

# Avante Care and Support Limited

# Bridge Haven

## Inspection report

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Bridge  
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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Bridge Haven is a residential care home providing accommodation and personal care to up to 53 people, some of whom live with dementia. At the time of the inspection there were 40 people living at the service.

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

People told us they were happy living at Bridge Haven. There was a calm and relaxed atmosphere and people and staff had forged positive relationships.

Staff were not consistently recruited safely by the provider. This was an area for improvement. There were enough staff, who knew people well, and met their needs in the way they preferred.

People were protected from the risks of abuse and discrimination by staff who were trained to recognise signs of abuse and discrimination. Staff understood their responsibilities in relation to keeping people safe and knew how to report any concerns. The registered manager liaised with the local authority safeguarding team when they had any concerns to make sure the correct action had been taken.

Staff wore personal protective equipment (PPE) and followed guidance to make sure this was disposed of safely. Staff had access to PPE whenever they needed it. The service was clean, and all areas of the service were regularly cleaned.

The registered manager completed regular audits to monitor the quality and safety of the service. Additional checks were conducted by external contractors and a plan was in place to monitor the actions being taken when shortfalls had been identified.

The registered manager was aware of their regulatory responsibilities and notified the Care Quality Commission (CQC) in line with guidance.

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 (published 31 July 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the management of a Covid outbreak within the staff team. The inspection examined those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Bridge Haven

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had around staffing levels and the management of a Covid outbreak within the staff team.

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

The inspection was undertaken by three inspectors. Two inspectors visited the service and a third inspector collated and reviewed information we asked the provider to send us by email during the inspection.

#### Service and service type

Bridge Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and professionals who work with the service.

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. We used all of this

information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, cook, kitchen assistant and care workers. We observed staff interactions with people throughout the inspection and these were positive.

We reviewed a range of records. This included three people's care records and associated records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

People told us they felt safe living at Bridge Haven. One person said, "The staff are lovely. They are very kind. I feel safe here". A relative commented, "They are lovely staff. They know [my loved one] really well. [My loved one] is safe, loved and well looked after".

### Staffing and recruitment

- The provider had not consistently followed safe recruitment processes to ensure staff were suitable for their roles. We reviewed four staff recruitment files. Two had been completed by the registered manager and two by the provider's head office.
- Recruitment checks, such as two references and criminal record checks with the Disclosure and Barring Service, were completed before staff began working at the service. Proof of identity and rights to work in the UK had been checked. The two staff files, completed by the provider's head office, had not identified or addressed gaps in staff member's employment history. The registered manager agreed to investigate this shortfall and address it following the inspection. We will follow this up at the next inspection. This is an area for improvement.
- There were enough staff deployed to meet people's needs. People and staff said there were enough staff. One person told us, "There is always staff around". Call bells were answered quickly. Contingency measures to address emergency shortfalls, such as sickness, were in place and the service used regular agency staff. The registered manager checked the credentials, including recent training, of any agency staff. They were actively recruiting to increase their core staff numbers. Throughout the inspection staff were not rushed. They had time to spend with people chatting and supporting them to take part in activities.
- A dependency tool was used to establish the number of staff needed to provide people with safe, good quality care. The registered manager told us they did not just rely on the tool and used additional staff when this was needed to make sure people's needs were met.

### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood their responsibilities in relation to keeping people safe. One staff member said, "I am very aware of safeguarding procedures. We have a good relationship with the safeguarding team. I know how to raise an alert". Staff had completed safeguarding training to keep their knowledge up to date. They knew how to report any concerns and were confident the right action would be taken. Staff understood how to whistle blow and had access to the provider's safeguarding policies and processes.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance. Incidents were investigated, and where needed additional measures implemented to help people stay safe.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach to make sure people received information in a way that suited them best, such as an easy to read format.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff told us they felt the service was well-led and they had confidence in the day to day running of the service.
- Regular audits were completed to monitor the safety and quality of the service. When a shortfall had been identified this was shared with staff and addressed. Quality checks had also been carried out by an external contractor and a continuous improvement plan was in place to make sure actions had been taken to address any shortfalls. Daily handover meetings were held to ensure any immediate actions needed were completed and recorded.
- The registered manager used surveys to capture feedback from people and their relatives. The results were analysed to check for areas for improvement. Comments from the most recent survey were positive. They included, '[My loved] one looked lovely. She was busy and happy, and it was really lovely to see her after a long time' and 'Many thanks to you and all the staff at Bridge Haven for the care and support you offer to residents'. People were supported to keep in touch with their relatives by using telephone and video calls.
- The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen, such as a death or serious injury. CQC were notified in line with guidance. Accidents and incidents were recorded, and these were reviewed to identify any potential themes. When needed, people were referred to health care professionals, such as the falls team and mental health team, for advice and guidance.