guidance. DoLS applications were appropriately made to the local authority and reflected the person's needs.
- People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making. Relative told us they were involved with assessments and staff could tell us about specific assessments they had recently completed.
- Staff had received MCA and DoLS training.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality and assurance systems in place did not fully monitor the safety and quality of the care provided to people.
- Audits in place were not effective or fully completed. For example, issues identified during a medicine audit in November 2020 remained outstanding without actions when the December audit was completed.
- The management team responded positively to the feedback we provided. They were aware of areas which required review and improvement to make sure the quality and assurance systems remained effective.
- The management team added the concerns we had identified and issues they had identified to the home action plan during the inspection process. The action plan was shared with the CQC and included dates when this would be completed and by whom.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was working with staff to improve staff culture. Staff told us that staff morale was low prior to the new manager starting their role. One staff member said, "The staff team are working together better now with the new manager. I know I have someone that I can go to. It makes a big difference at work."
- During the inspection, the management team were open and honest with us about the service, its strengths and weaknesses and areas which required improvement.

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; Continuous learning and improving care

- When things went wrong, apologies were given to people and detailed investigations were completed. Lessons from outcomes were not always learned or shared with staff to help prevent repeated incidents occurring.
- Relatives confirmed they were informed if things did go wrong.
- Investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- People and staff were given opportunities to provide feedback. There was a residents committee in place at the home but due to the pandemic meetings had not been held regularly.
- Staff told us they could provide feedback to the management team during supervisions, team meetings and handovers. Staff were also positive that the new manager had an open-door policy which allowed them to provide feedback at any time.

Working in partnership with others

- The service worked in partnership with other organisations. Staff told us they had regular interaction with the district nursing team and local GPs.
- Care records showed involvement from other health care professionals.