

Samkar Limited

Bridgeway Care Home

Inspection report

Gamull Lane
Ribbleson
Preston
PR2 6TQ

Tel: 01772796048

Date of inspection visit:
04 March 2016
09 March 2016

Date of publication:
12 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 04 & 09 March 2016 and was unannounced. This was the first inspection of the service since a new provider took over responsibility for the home in August 2014. The service was previously inspected in July 2014, when it was fully compliant with the regulations we inspected against.

Bridgeway provides nursing and personal care for up to 27 adults living with dementia, learning disabilities, physical disabilities and sensory impairment. The home offers short and long term care. The home is situated in a residential area on the outskirts of Preston. Shops and local amenities are easily accessible and the home has its own transport.

The home did not have a registered manager in post at the time of our inspection. The manager who is registered with CQC left employment over 12 months previously and had not submitted an application to de-register. 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 was however, a manager in post who was responsible for the day to day running of the service but they had not yet submitted an application to register with CQC.

The provider had a plan in place for refurbishment and extension of the premises, in order to improve the premises for the people who used the service. However, they were not able to give us a date for when work was likely to start. We looked at all areas of the home and found the home was in need of redecoration and refurbishment, with the exception of the recently decorated lounge and two bedrooms, which were decorated to a good standard. In addition, the passenger lift, used by people to access the first floor, had been assessed as not meeting suitability requirements for access by disabled persons. The above matters constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the premises were not properly maintained and the passenger lift was not suitable for the purpose for which it was being used.

People who used the service told us they felt safe. Staff were trained to keep people safe and had a range of policies and procedures to guide them in doing so. There were sufficient numbers of suitably qualified, skilled and experienced staff deployed at all times. The service had appropriate processes in place and staff were trained to make sure people received their medicines safely. The service ensured risks to people's health and well-being were assessed and managed effectively.

People were supported by staff who had the skills and knowledge to meet their needs effectively. The home carried out assessments of people's capacity to make decisions and acted in accordance with the Mental Capacity Act 2005. The service provided a good standard of food and people were satisfied with the quality and choice of food available. People were able to and supported to access outside healthcare services if they required them.

Staff knew people well, including their preferences and social histories, however, these details were not always well recorded in people's written plans of care. Staff took a kind, caring and compassionate approach to the delivery of care and respected people's privacy and dignity. People were able to receive visitors without restriction.

The service responded well to people's needs. Assessments of people's needs and their involvement in the care planning and review processes helped to ensure people received care that met their needs which was delivered in accordance with their preferences. People's needs were kept under regular review so that the service could continue to deliver suitable care in line with changes in people's circumstances. A range of activities were provided at the home and people were able to access the community.

People we spoke with, staff and visiting professionals all gave positive feedback about the leadership at the service and described an open and transparent culture. Regular meetings took place between management, staff and people who used the service so that their views and opinions could be sought and explored. People we spoke with during our inspection, including staff and visiting professionals told us that the manager and provider, along with senior staff provided good leadership. A suite of checks were available to the manager which helped to assess and monitor the quality of the service.

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.

Staff were trained to keep people safe and had a range of policies and procedures to guide them in doing so.

There were sufficient numbers of suitably qualified, skilled and experienced staff deployed at all times.

The service had appropriate processes in place and staff were trained to make sure people received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The layout of the home was suitable for its purpose. However, many areas of the home required redecoration and refurbishment. The passenger lift had been assessed as not being suitable for access by people who were living with a disability.

The home carried out assessments of people's capacity and acted in accordance with the Mental Capacity Act 2005.

Staff received a thorough induction and training which enabled them to meet people's needs effectively.

People were supported to eat a healthy and varied diet and were able to access other healthcare services, as required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and promoted their independence as far as possible.

People were able to make suggestions or raise concerns about how the service was delivered to them and felt they were listened to.

Caring relationships had been developed between people and staff who supported them. However, information about people's social histories was not always recorded.

Is the service responsive?

Good ●

The service was responsive.

People received care that was delivered in accordance with their individual needs and preferences.

People were supported to go out into the community and to maintain links with people who were important to them.

Staff monitored people's health and well-being and swift action was taken to address any issues or concerns.

Is the service well-led?

Good ●

The service was well-led.

Feedback about the current manager was consistently positive. People had confidence in them to address and concern or issues and to act upon feedback.

The manager had a suite of checks and audits in place to assess and monitor the quality of the service.

The service demonstrated good leadership at each level of the organisation.

Bridgeway 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.

The inspection took place on 04 & 09 March 2016 and was unannounced. This meant the provider did not know we would be visiting to inspect the service.

The inspection was carried out by the lead inspector for the service and a bank inspector.

Prior to our inspection, we reviewed all the information we held about the service. This included notifications from the provider about significant events at the home. The service did not submit a Provider Information Return prior to our inspection. This was because we still held contact details for the previous manager as they had not applied to cancel their registration. A provider information return is a document which enables the provider to tell us about the performance of the service, what they think they do well and any improvements they plan to make.

During the inspection we spoke with nine people who used the service, nine staff, including the manager and two visiting professionals.

We looked in detail at five people's care documentation and reviewed other records relating to the management of the service.

We also received feedback from service commissioners, the local safeguarding authority, environmental health and the local fire safety officer prior to our inspection.

Is the service safe?

Our findings

People's feedback about the safety of the service was consistently good. Comments we received included; "No two ways about it, I feel very safe here. It could not be better"; "I feel very safe here"; and "If I didn't feel safe, I could talk to anyone especially the manager – she's been brilliant with me". One visiting professional told us: "I have never seen or heard anything that has bothered me. I think the service users here are kept safe and well cared for."

People we spoke with all told us that they felt safe living in the home and that they were encouraged to let a member of staff or the manager know if they were not happy about something. People told us they were confident that any staff member would help them to raise concerns if necessary.

The service had implemented policies and procedures to help keep people safe and for responding to suspicion or evidence of abuse. Staff we spoke with told us and training records confirmed staff received training to help them safeguard people who may be vulnerable by virtue of their circumstances. One staff member told us; "We all do safeguarding training during our inductions so we know about abuse and whistleblowing." Staff we spoke with told us that they were confident they could raise concerns about someone's safety and felt they would be listened to and their concerns acted upon. The manager explained that all allegations of abuse or instances where someone's safety was affected were followed up promptly and any action taken to deal with the issues would be recorded. We saw documentary evidence of incidents where people had raised safeguarding concerns in the past. These had been dealt with promptly and in line with the home's policies.

We looked at care documentation for five people who used the service, to see how the service assessed and managed risks to people's safety. Before anyone moved into the home, a thorough assessment of their needs was undertaken in consultation with them. This helped to identify risks to their safety, such as being at risk of falls or malnutrition. Written plans of care were then agreed with people in order to reduce such risks, without limiting people's freedom of choice. Assessments of risk and associated plans to manage them were reviewed regularly, on a monthly basis, or more often, in line with changes in people's circumstances.

Handover meetings took place at the beginning and end of each shift, where staff were provided with important information about people. These meetings helped to ensure that staff had the most up to date information about people and their current levels of risk in order to keep them safe.

The service had plans in place to deal with foreseeable emergencies, such as fire, flood or loss of utilities. Each person who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. We found emergency plans were up to date and regularly reviewed to ensure they were fit for purpose. PEEPs were held centrally in the reception area of the home for ease of access in case they had to be implemented. These plans, along with regular checks on the environment and fire detection equipment, helped to keep people safe in the event of an emergency situation.

The service recorded and maintained a central log of accidents and incidents. The manager explained that they paid close attention to these records in order to identify any trends or themes, to make improvements to how the service was delivered with regard to people's safety.

During the inspection we were provided with a range of service certificates and reports from regular safety inspections of the passenger lift, hoists and fire detection equipment. Such servicing and inspection helps to ensure that equipment is safe to use and in good working order.

We spoke with people who used the service, staff and professionals and reviewed a selection of records to assess whether the provider ensured there were a sufficient number of suitably qualified and experienced staff deployed at all times. People we spoke with did not raise any concerns about staffing levels and staff we spoke with told us that although they were sometimes a little stretched, they found staffing levels to be adequate at all times. The manager told us that staffing levels were aligned to the needs of people who used the service and that they could increase or decrease staffing levels accordingly.

We looked at personnel files and recruitment documentation for four members of staff. We saw that the provider used a formal recruitment process including application forms, interviews and checks to make sure people were suitably skilled, experienced and of good character. These checks included seeking references from previous employers, exploring gaps in people's employment history and a check with the Disclosure and Barring Service. These steps helped to reduce the risk of employing someone who was not suitable to work with people who may be vulnerable by virtue of their circumstances.

We looked at how the service managed people's medicines. We found policies, procedures and up to date guidance for staff was readily available with regard to medicines and medicines administration. We observed staff members administering medicines, as well as looking at how medicines were stored, ordered and disposed of. People we spoke with did not raise any concerns with regards to medicines. We observed good practice during medicines administration and found procedures for receipt, storage and disposal were in line with current guidelines. Important information about people's medicines was included in Medicines Administration Records (MARs) for each person, along with a current photograph and a record of any allergies they might have. Staff told us and records confirmed that before staff were allowed to administer medicines, they had to undergo to equip them with the skills and knowledge to do so. These measures helped to ensure that people received their medicines safely and when they needed them.

Is the service effective?

Our findings

We received consistently positive feedback from people who used the service. Comments included: "The staff are great – they know me very well and they all know what they are doing"; "They're really good. If I'm not feeling well I just have to tell one of the carers and they'll get the doctor for me"; "The food is really good, they have a very good chef here" and; "The staff are all brilliant! They all know what they're doing. Never had a problem with any of them".

The provider had planned a renovation and extension project to improve the environment at the home. This had been on-going since August 2014 and had not yet begun. The manager was unable to tell us when the work was likely to start. The majority of areas in the home, apart from the main lounge and two bedrooms which we saw required redecoration or refurbishment. We found skirting boards, door frames and walls required re-painting as the paint had been chipped away over time. The manager explained that since they had started in post some months previous, they had begun to decorate rooms as they were able to. The quality of the newly re-decorated rooms was of a good standard and provided a pleasant environment. However, other areas of the home appeared tired.

The layout of the home was suitable for its purpose. However, we found the passenger lift to the first floor had been assessed by a professional contractor as not meeting the requirements for access by disabled persons. As the home supported a number of people with physical disabilities, who required access to the first floor, this was found not to be adequate for meeting people's needs. The lift had also been identified by people who used the service and staff as an issue in consultation meetings and was included in the planned renovation work.

The above matters constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the premises were not properly maintained and the passenger lift was not suitable for the purpose for which it was being used.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We looked at records which showed that following an assessment of the person's mental capacity, which included the involvement of the person, best interest meetings had taken place with relevant professionals and family members to determine how best to support the person. Any potential restrictions placed on a person's choice or freedom, were based on a clear assessment of their needs and the risks associated with

them. These restrictions formed part of the person's individual care plan.

At the time of our inspection, no one was subject to a standard DoLS authorisation. The manager confirmed that they had made applications to the local authority for authorisation for DoLS. They showed us emails and details of telephone calls where they had kept in contact with the local authority regarding the applications. People's written plans of care were regularly reviewed to ensure the least restrictive options were used to safeguard people's health and well-being.

People we spoke with told us that staff knew what they were doing and had the necessary knowledge and skills to meet their needs effectively. Staff we spoke with told us they received a comprehensive induction when they began work at the home and confirmed they received satisfactory training to enable them to fulfil their responsibilities. We saw from training records and staff confirmed they had received training in many topics including safeguarding vulnerable people, MCA and DoLS, Moving and Handling, Fire Safety and infection control. The provider employed a dedicated training officer who provided the majority of training face to face and in house.

Staff told us and records we saw confirmed they received regular supervision. Staff commented that this area had improved since the new manager took over responsibility for the home. One staff member said; "We get supervisions every two to three months now – I feel as though we get listened to now". Staff confirmed that they found supervisions sessions worthwhile and they discussed a wide variety of topics during these sessions.

The manager explained that people were supported and facilitated to take control of and manage their own healthcare as much as possible. However, the staff team took on responsibility for prompting people's healthcare, monitoring their condition and arranging appointments for treatments or reviews. A review of the care records of five people showed that they were supported to attend GP and healthcare appointments or, if they were assessed as unable to leave the building due to illness or disability, staff arranged home visits.

We observed the lunchtime experience during the first day of our inspection. We saw people could choose where they ate their meals, in the dining room, lounge or in their own rooms. Many people made good use of the dining facilities during the lunchtime service. We observed staff supported people if they required it, in a relaxed, patient and unhurried manner. People appeared to be comfortable with staff and everyone we spoke with told us they enjoyed their meal.

We spoke with the person who was responsible for preparing the food on the day of our inspection and inspected the food storage and kitchen facilities. The kitchen was well equipped and stocked with fresh food. The chef explained that they prepared food using only fresh ingredients. They explained that they had explored people's preferences with regard to what food they would like to see on the menu and had worked to implement a four week menu, to try to accommodate everyone's tastes. People we spoke with confirmed this. There were a choice of two dishes at each mealtime with the option of an alternative if someone did not like what was on the menu. Each person we spoke with told us they were very satisfied with the food provision at the home.

The chef showed us documentation which contained details about people's allergies and food preferences. They explained that this information was passed to them when someone first moved into the home to help ensure people's dietary needs could be met. We saw from people's care records that guidance and advice had been sought from outside professionals including dietitians and speech and language therapists as necessary. Staff monitored people's food and fluid intake where there were identified risks.

Is the service caring?

Our findings

Feedback from people about how caring the service was was consistently positive. Comments we received included; "The staff here are all 100% - they are so helpful and always there for you"; "The carers have given me so many chances and I don't deserve it – without them I would not be here" and; "It's marvellous. They can't do enough for you". During our inspection, we observed many kind, sensitive and positive interactions between staff and people who used the service.

People told us that staff knew them well and were really interested in them as people. Staff we spoke with were able to confidently describe people's needs, preferences, social histories and aspirations. We found, however, that much of the information about people's social histories had not been recorded in their written plans of care. This would assist new staff with getting to know people and similarly would assist agency staff who were not familiar with people who used the service, if agency staff ever had to be used. We discussed this with the manager who confirmed they would take action following our inspection to address this.

People we spoke with felt they were listened to and could raise concerns or make suggestions about how the service was delivered for them. People we spoke with all confirmed that they had been involved in the assessment and care planning process to help ensure they received care that was personalised and centred on them.

There were some people who used the service who experienced difficulties in communicating with staff and others. We observed staff used different methods of communication including electronic aids and took time to ensure they understood what people were saying. No one we spoke with raised any concerns about how staff communicated with them.

The home had implemented policies and procedures with the aim of promoting people's privacy, dignity and independence. People we spoke with confirmed staff always treated them with respect and ensured their privacy was respected and their dignity maintained. People were able to choose how they spent their time and whether they made use of communal areas or remained in their own bedrooms. We observed staff knocked before they entered people's rooms and addressed people by their preferred names. Staff ensured that doors were closed during personal care interventions to help preserve people's privacy and dignity.

Staff told us and people confirmed that they were able to receive visitors without restriction.

Staff explained that that no-one at the home used an independent advocate and that most people had the involvement of their family. We saw information for people to use regarding local advocacy services within the reception area of the home. This information was available to people if they had no family or friends to assist them, or if someone wanted an independent person to act on their behalf when discussing issues with others such as the care home, or local authority.

Is the service responsive?

Our findings

People we spoke with were consistently positive with regard to the responsiveness of the service. Comments we received included; "I've never had to make a complaint since I've been here but I know who to talk to if I needed to"; "I haven't done a survey but the staff always ask me if things are OK"; "The manager is very receptive to concerns or suggestions. She always comes up with a resolution" and; "The staff are great. Nothing is too much trouble. They'll even go to the shop for me for anything".

Staff we spoke with told us; "Nobody has made a complaint to me about anything – if anyone did I would tell the manager straight away" and; "We make sure all the assessments are reviewed with people every month and if anything changes all the staff know about it".

We also received positive comments from visiting professionals which included; "Everything that we put in place three months ago when we last came have been followed by all the staff – they do listen and act on what we say".

People we spoke with told us the care they received was delivered in accordance with their needs and wishes. We looked at written reviews of care which supported this. The reviews showed that people were involved and where appropriate, family members and others close to the person had been consulted. People told us they could tell a member of staff or speak with the manager if there was something they did not like or wanted to change and this would be accommodated.

The service sought feedback from people in a variety of ways, including day to day conversation, meetings for people and their relatives to attend to discuss the service and customer satisfaction surveys. This, along with regular reviews of people's care helped the service to continually evolve to meet people's changes needs and preferences.

People were able to go out into the community and were supported to do so if they required. this helped people to maintain links with friends and to continue in favourite pass times. The home had shared access to a minibus with one of the provider's other services. This helped people to access services or activities at a greater distance from the home.

We saw an activities plan which listed a wide range of activities for people who used the service to participate in if they wished to do so. Although we did not witness any activities taking place during the first day of our inspection, people we spoke with confirmed they regularly took place. People explained they could participate in planned activities or not, it was their choice. The service tried to accommodate people's individual interests and facilitated them taking part in activities that were meaningful to them and which they enjoyed.

Staff we spoke with confirmed that care staff reported and recorded any issues regarding people's health and well-being. Action was taken to deal with these issues accordingly, either via the nursing staff or through other agencies such as their GP. Staff confirmed that they were involved in supporting people with personal

care and oral hygiene. The nursing staff were involved in assessing people who were at risk of developing pressure sores and appropriate intervention was recorded in people's care plans. Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores was provided.

Is the service well-led?

Our findings

People we spoke with, staff and visiting professionals all gave positive feedback about the leadership at the service and described an open and transparent culture. Comments we received included; "[Manager] speaks to me all the time – you could not speak to a better person"; "The manager is just fantastic – she has stood by me and helped me so much – she is always there for me"; "Things have changed so much for the better now – we finally have a manager who listens to us" and; "Whenever I ring here for any reason, the manager is so helpful and accommodating".

The home did not have a Registered Manager in post. The previous Registered Manager had left but had not applied to cancel their registration. The manager who was in post had not yet begun their application to register with CQC.

The service had implemented a wide range of policies and procedures which provided staff with clear information about current legislation and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care. We found daily records to show that various people at the home had been involved in incidents that required notification to the Commission and/or the local Safeguarding team, and that statutory notifications had been processed and sent in a timely manner.

As well as gaining feedback from people who used the service, the manager used a variety of audits and checks to help them assess and monitor the quality of the service. Checks included environmental and safety checks, medication audits, fire risk assessments, fire drills, reviews of documentation and reviews of people's dependency levels. The manager was in the process of overhauling and improving their suite of audits with the aim of improved quality monitoring.

Staff we spoke with confirmed that handover meetings took place at the beginning and the end of every shift, where important information about people was shared. This helped to ensure staff had the most up to date information about people so they could best meet their needs.

People we spoke with during our inspection, including staff and visiting professionals told us that the manager and provider, along with senior staff provided good leadership. Staff explained that they could approach the nursing staff or the manager for support and that the level of support provided by them was very good. staff we spoke with were all very much aware of their roles and responsibilities in ensuring they kept people safe and met their needs consistently. All the staff we spoke with told us they would not hesitate to 'blow the whistle' if they had concerns about poor practice at the home.

We saw that regular meetings took place for staff and management and sat in on a staff meeting during the first day of our inspection. Staff were able to contribute to the agenda for meetings and told us they found them valuable in discussing how the service was run. Talking points included a wide range of topics including Health and Safety, policies and procedures, the planned refurbishment of the home, staff breaks, wage increases and pension availability for all staff. An action log was available to record actions arising from meetings and so the manager could monitor completion of actions on an on-going basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The premises were not properly maintained and the passenger lift was not suitable for the purpose for which it was being used. It had been assessed by a professional contractor as not meeting access requirements for disabled persons.