Elysium Neurological Services (Badby) Limited

The Bridge Care Centre

Inspection report

Lower East Street
Middlehaven
Middlesbrough
Cleveland
TS2 1SW

Tel: 01642065160
Website: www.elysiumhealthcare.co.uk

Date of inspection visit:
22 August 2019

Date of publication:
06 September 2019

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

About the service
The Bridge Care Centre is a residential nursing home providing personal and nursing care to people affected by neurological disorders and physical disabilities. It is a detached, 40 bedroom purpose-built care home with accommodation in four separate units, each with ten bedrooms. Eight people were using the service when we inspected.

People's experience of using this service and what we found
People said they were happy living at the home and that staff provided kind and caring support. Relatives also spoke positively about staff. People were supported to maintain their independence and were treated with dignity and respect.

Medicines were managed safely. Risks to people were assessed and addressed. The provider ensured the service had safe staffing levels and had robust recruitment processes.

Staff were supported with received appropriate training, supervision and appraisals. 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. People received effective support with eating and drinking.

People received personalised support based on their assessed needs and preferences. Staff supported people to access activities they enjoyed. The provider had an effective complaints process.

People, relatives and staff spoke positively about the leadership provided by the registered manager. A range of quality assurance audits were carried out to monitor and improve standards. The service worked effectively in partnership with external professionals and agencies.

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)
The last rating for this service was requires improvement (published 25 September 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Bridge Care Centre

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.

Inspection team
Two inspectors carried out this inspection.

Service and service type
The Bridge Care Centre 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.

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
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought 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 three people who used the service and two relatives. We spoke with nine members of staff, including the registered manager, clinical, care, kitchen and maintenance staff.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two 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.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
• Medicines were managed safely. Medicine administration records had been completed without unexplained gaps or errors.
• Guidance was in place to manage people's 'as and when required' (PRN) and topical medicines safely.
• Staff received training in medicine administrations. Effective audits and competency checks were carried out to ensure safe medicine management.

Assessing risk, safety monitoring and management
At our last inspection the provider did not have effective risk assessments in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.
• Risks were assessed and plans put in place to reduce the chances of them occurring. These were regularly reviewed to ensure people were as safe as possible.
• The premises and equipment were monitored to ensure they were safe to use. Required test and safety certificates were in place.
• Plans were in place to support people in emergency situations. These included fire drills, checks on fire fighting equipment, and a business continuity plan.

Systems and processes to safeguard people from the risk of abuse
• People were protected from abuse. Staff received safeguarding training and said they would be confident to raise any concerns they had.
• Records showed that where issues had been raised, prompt action was taken to investigate and report these to the local safeguarding authorities.

Learning lessons when things go wrong
• Accidents and incidents were monitored to see if lessons could be learnt to help keep people safe.

Staffing and recruitment

• The registered manager and provider monitored staffing levels to ensure they were sufficient to provide safe support.
• People and staff said there were enough staff at the service. One person told us, "They're always there quickly when I buzz. They come and do whatever I need them to."
• The provider's recruitment process minimised the risk of unsuitable staff being employed. This included interviews and carrying out Disclosure and Barring Service and Nursing and Midwifery Council checks.

Preventing and controlling infection
• Staff were knowledgeable about infection control principles and applied these during the inspection. These included regularly washing their hands and appropriate use of gloves and aprons.
• The premises were clean and tidy. The cleanliness of the building and equipment were monitored.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
At our last inspection the provider had failed to ensure staff were sufficiently trained and skilled. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.
• Staff received regular training to ensure they had the knowledge and skills needed to perform their roles. This was regularly refreshed to ensure it reflected latest guidance and best practice.
• Competency checks were carried out to ensure staff were confident in their roles.
• Staff spoke positively about the training they received. One member of staff said, "The training is very good."
• Staff were supported with regular supervisions and appraisals. These were used to monitor staff training and to give staff an opportunity to discuss any support needs they had.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure effective assessments of people's support needs and preferences took place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• Detailed pre-admission assessments were carried out to ensure appropriate support was available. People, relatives and external professionals were involved in this process.
• People said the assessment process ensured their needs and choices were met. One person told us, "I get everything I need here."

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection the provider had failed to ensure people received effective support with eating and drinking. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

• People received effective support with eating and drinking. Specialist diets and support, such as Percutaneous Endoscopic Gastrostomy, were safely and effectively managed.
• People spoke positively about the support they received with eating and drinking. Comments included, "[Named member of staff] has worked to help me to improve my swallowing, I can swallow a little now" and, "The food is great, really good."
• Staff were knowledgeable about people's eating and drinking support needs and ensured these were met.

Adapting service, design, decoration to meet people's needs
At our last inspection the provider planned to use part of the building to support people with extremely complex needs without first ensuring appropriately trained staff were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• The provider was not yet supporting people with extremely complex needs. The registered manager said this would only ever be done in a planned way with appropriate staffing and medical cover in place.
• The premises and equipment had been adapted for the comfort and convenience of people living there.
• People's rooms were personalised and reflected their individual tastes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff worked effectively with external professionals to ensure people received the support they needed.
• People and relatives spoke positively about the results of partnership working between staff and external professionals.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff were knowledgeable about the principles of the MCA and applied these when supporting people.
• MCA and best interests assessments had been completed and recorded. Consent to care was appropriately recorded.
• DoLS were appropriately applied for and monitored.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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
• At the last inspection relatives gave mixed feedback on staff. At this inspection relatives praised staff and said people were well treated. One relative told us, "It is wonderful here, they are exceptional staff and really know how to support [named person]."
• People spoke positively about the support they received. Comments included, "All the staff here are great, you can have banter with them all and good chats" and, "I get everything I need here. The staff are all so nice as well."
• People were valued as individuals and said staff applied principles of equality and diversity. One person told us, "They never treat me differently. They always treat me as a person and how I want to be treated."

Respecting and promoting people's privacy, dignity and independence
• People were treated with dignity and respect. Staff had close and friendly but professional relationships with people. One person told us, "They always stand outside the toilet for my privacy."
• People told us how staff worked with them to achieve their goals. One person said, "I have been working on my speech and can speak better now."
• Staff supported people to maintain and improve their independent living skills, which people said gave them confidence about moving to other services or back home.

Supporting people to express their views and be involved in making decisions about their care
• Feedback was sought and people said they felt this was valued and acted on. One person told us, "They treat me as part of the team."
• People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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.
At our last inspection care records did not always contain guidance to staff on the best way to support people, and contained gaps and inconsistencies. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• People received personalised support based on their assessed needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current choices.
• People and relatives said staff provided the support people wanted and needed. A relative told us, "The staff here are really knowledgeable."
• The provider had effective systems in place to ensure staff had the latest information on people's support needs and preferences. This included handovers of information at the start and end of the day.

Improving care quality in response to complaints or concerns
At our last inspection the provider did not have an effective complaints process in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• The provider had effective systems in place to investigation and respond to complaints. Records confirmed this had been used when issues were raised.

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.
• Information was usually provided to people in the most accessible format possible, though in some instances not all available options had been explored. The registered manager said these would be reviewed immediately, and we saw this was started during the inspection.

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 were supported to access activities they enjoyed. These were based on feedback from people on their hobbies and interests, and included gardening, card games and visiting local amenities.
• People spoke positively about their social lives at the service. Comments included, "They're always coming in and putting me through activities and encouraging me to do things. They don't just leave you sitting in bed" and, "There's always lots to do here. I do here what I like to do at home."

End of life care and support
• At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this if needed.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
At our last inspection the provider did not have effective good governance systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• The registered manager joined the service in December 2018. People, staff and relatives all told us they had made positive changes at the home. One member of staff told us, "He has made a massive difference. He's so open and transparent, and supports us with everything."
• The provider and registered manager carried out quality assurance audits to monitor and improve standards at the service. Where issues were identified prompt action was taken to address them.
• The provider and registered manager had submitted required notifications to CQC in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was a visible presence who promoted a positive and open culture. One member of staff told us, "[The registered manager] has really changed the culture and we are now given the ability to be innovative." A relative told us, "[Registered manager] has made this place."
• People and relatives said staff helped people to achieve good outcomes. One relative said, "[Named member of staff] wants to give [named person] a quality of life."
• People, relatives and staff said there was open and transparent communication from the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, relatives and staff said their feedback was valued and that they felt included in the running of the service. One member of staff said, "[Registered manager] recognises he doesn't know everything and really listens to what we have to say and respects our opinions." A person told us, "[Registered manager] has listened to me."
• Meetings were used to obtain feedback, and the registered manager had questionnaires to ensure people who did not attend meetings could contribute.

Continuous learning and improving care; Working in partnership with others

• The service worked in successful partnership with a number of external professionals and agencies to promote people's health and wellbeing. Staff said the registered manager had helped create new and successful working relationships.

• External professionals were involved in training, supervisions and appraisals, which helped share knowledge and best practice.