

Meridian Healthcare Limited

Bridgewater Park Care Home

Inspection report

Bridgewater Road
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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

The inspection took place on 18 December 2017 and 4 January 2018, and was unannounced.

There were no breaches of legal requirements at the last inspection. At the last inspection, the service was rated 'Good' overall, but the caring domain was rated 'Requires Improvement'. At this inspection we found the necessary improvements had been made and all domains were rated good.

Bridgewater Park 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. Bridgewater Park Care Home is registered to provide residential and nursing care to older people and younger adults. Accommodation is situated on the ground floor. There are two separate units with single occupancy rooms. One unit provides care for people living with dementia. It is called Parkwood, accommodation for people requiring nursing care is provided on Westcliffe.

There was a registered manager in place at the service. 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.

There were enough staff available to meet people's needs. Safety at the service was maintained and robust medicine management and infection control measures were in place. Accidents and incidents were monitored and corrective action was taken to prevent further re-occurrence.

Staff undertook training in a variety of subjects to develop and maintain their skills. Staff supervision and appraisals occurred to support staff. New staff undertook a period of supervision and induction.

People were supported to eat and drink, where necessary. People's dietary needs were monitored and corrective action was taken if there were any concerns.

People had choice and control over their lives, staff supported them in the least restrictive way possible. People made their own decisions about their care and support. The policies and systems in place support this practice.

Information was shared with people and their relatives about what the service could provide.

Staff were kind and caring and respected people's privacy and dignity. People's care needs and risks to their wellbeing were recorded. Reassessments of people's needs took place, as their needs changed to ensure people received the help and support they required.

Complaints raised were investigated and this information was used to improve the service.

The service was well-led. People, staff relatives and visitors were asked for their views and feedback received was acted upon to maintain or improve the service.

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 has improved to Good. People confirmed the staff were caring and kind and respected their privacy and dignity. Staff supported people with patients and kindness. People's care records were person-centred.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Bridgewater Park Care Home

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 was planned to check 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 inspection took place on 18 December 2017 and 4 January 2018, and was unannounced.

On 18 December 2017 the inspection team was made up of two 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. Their area of expertise included younger and older people and dementia care. On 4 January 2018 one inspector attended the service.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We spoke with the local authority to obtain their views prior to our inspection. We reviewed all of this information to help us to make a judgement about the service.

We looked at how the service used the Mental Capacity Act 2005 to ensure people's rights were protected. Best interest meetings were held in order to make important decisions on people's behalf if they lacked capacity.

During the inspection we spoke with ten people who used the service, three relatives, the registered manager, and eight staff. We also spoke with three health care professionals. We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment

files, supervision and appraisal records, staff training records and rotas. It also included five people's care records and medicine charts. Minutes of meetings held with staff, people living at the service, quality assurance audits, policies, procedures, complaints and compliments received.

Is the service safe?

Our findings

At this inspection, we found people were safe, the same as at our previous inspection. The rating therefore continues to be good.

People we spoke with told us their safety was promoted at the service. We received the following comments, "I am very safe here", "I trust the staff and no strangers can just come in. My things are safe in my bedroom", "There are enough staff. The staff do my medication" and, "There's nobody in here who would do me any harm."

We found safeguarding and whistleblowing policies and procedures were in place to advise the staff about the action they must take to protect people from harm or abuse. Staff undertook safeguarding training and they told us they would report any concerns straight away. Issues raised were reported appropriately, which helped to protect people.

People's care records contained risk assessments which identified potential risks to their health and wellbeing. For example; the risk of falls, the prevention of skin damage due to immobility or the risk of choking. This information was known by staff who monitored and reviewed these risks. The registered manager and the higher management team also reviewed this information. Staff gained advice and support from relevant health care professionals to help to reduce the risk's present for each person. We saw even if risks were present people were encouraged to be as independent as possible and live their life as they wished.

We observed there were enough staff to meet people's needs in a timely way. Staffing levels were monitored by the management team. The registered manager was able to provide more staff when people's care and support needs increased. Staff we spoke with and staffing rotas we looked at confirmed this.

We found the medicine systems in operation at the service were robust. We looked at how medicines were ordered, stored, administered, recorded and disposed of. People's medication administration records (MAR) contained their photograph to aid identification. Allergies were recorded to inform staff and health care professionals of any potential hazards. Staff were trained in how to administer medicines safely and their skills were monitored and assessed to make sure they remained competent. Medicine was stored appropriately and random balances of controlled medicine checked were correct.

Personal protective equipment was provided for staff, such as gloves and aprons. This helped to maintain infection control. Hand washing facilities and sanitising hand gel was provided for staff and visitors to use. Staff confirmed advice was sought from infection control specialists, when necessary to protect people's wellbeing. We found the environment was clean and free from any unpleasant aromas.

The provider operated an equality and diversity policy. We saw staff acted to protect people's rights as individuals.

The registered manager and senior management team monitored all aspects of health and safety at the service. Any issues found were acted upon swiftly to maintain people's wellbeing.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and experience which enabled them to meet people's needs effectively, as we found at our previous inspection. We saw people continued to have freedom of choice and they were supported with their dietary and health care needs. Therefore the rating remains good.

People we spoke with told us staff knew what they were doing and they confirmed they received effective care and support and their dietary needs were met. One person said, "I think the staff are taking good care of me. I've never been refused a doctor. The food is excellent and good variety, if you want more you've just got to ask. I can always get a drink." Another person told us, "The staff call the doctor if I'm poorly. Since I've been here the physiotherapist and the occupational therapist have been once. Staff encourage me to do as much as I can for myself. They ask permission to do what I need. The staff know what they are doing."

We found staff undertook training in a variety of subjects for example, moving and handling, first aid, fire safety, safeguarding, infection control and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Extra training in specialised areas such as end of life care was undertaken to make sure people's needs were met. Staff we spoke with told us there was plenty of training provided to develop and maintain their skills. New staff undertook a period of induction where they worked with senior care staff and their skills were assessed and developed using the Care Certificate, (A nationally recognised training programme).

We saw staff received regular supervision and they had a yearly appraisal, which allowed the registered manager and member of staff to discuss any performance issues or further training needs.

The registered manager told us all the staff worked throughout the service so they were aware of everyone's needs and worked as a team to support people and each other.

We found staff understood people's nutritional needs. Two dining rooms were provided and people could choose where to eat. We observed lunch on the first day of our inspection. The food served looked appetising and nutritious. We saw staff encouraged and supported people to eat and drink in an unhurried manner. Adapted crockery and beakers were provided to help people maintain their independence at mealtime. We found staff monitored people's diet and fluid intake and advice was gained from health care professionals if there were any concerns to ensure people's dietary needs were met.

We saw from people's records that they were supported by a range of health care services, such as GP's, district nurses, chiropodists, dentists, occupational therapists, physiotherapists and local hospital services. Staff monitored people's health and sought help and advice to protect people's wellbeing.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the use of DoLS. They are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS. They told us one person had a DoLS granted, and there were eight re- applications and 12 new applications for DoLS with the local authority for their consideration.

We found if people were assessed as lacking capacity to make their own decisions care was provided in their best interests. Best interest meetings were held to discuss the person's preferences with their family and with relevant health care professionals. This helped to protect people's rights. We saw staff offered choices to people and prompted them to make decisions for themselves. For example, by asking people what they wished to wear, what they wanted to do and how they wished to spend their time. A member of staff said, "We treat people as individuals. I treat people with respect as I would want to be treated and provide person centred care."

We saw the premises were well maintained clean and inviting. Quiet lounges and TV lounges were provided. People's bedrooms were personalised and they were arranged to ensure staff were able to use equipment, such as hoists. Signage was present to help people find their way around. Bedroom doors were numbered and some people had pictures located outside their bedroom to help them find their room. We saw reminiscence items and pictures were present to help to stimulate people's memories.

Is the service caring?

Our findings

At the last inspection in October 2015 this domain was rated as 'requires improvement'. We had found some staff did not always demonstrate full consideration for people's individual needs because they were task focussed and were hurried at times. We had found that staff on the dementia unit tended to engage with people less. We made a recommendation about this. During this inspection we spent time on each unit and we saw the issues had been addressed.

People we spoke with said, "Everyone is very kind to me", "The staff are lovely people, very caring and kind. If you're upset they come to you. They say they get upset, if I'm upset", "The staff take very good care of me, and they always knock on the door before they come in. They are there to make sure I'm okay", "The staff always keep me covered when delivering care" and, "The staff are very caring, kind and compassionate."

We saw people throughout the service were treated with kindness, dignity and respect. We saw if people required help, were anxious or upset staff attended promptly and spent time with them to assist, help and support them.

We observed staff kneeling down to speak with people gaining good eye contact to aid communication. Staff used gentle and appropriate touch to reassure people. Staff told us they loved working at the service and said they respected people's diversity.

We found people's privacy was promoted, for example, staff knocked on bedroom doors before entering and addressed people by their preferred names. Care was provided to people in their bedrooms or in communal bathrooms with the doors closed. Staff were aware they must protect people's privacy and dignity at all times. There was a dignity tree present which contained the written views of people living at the service and staff. It stated what dignity meant; we saw words such as 'respect' and 'privacy' was recorded on the tree.

There was a 'resident of the day' scheme in place. This was where people living at the service had a day assigned to them. Staff spent quality time with them and their care records were fully reviewed. People said this helped them to feel supported and informed. People's needs in respect of their age, disability, gender, gender identity, race, religion or belief and sexual orientation were understood by the staff. Each person received appropriate person-centred care and support. A member of staff said, "Our residents are treated equally. We have a resident of the day scheme in place." We saw people's care records were under constant review by the management team to ensure they were person-centred.

Staff asked for people's views about the service daily. Residents and relatives meetings were held and surveys were regularly given to people to share their views. Feedback received was acted upon.

Staff asked people to consent to their care and support. Where people lacked consent care and support was delivered in people's best interests in line with the Mental Capacity Act 2005. Staff spoke with people about how they wished their care and support to be provided and acted upon what was said.

The provider operated a 'Kindness in Care' award scheme. Staff were recognised for their individual contributions to people living at the service.

Is the service responsive?

Our findings

At this inspection, we found people's needs were still responded to effectively, the same as at our previous inspection. Therefore the rating continues to be good.

People we spoke with told us the staff were always responsive. One said, "They staff are always like this, [responsive]. The staff do anything for you". Another told us, "The staff are happy to help me."

We saw staff assisted people with their care and support and were responsive to people's individual needs. We found people's care records were person-centred. The registered manager told us work continued to be undertaken regarding this on the dementia unit. People's care records informed the staff about the support they required and they detailed how people were encouraged to maintain their own independence.

Health care professionals we spoke with told us the staff were responsive to people's needs. They said staff listened to and acted upon their guidance to maintain people's wellbeing. One health care professional said, "The manager and staff are really good, they tell us about any patients changing needs and follow our instructions to the letter."

We saw people had opportunities to be involved in social activities that interested them, both at the service and in the community. On the first day of our inspection a local choir attended and sang carols throughout the service. Staff asked people about the activities and hobbies they liked to participate in and these were provided. We saw visitors were made welcome at any time. One person said, "I get visits from my daughter and son with no restrictions."

The provider had a clear system in place to manage complaints. Those received were investigated and responded to. Information about how to complain was provided to people in a suitable format. People told us they would raise issues with the registered manager or staff, and said issues were dealt with. One person said, "If I needed to make a complaint I'd ring my bell." Another told us, "If I had a complaint I would go to the manager." We saw complaints were shared and reviewed by the higher management team and used to improve the service provided.

End of life care was promoted at the service. We saw there had been positive feedback from relatives about this care. Staff were trained in this area and were supported by relevant health care professionals to ensure people could receive a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

At this inspection, we found the service was as well-led as we found at our previous inspection. Therefore the rating continues to be good.

People we spoke with told us they were satisfied with the service they received. One person said, "This is an excellent place, you do not want for anything." Another person told us, "The service is marvellous, a credit to them [the provider]". A Visitor we spoke with said, "We can't knock it, we're very happy. Our relative is happy. The staff always talk to us, its lovely here."

We received positive feedback from health care professionals we spoke with about the service. One said, "This is the best nursing home I visit at present. The manager is very good." Another told us, "I am very happy with this service. People's privacy and dignity is dealt with very well and the service provides brilliant support to families, they [the management team] are really proactive."

The service had an experienced manager in place. 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.

The provider, registered manager and staff had systems, checks and audits in place to help them monitor and maintain the standard of service provided. We saw any shortfalls found were acted upon to improve the service.

The registered manager had a good understanding of people's needs and oversaw the care and support delivered to people along with the senior staff. They were committed to continually improving the service and aspired to provide consistent high quality care and support to people. We found the ethos and culture at the service was positive and person-centred care and support was promoted. There was a clear vision and set of values in place that included promoting involvement, compassion, dignity, independence, respect, equality and safety throughout the service.

Risks present to people's wellbeing were known by staff and risks within the environment were monitored. There was a programme of on-going maintenance in place and refurbishments to the environment were undertaken. This ensured the home remained a safe and pleasant place for people to live.

We found staff were clear about their responsibilities and knew what was expected of them. Policies and procedures were in place to help guide them and regular staff meetings were held. Staff could raise issues or give suggestions or ideas to improve the service with the management team, at any time.

People were asked for their feedback about the service in questionnaires and by the staff in general conversation. We looked at the results of the resident's survey, which was undertaken in June 2017. We found people were happy with the service provided. We saw the registered manager had an 'open door'

policy in place; they were available to speak with along with the senior staff and higher management team, at any time.

We saw evidence that confirmed the registered manager and staff worked well with local commissioners, local health care services, the local authority and with Healthwatch. (A consumer health and care champion). This helped to raise the profile of the service. We found good practice guidance was used at the service to enhance the care and support provided to people.