

Community Homes of Intensive Care and Education Limited

Bridgman House

Inspection report

Deanery Road
Kingswood
Bristol
BS15 9JB

Tel: 01179611546
Website: www.choicecaregroup.com

Date of inspection visit:
15 July 2021
11 August 2021

Date of publication:
25 August 2021

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

Bridgman is a residential care home providing personal and nursing care to 12 people. At the time of the inspection there were six people being supported. The service supports people with mental health conditions.

The care home accommodates ten people in a purpose-built adapted building and two people could live independently in two self-contained annexes, which are in the grounds of the home. The accommodation is all on one level.

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

People received care that was tailored to their needs. People were involved in the planning and delivery of their care. People had support from a team of staff and access to other health and social care professionals. This included an in-house positive behaviour support team who worked alongside the staff.

People received safe care. Staff knew how to keep people safe and free from avoidable harm. Risk assessments were in place. Policies and procedures were in place on keeping people safe, which included the reporting of allegations of abuse. Robust recruitment processes were in place to ensure staff were suitable to work at Bridgman House.

Staff had received training to enable them to support people effectively. This included infection control training so they could keep people safe during the pandemic.

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.

Systems were in place to monitor the quality and safety of the service and make improvements. This included seeking the views of the people who use the service. Staff felt supported by the provider and the management team.

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

Rating at last inspection (and update)

This service was registered with us on 2 June 2020 and this is the first full inspection.

Why we inspected

This was a planned 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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bridgman House

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

The inspection team consisted of one inspector on the first day and two inspectors on the second day.

Service and service type

Bridgman House 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 manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 looked at records, which included two people's care and medicines records and the governance arrangements that were in place. We checked recruitment, training and supervision records for three members of staff. We also looked at a range of records about how the service was managed. We spoke with the regional assistant director, the deputy manager, a member of the positive behaviour support team, two members of staff and two people living in Bridgman House.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records. We spoke with two relatives about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from abuse. Staff had received training about safeguarding adults. They understood their responsibility to report any allegations and suspicions of abuse without delay.
- The senior management team understood their responsibilities for keeping people safe from harm and abuse, by reporting concerns to the safeguarding team and working with other agencies to protect people.
- A relative told us they felt their loved one was safe. A person told us they felt safe living in Bridgman House.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. People were able to access the community independently.
- The environment was well maintained and there were regular checks completed to ensure it was safe. This included any ligature risks where people may cause themselves or others harm in relation to items in the home.
- Fire risk assessments were in place along with individual evacuation plans for each person living in the home.

Staffing and recruitment

- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Bridgman House.
- Sufficient staff were working in the home to support people to do the things they wanted to do. There were usually two care staff working during the day and evening with two staff working at night. Staff told us there was enough staff to support the people living at Bridgman House.
- A member of staff told us there had been no agency usage and recruitment was ongoing. Additional staff were being employed as occupancy in the home increased.

Using medicines safely

- Medicines were managed safely. Monthly checks were completed to ensure medications were stored correctly, administered safely and all relevant documentation was in place.
- Only staff that had been trained and their competence checked would help people with their medicines. This was reviewed annually to ensure staff were competent.

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. Not all bins were pedal action which helps to minimise risks of spreading infection. The deputy acted promptly by ordering and replacing these bins.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accident and incident records were recorded and showed appropriate actions to address concerns had been put in place. The registered manager reviewed all accidents for any themes or reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

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

- People's needs and choices were sought as part of the assessment process, where relevant relatives had contributed.
- People were encouraged to visit Bridgman enabling them to make an informed decision on whether they wanted to move there. During the pandemic, prior to moving to Bridgman, people also used video calls to view the home and meet the staff.
- People's needs were kept under review and the assessment had informed the plan of care.
- Staff were aware of the signs they needed to look out for and the action they might be required to take to prevent or deescalate people's behaviours. These were drawn up by the positive behaviour support team following a person-centred approach.
- Staff told us restraint had not been used since the home opened in June 2020 and would only be used as a last result in line with guidance and the law.

Staff support: induction, training, skills and experience

- Staff confirmed they had received training to enable them to support people. A member of staff said they had not received any specific training on supporting people with mental health. However, a senior manager said this training had been delivered by the positive support team which was bespoke training about each person's condition living in Bridgman House. Another member of staff told us, "I felt equipped to work with people with mental health needs".
- Staff told us they received support and regular one to ones with the registered manager or the deputy manager. Staff also received a debriefing session when they supported a person through a particularly difficult time.
- Staff competence was regularly checked in respect of how they supported people to ensure they had the skills and experience to support people. This included treating people with dignity and respect and supporting people with mealtimes.
- Staff had attended positive behavioural support training to help them support people when they were anxious or angry.

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

- People were supported to have a healthy balanced diet. There was a four weekly pictorial menu, and people were consulted about what they would like to eat.
- There was no one at risk of malnutrition. However, we found that one person was not being regularly weighed in line with the provider's expectations. We were told the person often refused but this had not

been recorded.

- One person told us they could have an alternative to the planned menu and their specific requirements were met. Another person told us they wanted to eat healthily and generally liked the food.

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

- Bridgman House was a purpose-built care home. It was homely, decorated to a high standard and provided ample space for people. There were two lounges, an activity room, dining room and a large secure garden. There was a seated smoking shelter which enabled people to enjoy their cigarette outside.
- People were accommodated in single bedrooms with ensembles. Automatic sensors activated the lights in the ensembles to reduce the risks of falls.
- There was a program of decoration in place and maintenance was responded to swiftly.

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

- People had access to various health professionals including a GP, community mental health nurses and psychiatry. A person told us they had regular contact with their community nurse.
- This was a new service, people had been registered with a local GP, opticians and dentist once they had moved to the home. Where people had attended appointments, records were kept of the treatment and the outcome and any follow up.
- There was a positive behaviour support team that worked alongside the staff. They visited weekly to provide ongoing support to people and staff. They assisted in monitoring and implementing person centred plans for people to support them with their mental health.
- Oral health care plans were in place detailing the support people may need such as arranging dental appointments.
- People had a hospital passport. A hospital passport provides important information about a person, including personal details, the type of medication they are taking and any pre-existing health conditions. This enables professionals to work seamlessly with people when they move from one care setting to another.
- GP feedback was positive, telling us, "Staff do contact us promptly if they have concerns about patients who they feel need to be seen and assessed, they order medication regularly and bring the patients to the surgery for appointments when needed".

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.

- The service was working within the principles of the MCA. People living at Bridgman House had the capacity to make their own decisions.
- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves. For example, if they had a relapse in their mental health and capacity was fluctuating.
- A member of staff said capacity was always assumed, and people were involved in making decisions about their care, support and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us that the staff knew them very well and praised them on the support that was in place. They also told us "The staff know to leave me in the mornings and only talk to me after my first cup of coffee and cigarette". They finished by telling us this was the best service they had ever received.
- Staff knew people and their needs well. We observed positive interactions between people and staff.
- Support plans included information about people's backgrounds, preferred names and likes and dislikes. This enabled staff to treat people as individuals.
- A relative told us the staff were kind, approachable and welcoming when they visited.

Supporting people to express their views and be involved in making decisions about their care

- People met with their named key worker each month. They were asked about how they felt about living at Bridgman House and if there was anything else they wanted to do.
- The monthly key worker meetings were an opportunity to plan future goals on how they wanted to be supported. It was evident as the pandemic restrictions were being lifted, people were being supported to access more community based activities. This was part of the service's action plan.

Respecting and promoting people's privacy, dignity and independence

- Staff confirmed that people could help in the kitchen and complete laundry tasks if they wanted to. People could make their own hot drinks. We noted that the kitchen was locked but staff said people could access the kitchen on request. Staff would supervise at all times in these areas due to the risks such as sharp objects.
- There were two independent flats where people could progress to more independent living, which were separate from the main house. A member of staff said they had watched one person flourish both in developing skills but also confidence since moving to Bridgman. This person was now living in one of the flats.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was tailored to their needs. They were involved in the support they wanted. People were independent and needed little or no support with personal care or staff support to go out and about.
- Care plans were reviewed monthly noting any changes. As this was a new service it was evident that as staff were getting to know people, their care plans were evolving.
- One person's mental health had relapsed but daily records did not capture this information, with staff only giving a brief overview of what the person had done that day. There was no link to the incident reports that had happened leading to the person returning to hospital for reassessment. The senior management team provided us with assurances that this would be reviewed.
- Health conditions, nutrition and hydration, mental health and hobbies and interests were discussed as part of the assessment process. Care plans were developed to provide information to staff on how to support people in a person-centred way.
- There were mental health recovery plans for each person and staff to follow, so they could stay well or get the help they needed. People were involved in these as an aid to recovery and giving them control and insight into their condition. One person had positively reduced their alcohol intake with support from staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information on how people communicated. Care plans were written in plain English. At the time of our inspection everyone could communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed they could keep in contact with friends and family. Two people had gone out independently to go shopping and for a coffee.
- People chose how to spend their time. Some people preferred to spend time in their bedrooms, whilst others were seen using the garden space.
- Staff told us they encouraged people to participate in activities but often people preferred to do their own thing.

- A recent staff survey indicated that activities could improve but in the main this was due to the pandemic. Staff said they organised baking sessions, arts and crafts, bingo, coffee mornings and film evenings to enable people to socialise together.
- People could receive visitors to the home subject to the government guidelines, which included completing a track and trace and a lateral flow test before entering.
- As restrictions were lifting, the staff were planning a coffee morning to enable people to meet up with friends and family. This had not happened since the home opened due to the pandemic.
- People's interests and what they liked to do was captured in their care files. One person told us they liked to play music and could do this in their bedroom.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy. People and their representatives were encouraged to raise any complaints and concerns.
- There had been no complaints since the service opened in June 2020.

End of life care and support

- The service was not providing support to anyone at the end of their life. The assessment process when people moved into the service highlighted any specific needs or wishes they had around end of life care. Some people had refused to discuss their end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which was inclusive of the people living in Bridgman House. Staff were positive about working in Bridgman House and encouraged and supported people to lead the life they wanted.
- A member of staff said, "The team work really well together to support the people living in Bridgman House." Staff confirmed people were offered choice and had control over their life.
- People were treated as individuals and consulted with. People had made the choice not to continue with house meetings and used their monthly keyworker meetings to discuss any concerns or improvements.
- Feedback from a health care professional was positive telling us, "They (staff) worked really well with a complex person, flexible approach and good strategies". They said they would recommend the service.
- A relative spoke positively about the management team and the staff. They confirmed that that they had regular contact with both the registered manager, deputy manager and the staff. They told us staff were approachable and welcoming.
- One person told us they liked living at Bridgman House. They said they missed the manager, but the deputy and a team leader (named) had done a 'fabulous job'. They could not fault the service and were very happy living at Bridgman House.

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

- The provider understood their responsibility to report significant events to the Care Quality Commission and Local Authority safeguarding team to protect people.
- The provider understood the Duty of Candour which aims to ensure that they are open, honest and transparent with people, their relatives and others in relation to care and support.
- An investigation had been completed in relation to an unexpected death. This included the registered manager completing a yellow card. This is a scheme to register any concerns in respect of medicines and to provide an early warning that the safety of a medicine or a medical device may require further investigation.

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

- There was a registered manager, however they were taking a period of leave. In their absence the deputy manager was managing the service and was being supported by the assistant regional director.

- The registered manager and senior staff completed various audits to ensure the service was operating safely and effectively. When they identified shortfalls, an action plan was developed to ensure improvements were made. This was monitored by the provider.
- The service was internally inspected in March 2021. This was completed annually by the provider's Quality Team. A report was completed with actions to be addressed by the service which were then followed up by the provider. The audit was in line with the regulations and key lines of enquiry used by the Care Quality Commission.
- Monthly checks were also completed by the assistant regional director to ensure a quality service was being provided to people living at Bridgman House. This included areas for improvement which were followed up at subsequent months. Clear measurable action plans had been drawn up by the registered manager and the staff team.
- Staff had daily handover meetings to communicate important changes and to ensure continuity of care for people. Staff were able to read the handovers as a means to keep up to date in respect of the welfare of people.

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

- People, their relatives, care staff and visiting health professionals' views were sought through an annual survey. Results had been analysed and an action plan put in place for improvement. Overall, the feedback was positive.
- People were consulted and involved in day to day decisions about the running of the home. For example, menu planning and how they want to spend their time.

Continuous learning and improving care

- There was continual learning taken from staff meetings and the monthly keyworker meetings with people and staff. Feedback was used to improve the experience for people.
- The senior management team completed observations using a competency framework on staff to ensure they were working and supporting people appropriately. This ensured continuous improvement and learning. The senior management team completed a weekly management walk around.
- People met monthly with their named care worker (key worker) on a one to one basis to check they were happy, and whether any improvements could be made to the quality of the care and their home. As social restrictions were being lifted people were being encouraged to do more activities in the community and this was their opportunity to plan what they wanted to do.

Working in partnership with others

- Staff worked in partnership with health and social care professionals using a multi-disciplinary approach to achieve positive outcomes for people.